



COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

THE GOVERNOR

INSURANCE COMMISSIONER OF PENNSYLVANIA

January 18, 2011

To the Honorable, the Senate
of the Commonwealth of Pennsylvania:

In conformity with law, I have the honor hereby to nominate for the advice and consent of the Senate, The Honorable Michael F. Consedine, 1103 Saffron Drive, Mechanicsburg 17050, Cumberland County, Thirty-first Senatorial District, for appointment as Insurance Commissioner of Pennsylvania, to serve until the third Tuesday of January 2015, and until his successor is appointed and qualified, vice The Honorable Joel S. Ario, Hershey, resigned.

A handwritten signature in black ink that reads "Tom Corbett".

Tom Corbett
Governor

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
 C O N S E D I N E M I C H A E L F

02 ADDRESS City State Zip Code Area Code Phone
 1103 Saffron Dr. Mechanicsburg PA 17050 (717) 695-6611

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held (See Attached)

A I N S U R A N C E C O M M I S S I O N E R seeking hold held

B A C T I N G / D E P U T Y C O M M I S S I O N E R

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A P A I N S U R A N C E D E P A R T M E N T

B P A I N S U R A N C E D E P A R T M E N T

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

Acting Insurance Commissioner 2010

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

None

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: BMW Financial Services Sallie Mae
 Address: P.O. Box 3608 Dublin, OH 43017
 P.O. Box 4600, Wilkes Barre PA 18793

Interest Rate: 8.90% 8.90%

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Saul Ewing LLP
 Address: 2 N. 2nd St. Harrisburg PA 17101

(OFFICIAL USE ONLY)
 3:50

11 GIFTS (See instructions on page 2), if NONE, check this box.

Source of Gift: Saul Ewing
 Address of Source of Gift: [Redacted]
 Value of Gift: 760.00

Circumstances (including description) of Gift: Farewell gift - iPad

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address): [Redacted]

Value: [Redacted]

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. (See Attached)

Business Entity (Name and Address): Volunteers of America, PA
 Name: Liberty USA
 Address: Harrisburg, PA Philadelphia, PA
 Position Held: Director (non-profits)

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business: [Redacted]

Interest Held: [Redacted]

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address): [Redacted]

Transferee (Name and Address): [Redacted]

Interest Held Relationship Date Transferred: [Redacted]

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature: Michael Conedine Enter Current Date: 1/23/11

Acting Commissioner, Michael Consedine
Pennsylvania Insurance Department

Attachment to questions 4 and 5
I hold the following positions as a member:

- 4C State Workers' Insurance Fund Board of Directors
- 5C State Workers' Insurance Fund
- 4D Coal and Clay Mine Subsidence Board Member
- 5D Coal and Clay Mine Subsidence Board
- 4E Management Team, Children's Health Insurance Program
- 5E PA Insurance Department
- 4F Pennsylvania Long-Term Care Council
- 5F PA Insurance Department
- 4G PA Health Care Cost Containment Council
- 5G PA Health Care Cost Containment Council
- 4H Workers' Compensation Security Fund
- 5H PA Insurance Department
- 4I Underground Storage Tank Indemnification Board
- 5I PA Insurance Department
- 4J Commonwealth Health Care Reform Implementation Committee
- 5J Commonwealth Health Care Reform Implementation Committee

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2011 FEB -3 PM 4: 04

SENATE OF PA
SECRETARY'S OFFICE

2011 FEB -3 P 3: 56

STATE ETHICS
COMMISSION

Acting Commissioner, Michael Consedine
Pennsylvania Insurance Department

Statement of Financial Interests

Attachment to question 13

13. Saul Ewing, LLP - Partner
Penn National Insurance Plaza
2 North Second Street, 7th Floor
Harrisburg, PA 17101
13. Volunteers of America (Director and Secretary in 2010)
2112 Walnut Street
Harrisburg, PA 17103
13. Liberty USO (Director and Executive Committee)
Philadelphia International Airport
Terminal A-East
Philadelphia, PA 19153
13. Federation of Regulatory Counsel (Director)
1580 Lincoln St.
Suite 700
Denver, CO 80203

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SENATE OF PA
SECRETARY'S OFFICE

STATE FINANCIAL
COMMISSION
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