

Kevin Ruane District One

December 14, 2022

Cecil L. Pendergrass

District Two

Ray Sandelli
District Three

Ms. Rachel Juel
c/o Aon

Brian Hamman District Four Aetna Life Insurance Company 152 Farmington Avenue, RW61

Mike Greenwell District Five Hartford, CT 06156

Roger Desjarlais County Manager

Richard Wesch
County Attorney

Donna Marie Collins County Hearing Examiner SUBJECT: Renewal of Annual Contract No. RFP210494CJV

Employee Benefits - Medical Stop Loss

Dear Ms. Juel:

This is to inform you that Lee County agrees to renew the above subject contract for an additional one (1) year period, from 1/1/23 through 12/31/23.

We are hereby extending the annual contract for an additional one-year period under the same terms and conditions as the original award.

If you have any questions regarding this letter, please contact me at (239) 533-8871.

Sincerely,

Kimberly urban

Kimberly Urban Contracts Analyst Procurement Management Division

C: Project File



Kevin	Ruane
Distric	t One

April 15, 2022

239-533-8871

Cecil L. Pendergrass District Two

Ms. Rachel Juel

Ray Sandelli

c/o Aon

District Three

Aetna Life Insurance Company 152 Farmington Avenue, RW61

Brian Hamman District Four

Hartford, CT 06156

Frank Mann District Five

Subject:

Renewal of Annual Contract RFP210494CJV

Employee Benefits Medical Stop Loss

Roger Desjarlais County Manager

Richard Wesch County Attorney

Dear Ms. Juel:

Donna Marie Collins County Hearing Examiner

The above-referenced annual contract will expire on December 31, 2022, unless renewed. Lee County is requesting that this annual contract be renewed for an additional one-year period (1/1/23 - 12/31/23). Therefore, we are requesting that you choose one of the following options and return this letter to Lee County Procurement Management, Attn: Kimberly Urban, P.O. Box 398, Ft. Myers, FL 33902-0398, (Fax: 239-485-8383 or email kurban@leegov.com ), within 15 calendar days from receipt. Failure to return by April 30, 2022, may, at the County's sole discretion, result in contract cancellation and/or rebid of solicitation.

X I want to continue performing under this annual contract for an additional one year period under the same terms and conditions as agreed upon in the above-referenced quotation.

As a condition of this renewal, the vendor agrees to provide Lee County with an updated insurance certificate upon expiration of the original certificate on file with the County.

b.	I am not interes	sted in extendin	g this contract for	or an additional
one-year period	. Why?			

Vendor:	Lee County:
Juth Dian	Mantalicker
Signature	Signature of Authorized Official
Executive Director Southeast Territory	Procurement Management Director
Title	Title

10/26/2022

12/13/2022

Date



## Lee County Procurement Management Signatory Authorization Affidavit

Date: November 20, 2020 Company Name: Aetna	("Company")			
AUTHORIZATION: The Affiant warrants the truth and accur The Affiant acknowledges that it is of critical importance the on the Company's behalf possess the authority to bind the Comp documents. The Affiant further acknowledges that the Lee Count the right to request supporting documentation regarding signator rejected, if it does not comply exactly with the signature authorization	at the individuals signing legally binding document brany so that both parties are bound by the terms of said by Board of County Commissioners ("County") reserve bry authorization, at any time, and a document will be			
INSTRUCTIONS: This Authorization Affidavit shall only be exe	cuted by the following:			
	<ul> <li>LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC</li> </ul>			
<ul> <li>An individual authorized to sign on the Company's be delegating signing authority to that individual. Please a</li> </ul>	ehalf as evidenced by internal Company documentation ttach internal Company documentation, if applicable.			
All signatures on this Affidavit must be wet, non-electronic and not Authorized Signatories, please duplicate this page. A wet, non-electronic and page. The following individuals are hereby authorized, as represented legally binding documents on behalf of the Company.	ectronic and non-digital original signature is required or			
Authorized Signatory Name	Title			
Cathy Aguirre	Market Head of Sales & Service			
	4			
By executing this Affidavit, I hereby authorize the individuals sho on behalf of the Company. I further acknowledge that it shall be updated Signatory Authorization Affidavit, upon any change Procurement Management Director, 1500 Monroe Street, 4th Floor	e the sole responsibility of the Company to provide an in signatory authorization, to the County, Attention			
Market President	11/20/2020			
(Signature of Affiant) (Title: President, CEO, Mana	iging Member, (Date)			
Member, Owner	)			
Richard B. Weiss (Printed Name of Affiant)				
STATE OF FLORIDA				
STATE OF FLORIDA COUNTY OF Broward				
The foregoing instrument was signed and acknowledged before me this	20th day of November			
20 20 who produced the following as identification	(type of identification and number or personally known)			
Karen Fuller	September 19th, 2023			
Notary Public Signature Printed Name of Notary Pub	The state of the s			

KAREN FULLER
Notary Public - State of Florida
Commission # GG 338834
My Comm. Expires Sep 19, 2023
Bonded through National Notary Assn.