



COMMITTEE ON EDUCATION AND THE WORKFORCE  
U.S. HOUSE OF REPRESENTATIVES

Truth in Testimony Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Education and the Workforce require the disclosure of the following information by all witnesses appearing in a non-governmental capacity. A copy of this form should be attached to your written testimony and submitted to the Committee at least 48 hours prior to the hearing.

<p><b>1. Your Name (Please Print):</b></p> <p>Robyn S. Crosson</p>	<p><b>2. Organization(s) you are representing:</b></p> <p>Indiana Department of Insurance</p> <p><input type="checkbox"/> N/A</p>
<p><b>3. Please list any offices or elected positions held and/or briefly describe your representational capacity with each of the entities you listed in response to question 2:</b></p> <p>I am the Chief Deputy Commissioner for Company Compliance. I am responsible for contract and pricing approval for life, health and property and casualty.</p> <p><input type="checkbox"/> N/A</p>	
<p><b>4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008, related to the subject on which you have been invited to testify?</b></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> No</p>	<p><b>5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008, related to the subject on which you have been invited to testify?</b></p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>6. If you answered "yes" to either item 4 or 5, please list the amount and source (by agency and program) of each Federal grant or contract (including any subgrants and subcontracts), and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.</b></p> <p>The U.S. Department of Health and Human Services awarded the Indiana Department of Insurance the Rate Review Cycle I grant in August 2010.</p> <p><input type="checkbox"/> N/A</p>	
<p><b>7. Signature:</b></p> 	