



Kevin Ruane
District One

December 14, 2022

Cecil L. Pendergrass
District Two

Ray Sandelli
District Three

Brian Hamman
District Four

Mike Greenwell
District Five

Roger Desjarlais
County Manager

Richard Wesch
County Attorney

Donna Marie Collins
County Hearing Examiner

Ms. Rachel Juel
c/o Aon
Aetna Life Insurance Company
152 Farmington Avenue, RW61
Hartford, CT 06156

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



Lee County Procurement Management
Signatory Authorization Affidavit

Date: November 20, 2020 Company Name: Aetna ("Company")

AUTHORIZATION: The Affiant warrants the truth and accuracy of this Affidavit to statements hereinafter made. The Affiant acknowledges that it is of critical importance that the individuals signing legally binding documents on the Company's behalf possess the authority to bind the Company so that both parties are bound by the terms of said documents.

INSTRUCTIONS: This Authorization Affidavit shall only be executed by the following:

- Corporation: President or CEO
• LLC: Managing Member, if manager-managed LLC or Member, if member-managed LLC
• Sole Proprietor: Owner
• An individual authorized to sign on the Company's behalf as evidenced by internal Company documentation delegating signing authority to that individual. Please attach internal Company documentation, if applicable.

All signatures on this Affidavit must be wet, non-electronic and non-digital original signatures. If you have more than four Authorized Signatories, please duplicate this page. A wet, non-electronic and non-digital original signature is required on each page. The following individuals are hereby authorized, as representatives of the Company identified above, to sign and execute legally binding documents on behalf of the Company.

Table with 2 columns: Authorized Signatory Name, Title. Row 1: Cathy Aguirre, Market Head of Sales & Service.

By executing this Affidavit, I hereby authorize the individuals shown above to sign and execute legally binding documents on behalf of the Company. I further acknowledge that it shall be the sole responsibility of the Company to provide an updated Signatory Authorization Affidavit, upon any change in signatory authorization, to the County, Attention: Procurement Management Director, 1500 Monroe Street, 4th Floor, Fort Myers, FL 33901.

Handwritten signature of Richard B. Weiss, Market President, dated 11/20/2020.

Richard B. Weiss (Printed Name of Affiant)

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)

Handwritten signature of Karen Fuller, Notary Public Signature, Karen Fuller (Printed Name of Notary Public), September 19th, 2023 (Commission Number/Expiration)

