

Conflict-of-Interest Disclosure Statement

Please initial in the space at the end of Item A or complete Item B, whichever is appropriate, complete Item C, and sign and date this statement and return it to the board chairperson.

A. I am not aware of any relationship or interest or situation involving my family or myself which might result in, or give the appearance of being, a conflict of interest with respect to my fiduciary duties to the Casualty Actuarial Society

B. The following are relationships, interests, or situations involving me or a member of my family that might be considered to represent an actual, apparent or potential conflict of interest:

- For-profit corporate directorships, positions or employment with: _____

- Nonprofit director or trusteeship positions: _____

- Memberships in the following organizations: _____

- Contracts, business activities, and investments with or in the following organizations: _____

- Other relationships and activities: _____

C. My primary occupation at this time is: _____.

I have read and understand the Casualty Actuarial Society's Conflict of Interest Policy and agree to be bound by it. I will promptly inform the Chairperson of the Board (or the President if the signer is the Chairperson of the Board) of the Casualty Actuarial Society of any material change that develops in the information contained in the foregoing statement.

Type/print name

Signature

Date