

**SIGNATURE PAGE**

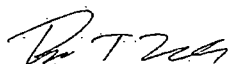
**P-29-2023**

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: Colonial Life & Accident Insurance Company  
(PRINT)

Preparer's Name: Rob Quell, Vice President  
(PRINT)

Signature:  3/3/2023  
(DATE)

Address: 1200 Colonial Life Boulevard  
Columbia, SC 29210

Telephone No.: (803) 678-5976

Fax No.: (803) 678-5908

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

Contact Person: Loi Parsons, Senior Consultant, RFP Management

FEIN: ██████████ Colonial Life & ██████████ Unum Group (Parent co.)  
(Federal Employee ID)

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

(Revised 2/2017)