

Adopted 3/24/16

**NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS**  
**CONFLICT OF INTEREST POLICY**  
**ACKNOWLEDGMENT FORM AND DISCLOSURE STATEMENT**

***Conflict of Interest Policy:***

In furtherance of the Mission of the NAIC, it shall be the Policy of the NAIC that all members (i.e., Commissioners, Directors, Superintendents or other chief insurance regulatory officials) shall act in a manner consistent with the NAIC's mission and members have a fiduciary duty to the NAIC which requires avoidance of conflicts of interest.

does not apply to receptions held at the NAIC meeting head



**Acknowledgment & Disclosure Statement:**

I certify that I have received, read and understand the NAIC's Conflict of Interest Policy ("Policy"). I understand the purpose of this Policy is to protect the integrity of the Mission and operations of the NAIC. Upon becoming a member of the NAIC, I will sign this form indicating that I have received, read and understand the policy and make a full written disclosure of interests, relationships and holdings that could potentially result in a Conflict of Interest as that term is defined in the Policy. I will at least annually update my disclosure statement to accurately reflect potential Conflicts of Interest. I will also disclose