



**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

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY: Eunice Holmes  
Authorized Officer or Agent Signature

Eunice Holmes  
Printed Name of Authorized Officer or Agent

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

Sworn to and subscribed before me this  
2nd day of February, 2021

Jamile Harris  
Notary Public



(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcountry.com](http://www.gwinnettcountry.com)



EXHIBIT C – CODE OF ETHICS

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

CODE OF ETHICS AFFIDAVIT

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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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. BY: SHEILA W SOKOLSKI Sworn to and subscribed before me this \_\_\_\_\_ day of February 17, 2021  
83D174813434428...  
Authorized Officer or Agent Signature  
Sheila W. Sokolski  
Printed Name of Authorized Officer or Agent Notary Public  
Assistant 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)

7.14.17



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

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

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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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_

BY: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Authorized Officer or Agent Signature

**Brent Simmons**

Printed Name of Authorized Officer or Agent

*Michael Brent Sim*

**Regional Sales Director**

Title of Authorized Officer or Agent of Contractor

Notary Public

*Ashley L. Jackson*



Note: See Gwinnett County Code of Ethics Ordinance EO 2014-04 Sec. 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

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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 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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this

BY: Rob Quell 5th day of February, 2021  
Authorized Officer or Agent Signature

Rob Quell  
Printed Name of Authorized Officer or Agent

[Signature]  
Notary Public

Vice President  
Title of Authorized Officer or Agent of Contractor

(seal)

My Commission Expires  
May 24, 2027

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcountry.com](http://www.gwinnettcountry.com)



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

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 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

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.gwinnettcountry.com](http://www.gwinnettcountry.com)



**CODE OF ETHICS AFFIDAVIT**

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1. Delta  
(Company Submitting Bid/Proposal)

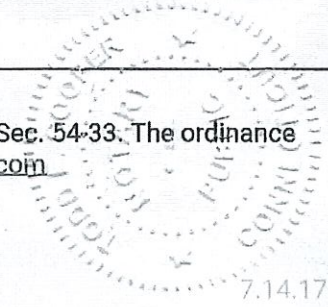
2. (Please check  one box below)  
 No information to disclose (complete only section 4 below)  
 Disclosed information below (complete section 3 & section 4 below)

3. (if additional space is required, please attach list)

_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. BY: Steven Jablonecki Jr. Sworn to and subscribed before me this  
Authorized Officer or Agent Signature 11th day of February 2021  
Steven L. Jablonecki, Jr. [Signature]  
Printed Name of Authorized Officer or Agent Notary Public  
Director of Business Development **TODD E. COOPER**  
Title of Authorized Officer or Agent of Contractor **NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2022  
(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcounty.com](http://www.gwinnettcounty.com)





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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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this  
BY: *Bryan Holgerson* 19th day of February, 2021  
Authorized Officer or Agent Signature  
Bryan Holgerson  
Printed Name of Authorized Officer or Agent  
Notary Public  
Authorized Signatory  
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.gwinnettcountry.com](http://www.gwinnettcountry.com)



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

**RP003-21, Provision of a Voluntary Benefits Program on an Annual Contract**  
**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 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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this

BY: [Signature] \_\_\_\_\_ 16 day of February, 2021  
Authorized Officer or Agent Signature

Krista J Snow  
Printed Name of Authorized Officer or Agent

[Signature]  
Notary Public

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.gwinnettcountry.com](http://www.gwinnettcountry.com)





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

2. (Please check [X] one box below)
[X] 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
Gwinnett County Elected Official Name
Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this
BY: Kerry Flack
Authorized Officer or Agent Signature
Kerry Flack
Printed Name of Authorized Officer or Agent
Senior Vice President, Sales Operations
Title of Authorized Officer or Agent of Contractor
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



# 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

EXHIBIT C – CODE OF ETHICS AFFIDAVIT

**RP003-21, Provision of a Voluntary Benefits Program on an Annual 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 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. Metropolitan 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	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. DocuSigned by:  
*Michael McDermott*  
8BB76340AC4245C...

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

BY: \_\_\_\_\_  
Authorized Officer or Agent Signature

Michael McDermott \_\_\_\_\_  
Printed Name of Authorized Officer or Agent

Notary Public

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

(seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, 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.