



EXHIBIT C – CODE OF ETHICS AFFIDAVIT

RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

Page 15

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

Gwinnett County Elected Official Name

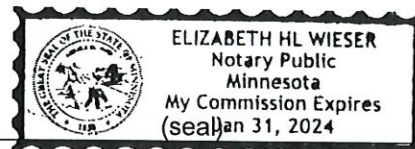
Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: *Krista J Snow*
Authorized Officer or Agent Signature
Krista J Snow
Printed Name of Authorized Officer or Agent
Vice President
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this
7 day of July, 2021

Elizabeth Hl 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 www.gwinnettcountry.com

7.14.17



RP005-21, Provision of Life, Accident and Disability Plans on an Annual Contract

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1. Greater Georgia Life Insurance Company (d/b/a Anthem Life)
(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:

Authorized Officer or Agent Signature

Gilbert Palmer

Printed Name of Authorized Officer or Agent

Director, Specialty Sales

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

12 day of July, 2021

Notary Public

Anna S. Gionet
State of Florida



My Commission Expires 09/24/2021
Commission No. GG 140868

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



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1. The Lincoln National Life Insurance Company
(Company Submitting Bid/Proposal)

2. (Please check 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: Gail Anderson
Authorized Officer or Agent Signature

_____ day of _____, 20____

Gail Anderson
Printed Name of Authorized Officer or Agent

Notary Public

VP, Pre-Sale Support
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



Lincoln National Corporation
150 N. Radnor-Chester Road
Radnor, PA 19087-5221

www.LincolnFinancial.com

Dana Garland, CPPB
Purchasing Associate III
75 Langley Drive, Lawrenceville, GA 30046

RE: Notary and Signatures

July 15, 2021

Dear Dana,

Please note that Lincoln has submitted our proposal with electronic signatures. However, due to COVID-19 we are unable to provide in-person notary signatures for the Exhibit B – Contractor Affidavit and Exhibit C – Code of Ethics Affidavit forms. Additionally, we are not able to complete notary signatures via DocuSign or a similar electronic program.

Thank you for the opportunity to present our products, services, and competitive rates. Our team at Lincoln looks forward to partnering with you to best serve Gwinnett County Group Protection needs.

Sincerely,

Josh Robertson
Sales Representative, Intermediary Sales
Lincoln Financial Group
770-799-7911
Josh.Robertson@lfg.com



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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. Sworn to and subscribed before me this
BY: [Signature] 9th day of July, 2021
Authorized Officer or Agent Signature
Michael McDermott
Printed Name of Authorized Officer or Agent
Vice President
Title of Authorized Officer or Agent of Contractor

[Signature]
Notary Public

ASHLEY L PEYTON
NOTARY PUBLIC
STATE OF NEW JERSEY
ID # 50137916
MY COMMISSION EXPIRES SEPTEMBER 25, 2025
(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

7.14.17

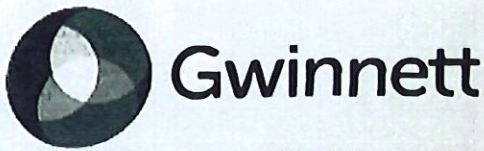


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In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of his/her knowledge, of the name(s) of all elected officials whom it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

1. Life Insurance Company of North America (LINA)

(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: [Signature]
Authorized Officer or Agent Signature

Scott Cervasio
Printed Name of Authorized Officer or Agent

Vice President - National Account Sales
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

13th day of July, 2021

[Signature]
Notary Public

Harry Candelo
NOTARY PUBLIC
DeKalb County, GEORGIA
My Commission Expires 08/21/2022

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

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 | 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 12 day of February, 2021
Authorized Officer or Agent Signature

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



Electronic Signature Statement

Prudential's number one priority is the health and safety of our associates. Like all businesses, entities and individuals, this public health crisis has challenged Prudential to think creatively regarding how to temporarily alter business practices to best serve our customers and keep our associates safe. We have done this by extending lapse periods and relaxing proof requirements in certain circumstances. Procuring wet signatures on documents including RFP documents requires a physical presence in the office. Given the increasing number of states issuing executive orders severely curtailing travel and access to offices, and in an effort to ensure the health and safety of our associates while remaining committed to our existing and prospective clients, Prudential respectfully requests that you accept the attached electronically signed response. For purposes of facilitating the recordation of Prudential's RFP, Prudential represents that this electronic signature is the legal equivalent of Prudential's wet signature and has the same force and effect as if this electronic signature was an actual signature. Prudential agrees to be legally bound by the RFP. Prudential further states that no corporate certification authority is necessary to validate this electronic signature.



Gwinnett County Board of Commissioners

RFP #RP005-21/ Original Signatures

In light of ongoing challenges related to COVID-19, original signatures and notarized documents can will be provided if awarded.



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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. **Madison National Life Insurance Company, Inc.**
(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)

| | |
|--|--|
| _____ | _____ |
| <i>Gwinnett County Elected Official Name</i> | <i>Gwinnett County Elected Official Name</i> |
| _____ | _____ |
| <i>Gwinnett County Elected Official Name</i> | <i>Gwinnett County Elected Official Name</i> |

4. Sworn to and subscribed before me this

BY: Diann Thumser 13th day of July, 20 21
Authorized Officer or Agent Signature

Diann Thumser _____
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



www.madisonlife.com

July 1, 2021

Gwinnet County
Attn: Dana Garland, CPPB, Purchasing Associate III
Department of Financial Services, Purchasing
75 Langley Dr.
Lawrenceville, GA 30046-6935

Dear Dana Garland,

Madison National Life Insurance Company, Inc. takes COVID 19 seriously. Our associates are working remotely and following social distancing as directed by the CDC. At this time, we are providing an electronic signature but we are happy to provide a wet signature / notary, if required, at a later date. Thank you in advance for your understanding.

Stay safe and well,



Diann Thumser
VP, Underwriting