

## CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1. Aetna Life Insurance Company

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

4. BY: Mark Sternat  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Mark Sternat

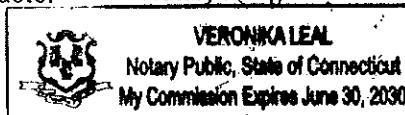
28 day of October, 20 25

Printed Name of Authorized Officer or Agent

Veronica Leal  
Notary Public

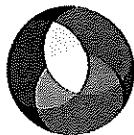
Director of Business Development

Title of Authorized Officer or Agent of Contractor



(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. CAIC  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

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Gwinnett County Elected Official Name

4. BY: Deborah Vandeventer  
Authorized Officer or Agent Signature

---

Deborah Vandeventer

---

Printed Name of Authorized Officer or Agent

---

VP, UW and Onboarding

---

Title of Authorized Officer or Agent or Contractor

Sworn to and subscribed before me this

22 day of October, 20 25

Jennifer L Smith-DeLoach  
Notary Public

**JENNIFER L SMITH-DELOACH**

Notary Public - State of South Carolina

My Commission Expires

September 8, 2035

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Cigna Health and Life Insurance Company (CHLIC)

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: Kirk Erickson

Authorized Officer or Agent Signature

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

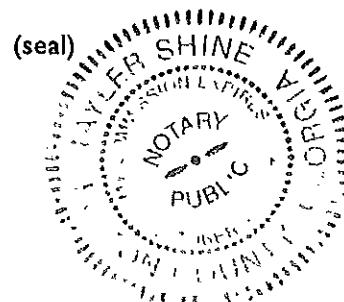
Sworn to and subscribed before me this

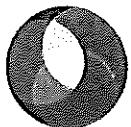
22 day of October, 2025

Notary Public

Vice President  
Title of Authorized Officer or Agent

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com**





# Gwinnett

## EXHIBIT G

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

RP001-26 Provision of a Voluntary Benefits Program on a Multi-Year Contract

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### CODE OF ETHICS AFFIDAVIT

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In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1. Colonial Life & Accident Insurance Company  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No Information to disclose (complete only section 4 below)  
 Disclosed Information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

4. BY: R. T. Quell  
Authorized Officer or Agent Signature

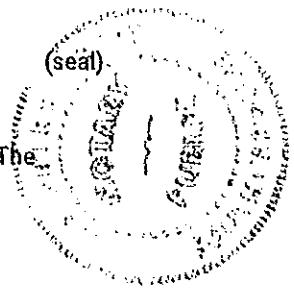
Sworn to and subscribed before me this

Rob Quell  
Printed Name of Authorized Officer or Agent  
Vice President  
Title of Authorized Officer or Agent of Contractor

7th day of October, 2025

Notary Public

M JENNIFER SHOBERT  
Notary Public, State of South Carolina  
My Commission Expires 02/28/2032



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. Metropolitan Life Insurance Company / Metropolitan Tower Life Insurance Company  
Company Submitting Bid/Proposal
2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)
3. If additional space is required, please attach list:

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Gwinnett County Elected Official Name

---

Gwinnett County Elected Official Name

4. BY: Brian Blackburn  
Authorized Officer or Agent Signature

Brian Blackburn  
Printed Name of Authorized Officer or Agent

Authorized Person  
Title of Authorized Officer or Agent of Contractor

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Gwinnett County Elected Official Name

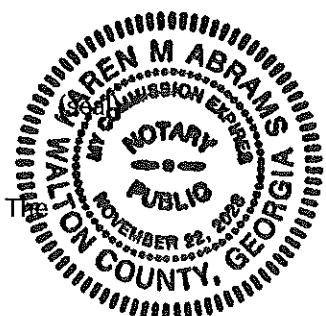
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Gwinnett County Elected Official Name

Sworn to and subscribed before me this

20th day of October, 20 25

Karen M. Adams  
Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)

**EXHIBIT G**

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION  
75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.922.8720 | F: 770.922.8735  
GwinnettCounty.com

**RPOOL-26 Provision of a Voluntary Benefits Program on a Multi-Year Contract**

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## **CODE OF ETHICS AFFIDAVIT**

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**1. The Prudential Insurance Company of America**

Company Submitting Bid/Proposal

**2. Please select one of the following:**

**No information to disclose (complete only section 4 below)**

Disclosed information below (complete section 3 & section 4 below)

**3. If additional space is required, please attach list:** \_\_\_\_\_

Gwinnett County Elected Official Name

**4. BY:**

\_\_\_\_\_  
Authorized Officer or Agent Signature

Dennis Hatcher

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this

11<sup>th</sup> day of October, 2025

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Notary Public

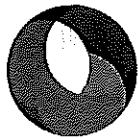
Donna E. Connolly  
NOTARY PUBLIC  
State of New Jersey  
ID # 50059782

My Commission Expires 5/1/2027

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The

Proud Winner of the Annual Achievement of Excellence Award in Procurement since 1999  
ordinance will be available to view in its' entirety at **GwinnettCounty.com**



## EXHIBIT G

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

RP001-26 Provision of a Voluntary Benefits Program on a Multi-Year Contract

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1. Securian Life Insurance Company  
\_\_\_\_\_  
\_\_\_\_\_  
\_ Company Submitting Bid/Proposal

2. Please select one of the following:  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

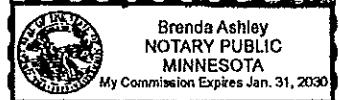
4. BY: Kyle Strese  
\_\_\_\_\_  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Kyle Strese  
\_\_\_\_\_  
Printed Name of Authorized Officer or Agent  
2nd Vice President & Actuary  
\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

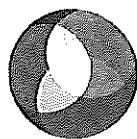
28 day of October, 2025

Brenda Ashley  
\_\_\_\_\_  
Notary Public



(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)



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1. ReliaStar Life Insurance Company

Company Submitting Bid/Proposal

2. Please select one of the following:

No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: Krista Snow

Authorized Officer or Agent Signature

Krista Snow | AVP, Sales Operations & Support

Printed Name of Authorized Officer or Agent

AVP, Sales Operations

Title of Authorized Officer or Agent of Contractor

Support

Gwinnett County Elected Official Name

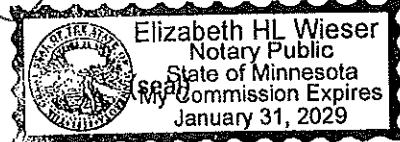
Gwinnett County Elected Official Name

Sworn to and subscribed before me this

23 day of October, 2025

Elizabeth H. Wieser

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [GwinnettCounty.com](http://GwinnettCounty.com)