

3. Determining Whether a Conflict of Interest Exists. After disclosure of the financial interest and all material facts, and after discussion with the Covered Person, a determination shall be made whether a conflict of interest is deemed to exist by the remaining members of the County Farm Bureau board of directors after the Covered Person has left the meeting.
4. Addressing a Conflict of Interest. In general, a Covered Person shall refrain from voting on or making any decisions involving the issue or matter in which the Covered Person is deemed to have a conflict of interest. If requested by the chairperson, a Covered Person may make a presentation at a meeting of the board of directors or committee thereof regarding an issue or matter in whose outcome he or she is deemed to have a conflict of interest; but after such presentation, the Covered Person shall refrain from participating in any discussion except as requested by the chairperson.

In situations in which a Covered Person is deemed to have a conflict of interest, the proposed transaction or business arrangement shall be implemented only if it is fair and reasonable to County Farm Bureau and is approved by a vote or decision sufficient for the purpose without counting the vote of the Covered Person who is deemed to have a Conflict of Interest.

5. Exclusions. This policy shall not prevent a Covered Person from participating in decisions mandated by the bylaws, required by board resolutions or required by policies adopted by the board of directors.
6. Annual Disclosure. In order to administer this policy, each Covered Person shall annually complete a disclosure form identifying any financial interest in connection with any current or proposed transaction, and any transaction during the preceding 12 months. **Each Covered Person shall also report any family relationship or business relationship that the Covered Person has with any other Covered Person or other person identified on the annual disclosure form.** As part of the disclosure form, each person making disclosure shall affirm that he or she has read and understands this policy, and intends to comply with it. The information disclosed on the disclosure forms shall be summarized and such summary shall be provided to the board of directors.

Adopted: _____

COUNTY FARM BUREAU

Annual Conflict of Interest Disclosure

NAME (printed): _____

POSITION WITH COUNTY FARM BUREAU: _____

This Disclosure is to be completed after a careful review of the County Farm Bureau Conflict of Interest Policy (the "Policy").

AFFIRMATION: I have read and understand the Policy and I will comply with the Policy. I affirm that to my knowledge, except as set forth below, neither I nor any member of my immediate family has any financial interest that I am required to disclose pursuant to section 2 of the Policy.

No exceptions

Exceptions: _____

Signed: _____

Date: _____

NOTE: For purpose of this disclosure, an ownership interest in an entity that does business with or is negotiating a business relationship with County Farm Bureau is deemed material if the Covered Person (or a member of the Covered Person's immediate family) owns more than 1% of the entity or if the investment in the entity represents more than 3% of the person's net worth.

A list of Covered Persons is set forth on the reverse side of this disclosure form. Please describe (in the space for exceptions above) any family relationship or business relationship that you have with any other Covered Person or other person listed on the reverse side of this disclosure form.