Brian C. Bosma	88	Republican
Name	District	Party Affiliation

HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATEHOUSE
INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS
FOR THE CALENDAR YEAR 2010

This statement shall be filed by members not later than seven (7) days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy. All statements shall be filed with the Principal Clerk of the House, Room 3A-8, Third Floor Statehouse, Indianapolis, Indiana 46204.

Additional pages may be used, if necessary. See I.C. 2-2.1-3-2 for clarification of the questions.

Select one:

Incumbent legislator (x) X Legislative candidate (x) _____

1. List the name of your employer(s) and the employer(s) of your spouse and the nature of the employer's business. "Employer" means any person or entity from whom the member of or candidate for the Indiana General Assembly or his or her spouse received more than 33% of his non-legislative income.

Name of Employer	Nature of Business	Your Employer (x)	Spouse's Employer (x)
See Item #3			

2. List the name of every sole proprietorship or professional practice operated by you or your spouse and the nature of the business.

Name of Business	Nature of Business	Your Business (x)	Spouse's Business (x)
See Item #3			

3. List the name of every partnership and limited liability company of which you or your spouse are a member and the nature of the business.

Name of Business	Nature of Business	Your Business (x)	Spouse's Business (x)
Kroger Gardis & Regas, LLP	Law Firm	X	

4. List the name of any corporation of which you or your spouse are an officer or director and the nature of the corporation's business. Churches need not be listed.

Name of Business	Nature of Business	Your Business (x)	Spouse's Business (x)
Bosma Industries for the Blind, Inc. - Director	Not for Profit - Rehabilitation Services	X	
Aremus Foundation, Inc. - President	Mutual benefit corp. supporting impoverished persons and non profit charitable, religious and educational entities	X	
PROKIDS, Inc., Director	Non profit corporation administering Marion County First Steps Program.	X	

5. List the name of any corporation in which you, your spouse or unemancipated child own stock or stock options having a fair market value in excess of $10,000. No time or demand deposit in a financial institution or an insurance policy need be listed.

Name of Business	Your Stock (x)	Spouse's Stock (x)	Children's Stock (x)
Wellpoint, Inc.		X	

6. List the name of any state agency or the Supreme Court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation, or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also, list the nature of licensure or regulation. The requirement to file certain parts with the Indiana Secretary of State or to register with the Indiana Department of Revenue as a retail merchant, manufacturer or wholesaler shall not be considered licensure or regulation.

Name of State Agency	Nature of Licensure	Profession or Occupation (x)		Business listed under No. 2, 3 or 4 (x)	
		You	Spouse	You	Spouse
Indiana Supreme Court	Practice of Law	X		X	

7. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

Name of Lobbyist	Legislative Matters Which are the Object of the Lobbyist's Activity	Your Connection

8. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

Name of Person	Name of State Agency	Nature of Contact, Appearance, Etc.	Cause No.
Members of my law firm and I have appeared as legal counsel for numerous clients on matters before State, Federal and local courts and agencies. Pursuant to the rules of professional conduct applicable to members of the Bar, the clients and matters concerned are confidential.			

I certify that the foregoing is true, accurate and complete, as I am verily informed and believe.

Signature

8971 Bay Breeze Lane
Address

Indianapolis, IN 46236
City

(317) 823-7538
Telephone Number

Filed with the Principal Clerk of the
Indiana House of Representatives
This 12th day of January, 2011.

Caroline Spotts Principal Clerk
Name, Title