

| Appli  | icant's Name:  |
|--------|--|
|        | Application to Serve as an NAIC Consumer Representative for 2025   |
| In ada | lition to completing this application, you must also:  |
| •      | Sign the Conflict of Interest statement that appears at the end of this document.  |
| •      | Submit a resume or CV (other pertinent information, such as organization publications, testimony, references, or letters of recommendation are useful but optional).           |
| •      | If you represent an organization and are requesting funding, submit a copy of the organization's budget.   |
|        | e not required to complete every section of this application. Please carefully read the notes that indicate which sections you're required to complete.                        |
| 1.     | Are you a designated NAIC Consumer Representative (funded or unfunded) this year?  |
|        | $\hfill \square$ Yes. I'm in the first year of a two-year term and am applying to complete the second year of that term.   |
|        | $\hfill \square$ Yes. I'm finishing the second year of a two-year term and applying for a new two-year term.   |
|        | If you answered yes, complete Sections 1, 3–6, 7 (if you represent an organization), 8 (if you're requesting funding), and 9; i.e., the sections headed in black or blue font. |
|        | $\square$ No. (Complete Sections 1–3, 5–7 (if you represent an organization), and 8; i.e., the sections headed in black or <b>green</b> font)                                  |

<sup>&</sup>lt;sup>1</sup> Individuals who were NAIC Consumer Representatives this year who: 1) are applying to represent a different organization; 2) currently represent an organization but are applying as an individual (or vice versa); and 3) are unfunded but applying for a funded position (or vice versa) should complete an application as though they haven't previously been an NAIC representative. However, you are encouraged to also complete Section 4.

<sup>&</sup>lt;sup>2</sup> If you aren't certain about your term, go to this <u>link</u>. Those whose terms are 2024 and 2025 are in the first year of their term; those whose terms are 2023 and 2024 are in the second year of their term.

| 2.  | 2. Are you applying as a representative of an organization? 3  |  |
|---|--|--|
|   | ☐ Yes. (Section 7 is required)   |  |
|   | $\square$ No   |  |
| 3.  | Are you applying for a funded position?  |  |
|   | $\square$ Yes. (Section 8 is required, along with your organization's budget if you represent an organization) |  |
|   | $\square$ No   |  |
| Section   | on 1. Information About the Applicant – ALL applicants must complete   |  |
| A.  | Your Personal Information (where to contact you as an NAIC Representative)                                     |  |
|   | i. Name  |  |
|   |  |  |
|   | ii. Mailing Address  |  |
|   |  |  |
|   | iii. Email Address   |  |
|   |  |  |
|   | iv. Telephone Number   |  |
|   |  |  |
|   | v. Website, Blog, Social Media Identifiers.  |  |
|   |  |  |
| B. <b>Your Employment Information</b> (If you aren't employed, skip this section, and go to Section 2.) |  |  |
|   | i. Employer  |  |
|   | ii. Decition   |  |
|   | ii. Position   |  |
|   |  |  |

<sup>&</sup>lt;sup>3</sup> Individuals employed by an academic organization (i.e. a university) do not have to apply to represent that organization.

| iii. Mailing Address |  |
|----------------------|--|
|                      | iv. Employer's Website   |
|                      | v. Employer's Social Media Identifiers   |
| C.                   | Previous Appointment as an NAIC Consumer Representative  |
|                      | i. Have you previously been an NAIC Consumer Representative?   |
|                      | a. No  |
|                      | b. Yes: Please indicate dates and whether funded or unfunded.  |
|                      |  |
|                      | on 2. Demonstrated Expertise and Experience (To be completed only by those who ot designated NAIC Consumer Representatives last year)  |
| A.                   | To be an effective Consumer Representative at the NAIC, one must be able to analyze the issues and communicate the consumer position. What experiences do you have that demonstrate your ability to do that? Examples could include, but are not limited to, testifying on behalf of consumers, participating in policy discussions, conducting research and formulating relevant recommendations, writing policy briefs, or educating consumers to improve their marketplace experiences. |
|                      |  |
| B.                   | What involvement, if any, have you already had with the NAIC and/or a state insurance department? Examples could include, but are not limited to, attending NAIC/department meetings, providing testimony, submitting written comments, or working with NAIC/department staff on an issue.   |
|                      |  |
| С.                   | In what subject matter(s) do you have expertise that you would apply to your work at the NAIC? Please be as specific as possible.  |
| <u>.</u>             |  |

# **Section 3. Meeting Participation**

Three NAIC national meetings are held annually. These meetings generally last three to five days and often include both weekends and weekdays. Attendance at these meetings is necessary to fully engage in the Consumer Participation Program. In-person attendance is strongly encouraged; although, virtual options are available when possible. The future NAIC national meeting schedule is available online at: <a href="https://content.naic.org/events">https://content.naic.org/events</a>; click the Future Meetings tab.

| A.    | Are you willing and able to make the commitment to fully participate in national meetings?   |
|-------|--|
|       | □ Yes  |
|       | □No  |
| formu | ipation as an NAIC Consumer Representative also requires time to research issues and late written and oral comments, participate in interim conference calls and meetings, and orate with other NAIC Consumer Representatives.   |
| В.    | Are you willing and able to spend additional time to engage in the activities of the Consumer Participation Program outside of national meetings?  |
|       | □ Yes  |
|       | □No  |
| C.    | Why do you want to represent the consumer interest in policy discussions at the NAIC?  |
|       | on 4. NAIC Participation (Go to Section 5 if you were <b>not</b> an NAIC Consumer sentative this year)   |
| A.    | Under which one NAIC letter committee was your work in 2024 primarily focused?   |
|       |  |
| В.    | Please describe more specifically your primary focus at the NAIC <i>in 2024</i> (please describe your primary focus as specifically as possible (e.g., essential benefits in health insurance, life insurance underwriting, use of credit scoring in property/casualty (P/C) insurance, financial solvency, market regulation]). |
|       |  |
| C.    | In what other areas did you represent consumer interests at NAIC in 2024?  |
|       |  |
| D.    | If selected as an NAIC Consumer Representative for 2025, what areas do you anticipate  |

your primary focus at the NAIC will be?

| Ī    |   |
|------|---|
| Ε.   | List the NAIC meetings (national meetings as well as any other NAIC meetings, including conference calls) in which you participated <i>in 2024</i> . Include meetings of NAIC consumer representatives as well as meetings of the consumer representatives with others, such as commissioners and NAIC staff. List meetings by category, such as national meetings or NAIC committee or working group names, and estimate the number of meetings or calls for each category. Indicate any leadership role you may have played in organizing a meeting or requesting time with a committee or working group. |
|      |   |
| F.   | For the area(s) of your focus, did you submit <b>written or oral</b> comments or proposals <i>in 2024</i> ? If so, please list the NAIC committees and working groups to which you provided comments or proposals, the nature of these comments or proposals, and your role in preparing or presenting these.   |
|      |   |
| G.   | Did you give <b>formal presentations</b> at any of the NAIC national meetings, interim meetings, or conference calls <i>in 2024</i> ? If so, please list the NAIC committees and working groups to which you made presentations and the subject matter or issue for which you made presentations.   |
|      |   |
| Н.   | List and describe ways in which you assisted state insurance departments in 2024.   |
| I.   | Please list any other activities that you believe help explain the contributions you have made as an NAIC Consumer Representative <i>in 20024</i> .   |
| _    |   |
| ctic | on 5. Conflict of Interest  |
|      | Augusta and an after a firm a dista familie and a successible and a successible and   |

### Sec

A. Are you, any member of your immediate family, or anyone living in your household **employed** on a full-time, part-time, or contractual basis **or compensated by** any insurance entity or person regulated by a state insurance department; an insurance agency; or an insurance-related trade association, advisory or rating organization, or other entities or individuals acting as agents or representatives of a regulated entity? Immediate family is defined as a spouse, domestic partner, parents, siblings, and children.

☐ Yes

|         | □ No. (Go to Section 6) |   |  |
|---------|-------------------------|---|--|
|         | If y                    | yes:  |  |
|         | i.                      | Identify the employed or compensated person and their relationship to you.  |  |
|         | ii.                     | What is the source of funds?  |  |
|         |                         |   |  |
|         | iii.                    | Please describe the employment or compensation (e.g., full-time, part-time, ongoing, or contractual arrangement).                   |  |
|         |                         |   |  |
|         | iv.                     | Total dollar amount received from each source of funding over the past three years.   |  |
|         |                         |   |  |
|         | V.                      | Basis for payment (e.g., hourly, project-based, etc.).  |  |
|         |                         |   |  |
|         | vi.                     | Nature of the work (e.g., hours worked, services provided) and expectations for compensation.                                       |  |
|         |                         |   |  |
| Section | on (                    | 6. Diversity  |  |
|         |                         | strives to achieve diversity, equity, and inclusion (DE&I) among its Consumer atives. Answering the following question is optional. |  |
| In wha  |                         | ays would your selection as an NAIC Consumer Representative help the NAIC to achieve  |  |
|         |                         |   |  |
|         |                         | 7. Information About the Organization You Represent (Skip to Section 8 if plying as an individual)                                  |  |
| A.      | Na                      | ime of the Organization   |  |
|         |                         |   |  |
| В.      | Yo                      | ur Position in the Organization   |  |

| C. | Organization's Mailing Address  |
|----|---|
|    |   |
| D. | Contact Information for the Organization (Telephone Number, Email Address)                    |
|    |   |
| E. | Organization's Website  |
|    |   |
| F. | Organization's Social Media Identifiers (e.g., X (Twitter) handle, etc.)                      |
|    |   |
| G. | Is this a non-profit organization?  |
|    | □ Yes   |
|    | □ No  |
| Н. | Is this a membership organization?  |
|    | ☐ Yes. What is the current number of members?   |
|    |   |
|    | □ No  |
| l. | Describe your organization's mission and goals.   |
|    |   |
| J. | How did your organization interact with consumers last year?                                  |
|    |   |
| K. | How many consumers did your organization reach last year?                                     |
|    |   |
| L. | Please describe the specific ways in which your organization is involved in insurance issues. |
|    |   |

M. What constituency does your organization represent?

| N. Please indicate if the organization you will be representing at the NAIC accessupport from any of the following: |      |  |
|---|------|--|
|   | i.   | Any insurance company or agency?   |
|   |      | □ Yes  |
|   |      | □No  |
|   | ii.  | Any person or entity regulated by a state insurance department?  |
|   |      | □ Yes  |
|   |      | □No  |
|   | iii. | Any lobbying group and/or entity that lobbies or advocates on behalf of any person, organization, and/or entity regulated by a state insurance department? |
|   |      | □ Yes  |
|   |      | □No  |
|   | iv.  | Any insurance-related trade association or insurance advisory or rating organization?  |
|   |      | □ Yes  |
|   |      | □No  |
|   | V.   | Any other entities or individuals acting as agents or representatives of a regulated entity?   |
|   |      | □ Yes  |
|   |      | □ No   |
| Ο.  | If y | ou answered yes to any of Items N(a-e) above, please answer the following:   |
|   | i.   | Source(s) of financial support.  |
|   |      |  |
|   | ii.  | Is funding ongoing or occasional?  |
|   |      |  |
|   | iii. | Total dollar amount received from each source over the past three years.   |
|   |      |  |

| iv. Does the funder require or expect anything from the organization becaus<br>funding?  |   |  |
|--|---|--|
|  | ☐ Yes. Please explain.  |  |
|  |   |  |
|  | □No   |  |
| Section 8  | 3. Need for Funding   |  |
| While meeting registration fees are waived for NAIC Consumer Representatives, the average out-of-pocket monetary cost to attend an NAIC national meeting is at least \$1,500. Why do you (or your organization) require NAIC funding to participate?   |   |  |
| Section ! Trustees   | 9. Interest in Participating in the NAIC Consumer Participation Board of  |  |
| at least tw  | nip on the NAIC Consumer Participation Board of Trustees is limited to those who have to years of experience as an NAIC Consumer Representative. Consumer members of are selected by the regulator board members. |  |
| Participation requires an additional commitment of time and resources, including (1) participating in person, by telephone, and online, as well as regular e-mail correspondence; (2) taking leadership to organize and communicate regarding agendas for the NAIC/Consumer Liaison Committee, which includes setting time schedules and meetings among the Consumer Representatives, communicating with regulators, and coordinating with NAIC staff; (3) participating in the selection of NAIC Consumer Representatives; and (4) contributing to discussions about how to improve the Consumer Participation Program. |   |  |
| If you're in   | sterested in participating in the administrative functions of the Consumer Participation  |  |

## A complete application must include:

- A current copy of your resume or CV (other pertinent information, such as organization publications, testimony, references or letters of recommendation are useful but optional).
- A signed conflict of interest statement (the last two pages of this file).

Program by serving as a member of the Board of Trustees, please explain why.

A copy of your organization's budget if you represent an organization. The document you
provide should give an overview of your organization's budget, including both revenue
and expenditures. If some sources of revenue are unavailable to support your
participation at NAIC, please explain that. Please detail the sources of your organization's

income, such as grants, donations, sponsorships, and any other revenue streams. Specifically identify revenue from regulated entities (defined as a regulated entity of state insurance regulations, its trade groups, or other entities or individuals acting as agents or representatives of a regulated entity). **OR** 

 An overview of your organization's income if you represent an organization. Include all sources of revenue including operations, grants, donations, sponsorships, and contracts.
 Specifically identify revenue related to regulated entities (ones that are subject to insurance regulations), their trade groups, or other entities or individuals acting as agents or representatives of a regulated entity. Also list reserve funds that could be used to fund you as an NAIC Consumer Representative.

The information contained in and submitted with this application is true and complete to the best of my knowledge.

Signature Date

Please return the completed application to <a href="mailto:ConsumerRepApps@naic.org">ConsumerRepApps@naic.org</a> by 5:00 P.M. (CT) on Oct. 31, 2024. Late applications will NOT be considered.

Lois E. Alexander, FLMI, HIA, ACP, MCM, CFE Market Regulation Manager II National Association of Insurance Commissioners 1100 Walnut Street, Suite 1500 Kansas City, MO 64108 Telephone: 816-783-8517

IMPORTANT NOTE: If you don't receive confirmation that your application was received within

one week of its submission, please contact Lois Alexander at ConsumerRepApps@naic.org



### ADDENDUM TO CONSUMER REPRESENTATIVE APPLICATION

#### **CONFLICT OF INTEREST STATEMENT**

Consumer Representatives appointed by the NAIC are expected to effectively represent the interests and viewpoints of consumers. Consumer Representatives shall not purport to represent the views of the NAIC.

Effective consumer representation may be compromised if the Consumer Representative received compensation from a regulated entity.

**Definition:** For the purposes of this document, "a regulated entity" means, "a regulated entity of state insurance regulators, its trade group, or other entities or individuals acting as agents or representatives of a regulated entity."

**Application:** All applicants for the NAIC Consumer Participation Program are expected to complete the application fully and accurately, including the question about industry compensation and potential conflicts of interest. The Consumer Board of Trustees will evaluate the amount and purpose of the industry expense reimbursement and compensation, if any, and determine whether it represents a conflict of interest.

**Disclosure:** The Consumer Representative must notify the chair of the Consumer Board of Trustees and the NAIC staff person providing support to the Consumer Board of Trustees if, at any time during an individual's term as an NAIC-appointed Consumer Representative, a regulated entity provides or agrees to provide compensation to the Consumer Representative's organization; the Consumer Representative; or an immediate family member of the Consumer Representative, including a spouse, domestic partner, parents, siblings, and children. Such notification must occur by email within seven days of the receipt of compensation or the offer of a compensation agreement, whichever is earlier.

**Conflict Determination:** The Consumer Board of Trustees will determine whether the compensation received or the offer of a compensation agreement constitutes a conflict of interest based on discussion and established guidelines.

Guidelines: Guidelines the Board will use in its evaluation include, but are not limited to, the following:

- Expense reimbursement from a regulated entity for actual travel expenses, including transportation, lodging, and meals, generally does not represent a conflict if the travel is related to the representation of insurance consumer interests. Disclosure of such expense reimbursements is not required.
- Employment income, fees for services provided to regulated entities (e.g., providing expert
  testimony on behalf of regulated entities even if compensation is received from a law firm), or
  other compensation received from a regulated entity may be a conflict (unless it is an expense
  reimbursement for actual travel expenses for the Consumer Representative applicant) and must
  be disclosed to the Board.

- Receipt of gifts from a regulated entity valued at greater than \$50 per appointment year or a total
  of more than \$250 from all regulated entities in the appointment year are considered a conflict of
  interest and must be disclosed.
- Stipends or honoraria received from a regulated entity may be a conflict of interest and must be disclosed.

**Confidentiality:** Members of the Consumer Board of Trustees must keep confidential all financial, personal, and business information submitted by the Consumer Representative applicant. Consumer Board of Trustee discussions regarding potential conflicts will remain confidential. Consistent with maintaining the integrity of the Consumer Participation Program, only contact information and consumer focus, or line(s) of business represented by the Consumer Representative applicant, will be made public.

**Certification:** I certify that I have received, read, and understood this NAIC Consumer Representative Application Conflict of Interest Statement. I also understand that the purpose of my signature on this Statement is to protect the integrity of the mission of the NAIC's Consumer Participation Program.

As stated in Section 1 of the Plan of Operations for the NAIC Consumer Participation Program, the mission of the NAIC Consumer Participation Program is to assist the NAIC in its efforts to support state insurance regulation by providing consumer views on insurance regulatory issues. A qualified consumer organization is a national, state, or local organization that serves to protect the interests of consumers as they relate to the regulation of insurance. Their participation is based on their desire to collect and/or impart information of mutual concern and interest to insurance regulators and that represents a consumer perspective. One measure of whether an organization represents a consumer perspective is its source of funding.

Statement of Understanding: I further understand that if I am appointed by the NAIC Consumer Board of

| Trustees to be a Consumer Representative, I am indicating by my signature on this form that I understand and agree to abide by this Statement. |      |  |  |
|--|------|--|--|
|  | _    |  |  |
| Signature of NAIC Representative Applicant   | Date |  |  |

Printed Name of NAIC Representative Applicant