

SIGNATURE PAGE

P-29-2023

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Aflac Group Insurance
(PRINT)

Preparer's Name: Bob Ruff
(PRINT)

Signature: _____ 3/16/2023
(DATE)

Address: 1600 Williams St. Columbia SC 29201

Telephone No.: 973-803-8962

Fax No.: N/A

E-Mail Address: MOBrien@Aflac.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Maureen O'Brien

FEIN: ██████████
(Federal Employee ID)

BRC: ██████████
(Business Registration Certificate)

(Revised 2/2017)