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APR 17 2009

Financial Disclosure by Executive Employees

Filing Form Covering Calendar Year 2008

Filing Deadline: Thursday, April 30, 2009, 5 p.m.

ETHICS COMMISSION

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.)

Section 1: Name/Address/Phone

Your name:

Mila Kofman

Your Agency/Department/Bureau/Division:

Bureau of Insurance, PFR

Your Title:

Superintendent of Insurance

Your State Agency Mailing Address:

34 State House Station, Augusta, Maine 04333-0034

Your State Agency Phone Number:

624-8550 direct; 624-8475 main

Section 2: Statement of sources of income

(as required by 5 MRSA §19 sub-§2)

2. Aside from employment in state government: If during 2008 you were neither separately employed by another person, firm, corporation, association or organization, nor self-employed, nor had any other sources of income over \$1000 from each source, check the following box and skip to question 3.

2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or organization as opposed to being self-employed, fill out the following; if not, go to question 2-B:

The name of the employing entity:

Georgetown University
Health Policy Institute

Its address:

Box 571444
3300 Whitehaven Street, NW, Suite 5000
Washington, DC 20057-1485

The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of practice):

University - research

	<p>2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "'Independent contractor' means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.)</p>
	<p>The name of your business: n/a</p>
	<p>Its address:</p>
	<p>The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice):</p>
	<p>Name each source of income through self-employment that brings either:</p> <ul style="list-style-type: none"> · more than \$1000; or · more than 10% of your gross income <p>whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)</p>
	<p>2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)</p> <p>n/a</p>

Section 3. Gifts

List the specific source of each gift received:
(For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E, attached.)

Section 4. Family Member Income

List here the type of economic activity engaged in by any member of your immediate family which resulted in \$1,000 or more in 2008. If the income was received by your spouse or domestic partner, list his or her name. If the income received by an immediate family member is derived from employment or compensation, also include the job title.

Nandan Joshi (spouse) - Federal Communications Commission (FCC) - employer; attorney General Counsel's Office

Section 5. Honoraria

List here the sources of any honoraria (not travel or expenses) accepted for appearances or speeches related to your official duties. (For a definition of honorarium, see 5 MRSA §19 sub-§1 ¶F, attached. Note that this involves honoraria in any amount, not just amounts over \$1000.)

Section 6. Compensated work on behalf of executive branch agencies

Aside from your official salary, list here each executive agency before which you or an immediate family member has represented or assisted others in return for compensation of any amount:

Section 7. Sales to executive branch agencies

List here each executive branch agency to which you or your immediate family members sold goods or services with a value in excess of \$1000:

Section 8. Reportable liabilities

List here the name(s) of your creditors for any reportable liabilities (unsecured loans) of \$3000 or more received from a person not a relative. This does not include credit card liabilities, most educational loans, campaign contributions otherwise recorded by law, or business loans from most financial institutions. (For a definition of reportable liabilities, see 5 MRSA §19 sub-§1 ¶1-1, attached; of relatives, same, ¶1.)

Oath or Affirmation (Notarization)

"Do you solemnly swear (affirm) that the contents of this report are known to you and that the matters and things therein set forth are true (so help you God)?"

Signature of Executive Employee: _____

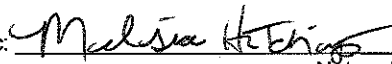


Date: _____

4/12/09

Subscribed and sworn (affirmed) to before me this 14th day of April, 2009.

Signature of Maine Notary Public: _____



Notary Public, State of Maine

April 11, 2014

My commission expires (date)

MELISSA HUTCHINGS
Notary Public - State of Maine
My Commission Expires April 11, 2014

Seal (optional)

Return to:
Cyndi Phillips, Commission Assistant
Commission on Governmental Ethics and Election Practices
135 State House Station, Augusta, ME 04333-0135