



## CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. Continental American Insurance Company (CAIC), a member of the Aflac family  
(Company Submitting Bid/Proposal)

2. (Please check  **one** box below)

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: Eunice Holmes

Authorized Officer or Agent Signature

Eunice Holmes

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this

2nd day of February, 2021

Jamie L. Harris

Notary Public



(seal)

VP, Underwriting, Aflac US  
Title of Authorized Officer or Agent of Contractor

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

7.14.17



# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
(O) 770.822.8720 | (F) 770.822.8735  
[www.gwinnettcounty.com](http://www.gwinnettcounty.com)

## EXHIBIT C – CODE OF ETHICS

**RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract****CODE OF ETHICS AFFIDAVIT**

***(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

**1. Hartford Life and Accident Insurance Company**

(Company Submitting Bid/Proposal)

**2. (Please check one box below)**

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. DocuSigned by:

BY: Sheila W. Sokolski  
83D1A4813434428  
Authorized Officer or Agent Signature

Sheila W. Sokolski

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this  
day of February 17, 2021

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 [www.gwinnettcounty.com](http://www.gwinnettcounty.com)

7.14.17

Proud Winner of the Annual ***Achievement of Excellence Award*** in Procurement since 1999

© 2021 by The Hartford. Classification: Company Confidential. No part of this document may be reproduced, published or used without the permission of The Hartford.



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

Page 14

## CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. Trustmark Insurance Company  
(Company Submitting Bid/Proposal)

2. (Please check one box below)

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. \_\_\_\_\_

Sworn to and subscribed before me this

BY:

Authorized Officer or Agent Signature

day of \_\_\_\_\_, 20\_\_\_\_

Brent Simmons

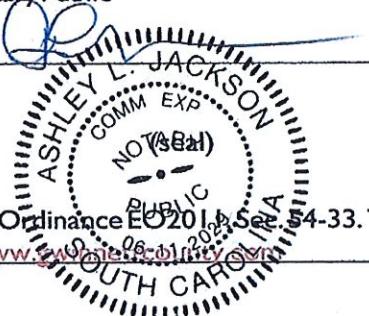
Printed Name of Authorized Officer or Agent

Michael Brent Simmons

Regional Sales Director

Title of Authorized Officer or Agent of Contractor

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance EO201.6. See 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcounty.com](http://www.gwinnettcounty.com)

7.14.17



## CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. Colonial Life & Accident Insurance Company  
(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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. Quell  
Authorized Officer or Agent Signature

Rob Quell  
Printed Name of Authorized Officer or Agent

Vice President  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

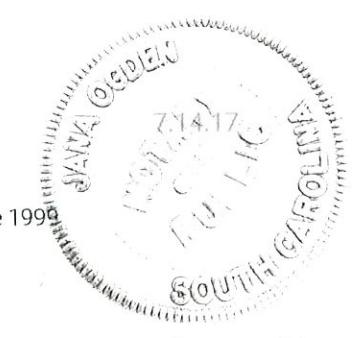
5th day of February, 2021

Jan Ogle  
Notary Public

My Commission Expires  
May 24, 2027

(seal)

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



**EXHIBIT C – CODE OF ETHICS AFFIDAVIT**  
RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

**CODE OF ETHICS AFFIDAVIT**

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL  
AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. The Prudential Insurance Company of America  
(Company Submitting Bid/Proposal)

2. (Please check one box below)

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. Sworn to and subscribed before me this

BY: Sara Guinn-Bailey  
Authorized Officer or Agent Signature

12 day of February, 2021

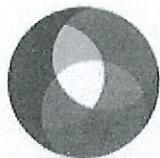
Sara Guinn-Bailey  
Printed Name of Authorized Officer or Agent

Notary Public

Vice President, Underwriting  
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 [www.gwinnettcounty.com](http://www.gwinnettcounty.com)



# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935

(O) 770.822.8720 | (F) 770.822.8735

[www.gwinnettcounty.com](http://www.gwinnettcounty.com)

EXHIBIT C – CODE OF ETHICS AFFIDAVIT

RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

Page 14

## CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. Optima

(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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: Steven Jablonecki Jr.

Authorized Officer or Agent Signature

Steven L. Jablonecki, Jr.

Printed Name of Authorized Officer or Agent

Director of Business Development

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

11th day of February, 2021

Notary Public

**TODD E. COOPER**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2022

(seal)

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

7.14.17



## EXHIBIT C – CODE OF ETHICS AFFIDAVIT

RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

Page 14

### CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. Life Insurance Company of North America  
(Company Submitting Bid/Proposal)

2. (Please check  one box below)

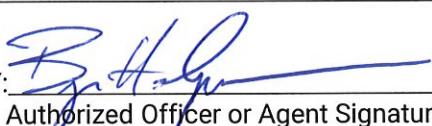
No information to disclose (complete only section 4 below)

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

Bryan Holgerson  
Printed Name of Authorized Officer or Agent

Authorized Signatory  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

19th day of February, 2021

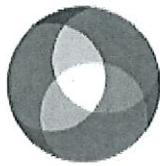
Notary Public

(seal)



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

7.14.17



# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935

(O) 770.822.8720 | (F) 770.822.8735

EXHIBITC – CODE OF ETHICS AFFIDAVIT

[www.gwinnettcounty.com](http://www.gwinnettcounty.com)

**RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract**

## **CODE OF ETHICS AFFIDAVIT**

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

**1. ReliaStar Life Insurance Company**

(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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.

Sworn to and subscribed before me this

BY: Elizabeth Wieser

16 day of February, 20 21

Authorized Officer or Agent Signature

Krista J. Shaw

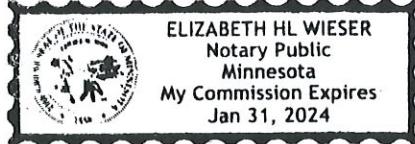
Elizabeth H. Wieser

Notary Public

Printed Name of Authorized Officer or Agent

Vice President

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 [www.gwinnettcounty.com](http://www.gwinnettcounty.com)



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

Page 14

## CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

1. American Heritage Life Insurance Company (Marketing name: Allstate Benefits)  
(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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: Kerry Flack  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed Name of Authorized Officer or Agent

Notary Public

Senior Vice President, Sales Operations  
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 [www.gwinnettcounty.com](http://www.gwinnettcounty.com)

7.14.17



## EXHIBIT C – CODE OF ETHICS AFFIDAVIT

**GWINNETT COUNTY**  
**DEPARTMENT OF FINANCIAL SERVICES**  
**PURCHASING DIVISION**

75 Langley Drive | Lawrenceville, GA 30046-6935  
 (O) 770.822.8720 | (F) 770.822.8735  
[www.gwinnettcounty.com](http://www.gwinnettcounty.com)

RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract

Page 14

### CODE OF ETHICS AFFIDAVIT

**(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
 YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors: \*

<p>1. <u>Metropolitan Life Insurance Company</u>  <small>(Company Submitting Bid/Proposal)</small></p>	
<p>2. (Please check <input checked="" type="checkbox"/> one box below)</p> <p><input checked="" type="checkbox"/> No information to disclose (<i>complete only section 4 below</i>)</p> <p><input type="checkbox"/> Disclosed information below (<i>complete section 3 &amp; section 4 below</i>)</p>	
<p>3. (if additional space is required, please attach list)</p>	
<p>Gwinnett County Elected Official Name</p> <hr/> <p>Gwinnett County Elected Official Name</p> <hr/> <p>Gwinnett County Elected Official Name</p> <hr/> <p><i>DocuSigned by:</i></p> <p><i>Michael McDermott</i></p> <p>4. <i>Michael McDermott</i>  <small>8B876340AC4245C...</small></p> <p>BY: _____</p> <p>Authorized Officer or Agent Signature</p> <p>Michael McDermott</p> <p>Printed Name of Authorized Officer or Agent</p> <p>Vice President</p> <p>Title of Authorized Officer or Agent or Contractor</p>	<p>Gwinnett County Elected Official Name</p> <hr/> <p>Gwinnett County Elected Official Name</p> <hr/> <p>Gwinnett County Elected Official Name</p> <hr/> <p>Sworn to and subscribed before me this</p> <p>_____ day of _____, 20____</p> <p>Notary Public</p> <p>(seal)</p>

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

\*Metropolitan Life Insurance Company is a wholly-owned subsidiary of MetLife, Inc., which is a publicly-held corporation. Given the size of the companies, we are limiting the representations on this affidavit to the actual knowledge of the undersigned, who is providing this affidavit without doing any investigation. We are not able to make this certification on behalf of our subcontractors.

7.14.17