

## AMENDMENT NO. 1

This Amendment modifies Contract No. 1953-17913, for Employer Sponsored Dental Benefits by and between the County of Cook, Illinois, herein referred to as "County" and First Commonwealth, Inc. a wholly owned subsidiary of The Guardian Life Insurance Company of America, authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

### RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on July 29, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Employer Sponsored Dental Benefits (hereinafter referred to as the "Services") from December 1, 2021 through November 30, 2024, in an amount not to exceed \$34,344,364.00, with two, one-year renewal options; and

Whereas, the Contract will expire November 30, 2024, and the agreed upon Services are still required; and

Whereas, an increase of the Contract amount is required for the continuation of Services; and pursuant to Article 10 Section C of the Contract, the County and Contractor desire to increase the Contract in the amount of \$26,877,732.00.

Whereas, pursuant to Article 10 Section C of the Contract, the County and Contractor desire to renew the Contract for two years beginning on December 1, 2024 through November 30, 2026.

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is renewed through November 30, 2026.
2. The Contract is increased by \$26,877,732.00 and the Total Contract Amount is revised to \$61,222,096.00.
3. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, Certificate of Insurance, and Economic Disclosures Statement under Attachment No. 1 are incorporated and made a part of this Contract.
4. All other terms and conditions remain as stated in the Contract.

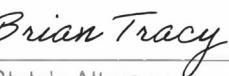
In witness whereof and pursuant to County Board approval on May 16, 2024 the County and Contractor have caused this Amendment No. 1 to be executed on the date and year last written below.

REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY

County of Cook, Illinois

By:  Digitally signed by Raffi Sarrafian  
Date: 2024.05.22 12:38:51  
-05'00'  
Chief Procurement Officer

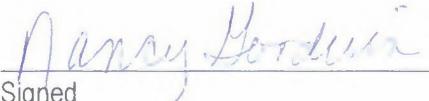
Date: \_\_\_\_\_

By:   
State's Attorney

**Brian Tracy**  
Type or print name

Date: **5/13/2024**

First Commonwealth, Inc. a wholly owned subsidiary of  
The Guardian Life Insurance Company of America

  
Signed

**Nancy Goodwin**  
Type or print name

**Chief Underwriting Officer**  
Title

Date: **5/13/2024**

Contract No. 1953-17913 Amendment No. 1  
Vendor Name: First Commonwealth, Inc.,  
a wholly owned subsidiary of The Guardian Life Insurance Company of America

**ATTACHMENT NO. 1**

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

	<b>OCPO ONLY:</b> <input type="checkbox"/> Disqualification <input checked="" type="checkbox"/> Check Complete
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The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No. <b>1953-17913</b>	Date: <b>February 27, 2024</b>
Total Bid or Proposal Amount: <b>61,222,096.00</b>	Contract Title: <b>Employer Sponsored Dental Benefits</b>
Contractor: First Commonwealth Inc., a wholly owned sub	Subcontractor/Supplier/ Subconsultant to be      Risk Management Solutions of America added or substitute:
Authorized Contact for Contractor: Stefanie Pike	Authorized Contact for Subcontractor/Supplier/ Bennie Jones Subconsultant:
Email Address (Contractor): stefanie_pike@glic.com	Email Address (Subcontractor): bjones@rmsoa.com
Company Address (Contractor): 10 Hudson Yards	Company Address 309 West Washington Street (Subcontractor):
City, State and Zip (Contractor): New York, NY 10001	City, State and Zip Chicago, IL 60606 (Subcontractor):
Telephone and Fax (Contractor): 212-598-8000	Telephone and Fax Tel 312-960-6206, Fax 312-960-1960 (Subcontractor):
Estimated Start and Completion Dates 12/1/2024 - 11/30/2026 (Contractor):	Estimated Start and Completion Dates 12/1/2024 - 11/30/2026 (Subcontractor):

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Customer Support Service	\$28,004.25

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

First Commonwealth Inc., a wholly owned subsidiary of Guardian 

Contractor

Nancy Goodwin

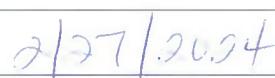
Name

Vice President

Title



Prime Contractor Signature



Date

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

<input type="checkbox"/>	<u>OCPO ONLY:</u>
<input checked="" type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

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Total Bid or Proposal Amount <b>61,222,096.00</b>	Contract Title. <b>Employer Sponsored Dental Benefits</b>
Contractor: First Commonwealth Inc., a wholly owned sub	Subcontractor/Supplier/ Subconsultant to be Risk Management Information Systems added or substitute:
Authorized Contact for Contractor: Stefanie Pike	Authorized Contact for Subcontractor/Supplier/ Celeste D. Watts Subconsultant:
Email Address (Contractor): stefanie_pike@glic.co	Email Address (Subcontractor): celeste_rmis@sbcglobal.net
Company Address (Contractor): 10 Hudston Yards	Company Address (Subcontractor): 155 North Michigan Ave , Unit 375
City, State and Zip (Contractor): New York, NY 10001	City, State and Zip (Subcontractor): Chicago, IL 60601
Telephone and Fax (Contractor): Tel 212-598-8000	Telephone and Fax (Subcontractor): Tel 312-819-1065, Fax 312-729-523
Estimated Start and Completion Dates (Contractor): 12/1/2024 - 11/30/2026	Estimated Start and Completion Dates (Subcontractor): 12/1/2024 - 11/30/2026

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Customer Support Services	\$4,667.37

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.

First Commonwealth Inc., a wholly owned subsidiary of 

Contractor

Nancy Goodwin

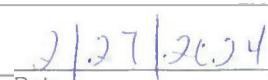
Name

Vice President

Title



Prime Contractor's signature



Date

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

<b>OCPO ONLY:</b>	
<input type="checkbox"/>	Disqualification
<input checked="" type="checkbox"/>	Check Complete

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Total Bid or Proposal Amount <b>61,222,096.00</b>	Contract Title: <b>Employer Sponsored Dental Benefits</b>
Contractor: The Guardian Life Insurance Company of America	Subcontractor/Supplier/ Subconsultant to be added or substitute: Risk Management Solutions of America
Authorized Contact for Contractor: Stefanie Pike	Authorized Contact for Subcontractor/Supplier/ Bennie Jones Subconsultant:
Email Address (Contractor): <b>stefanie_pike@glic.com</b>	Email Address (Subcontractor): <b>bjones@rmsoa.com</b>
Company Address (Contractor): 10 Hudson Yards	Company Address (Subcontractor): 309 West Washington Street
City, State and Zip (Contractor): <b>New York, NY 10001</b>	City, State and Zip (Subcontractor): <b>Chicago, IL 60606</b>
Telephone and Fax (Contractor): <b>212-598-8000</b>	Telephone and Fax (Subcontractor): <b>Tel 312-960-6206, Fax 312-960-1960</b>
Estimated Start and Completion Dates (Contractor): <b>12/1/2024 - 11/30/2026</b>	Estimated Start and Completion Dates (Subcontractor): <b>12/1/2024 - 11/30/2026</b>

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Customer Support Services	\$171,819.90

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

The Guardian Life Insurance Company of America

Contractor

Nancy Goodwin

Name

Chief Underwriting Officer

Title

*Nancy Goodwin*

Prime Contractor Signature

*2/27/2024*

Date

**Cook County**  
**Office of the Chief Procurement Officer**  
**Identification of Subcontractor/Supplier/Subconsultant Form**

<input type="checkbox"/>	<u>OCPO ONLY:</u>
<input checked="" type="checkbox"/>	Disqualification
<input type="checkbox"/>	Check Complete

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Total Bid or Proposal Amount: <b>61,222,096.00</b>	Contract Title: <b>Employer Sponsored Dental Benefits</b>
Contractor: The Guardian Life Insurance Company of Am	Subcontractor/Supplier/ Subconsultant to be Risk Management Information Systems added or substitute:
Authorized Contact for Contractor: Stefanie Pike	Authorized Contact for Subcontractor/Supplier/ Celeste D. Watts Subconsultant:
Email Address (Contractor): stefanie_pike@glic.com	Email Address (Subcontractor): celeste_rmis@sbcglobal.net
Company Address (Contractor): 10 Hudston Yards	Company Address 155 North Michigan Ave., Unit 375 (Subcontractor):
City, State and Zip (Contractor): New York, NY 10001	City, State and Zip Chicago, IL 60601 (Subcontractor)
Telephone and Fax (Contractor): Tel 212-598-8000	Telephone and Fax Tel 312-819-1065, Fax 312-729-5239 (Subcontractor):
Estimated Start and Completion Dates 12/1/2024 - 11/30/2026 (Contractor):	Estimated Start and Completion Dates 12/1/2024 - 11/30/2026 (Subcontractor):

**Note:** Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

<u>Description of Services or Supplies</u>	<u>Total Price of Subcontract for Services or Supplies</u>
Customer Service Support	\$28,636.65

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

The Guardian Life Insurance Company of America

Contractor

Nancy Goodwin

Name

Chief Underwriting Officer

Title

*Nancy Goodwin*

Prime Contractor Signature

*2/27/2024*

Date

**TONI PRECKWINKLE**

PRESIDENT

**Cook County Board  
of Commissioners**TARA STAMPS  
1st DistrictDENNIS DEER  
2nd DistrictBILL LOWRY  
3rd DistrictSTANLEY MOORE  
4th DistrictMONICA GORDON  
5th DistrictDONNA MILLER  
6th DistrictALMA E. ANAYA  
7th DistrictANTHONY J. QUEZADA  
8th DistrictMAGGIE TREVOR  
9th DistrictBRIDGET GAINER  
10th DistrictJOHN P. DALEY  
11th DistrictBRIDGET DEGNEN  
12th DistrictJOSINA MORITA  
13th DistrictSCOTT R. BRITTON  
14th DistrictKEVIN B. MORRISON  
15th DistrictFRANK J. AGUILAR  
16th DistrictSEAN M. MORRISON  
17th District

## OFFICE OF CONTRACT COMPLIANCE

**Nicole Mandeville**

DIRECTOR

161 N. Clark Street, Suite 2300 • Chicago, Illinois 60601 • (312) 603-5502

April 3, 2024 (revised 4/5/2024)

Mr. Raffi Sarrafian  
Chief Procurement Officer  
161 North Clark Street – Suite 2300  
Chicago, IL 60601

Re: Contract No.: 1953-17913 (Amendment No .1)  
Employee Sponsored Dental Benefits  
Department of Risk Management

Dear Mr. Sarrafian:

The Office of Contract Compliance is in receipt of the above-reference contract amendment and has reviewed it for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review, it has been determined this amendment is responsive to the Ordinance.

Vendor: First Commonwealth, Inc. a wholly owned subsidiary of The Guardian Life Insurance Company  
Original Contract Value: \$34,344,364.00

Original Contract Term: December 1, 2021 – November 30, 2024

Increased Contract Value \$26,877,732.00 (Amendment No. 1)

New Contract Value: \$61,222,096.00

New Anticipated Term: December 1, 2024 – November 30, 2026

RFP - Professional Services

Contract Goal: 17.5% Overall MBE/WBE

**Utilization Plan - Original Award (\$34,344,364.00 Contract Value)**

<u>MBE/WBE Firm</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment Direct</u>
Risk Management Information Systems	MBE (AA)	City of Chicago	5%
Risk Management Solutions of America	MBE (AA)	City of Chicago	30%
		<b>MBE/ WBE Total</b>	<b>35%</b>

**Utilization Plan – Amendment No. 1 (\$61,222,096.00 Revised Contract Value)**

<u>MBE/WBE Firm</u>	<u>Status</u>	<u>Certifying Agency</u>	<u>Commitment (Direct)*</u>	
			<u>Admin Fees</u>	<u>Contract Value</u>
Risk Management Information Systems	WBE (AA)	City of Chicago	5%	\$33,304.02*
Risk Management Solutions of America	MBE (AA)	City of Chicago	30%	\$199,824.15*
			<b>MBE/ WBE Total</b>	<b>0.38%</b>

\*M/WBE percentages are calculated against the total administrative fees in the amount of \$666,081.00.

\*\*Cumulative commitment percentages are calculated against the total contract value of \$61,222,096.00.

For the purpose of calculating the commitment percentages, it is based on the administrative fees. While the contract original award amount is \$34,344,364.00, the commitment percentage is only based upon the latter, which represents 0.38% of the contract's overall revised value at \$61,222,096.00. As a result, the MBE/WBE commitment percentages appear to be only 0.38% of the contract's total value but actually represent 35% of the contract's administrative fees cost, which meets the solicitation's MBE/ WBE participation goal.

Sincerely,



Jeanetta Cardine

Contract Compliance Deputy Director

JC/vl

cc: Edmund Rendon, OCPO

Deanna Zalas, Department of Risk Management

Jacqueline Hrabak, Department of Risk Management

## MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit – available online at [www.cookcountyl.gov/contractcompliance](http://www.cookcountyl.gov/contractcompliance))

Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II.  **Direct Participation of MBE/WBE Firms**  **Indirect Participation of MBE/WBE Firms**

**NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.**

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: Risk Management Solutions of America

Address: 309 West Washington Street, Suite 200, Chicago, IL 60606

E-mail: bjones@rmsoa.com

Contact Person: Bennie Jones Phone: 312-906-9200

Dollar Amount Participation: \$ To be based on final premium, coverages selected, and final enrollment.

Percent Amount of Participation: 30 %

\*Letter of Intent attached? Yes X No \_\_\_\_\_

\*Current Letter of Certification attached? Yes x No \_\_\_\_\_

MBE/WBE Firm: Risk Management Information Systems, Inc.

Address: 155 North Michigan Avenue, Suite 621, Chicago, IL 60601

E-mail: rmis@sbcglobal.com

Contact Person: Celeste D. Watts Phone: 312-819-1065

Dollar Amount Participation: \$ To be based on final premium, coverages selected, and final enrollment.

Percent Amount of Participation: 5 %

\*Letter of Intent attached? Yes X No \_\_\_\_\_

\*Current Letter of Certification attached? Yes x No \_\_\_\_\_

Attach additional sheets as needed.

**\* Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Risk Management Solutions of America

Contact Person: **Bennie Jones**

Address: 309 West Washington Street, Suite 200

City/State: **Chicago, IL** Zip: **60606**

Phone: **312-960-6206** Fax: **312-906-1920**

Email: **bjones@rmsoa.com**

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

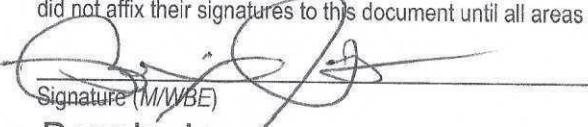
No  Yes – Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

**Customer service support**

Indicate the **Dollar Amount, Percentage**, and the **Terms of Payment** for the above-described Commodities/ Services:  
30% of total value

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

  
Signature (M/WBE)

**Bennie Jones**

Print Name

**Risk Management Solutions of /**

Firm Name

**2-23-24**

Date

Subscribed and sworn before me

this **23<sup>rd</sup>** day of **February**, 20**24**.

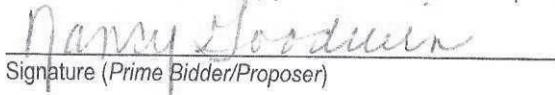
Notary Public

**OFFICIAL SEAL**

**LINDA JONES**

NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 2/7/26

SEAL

  
Signature (Prime Bidder/Proposer)

**Nancy Goodwin**

Print Name

The Guardian Life Insurance Company of America

Firm Name

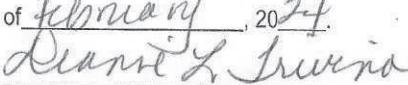
**2/24/2024**

Date

Subscribed and sworn before me

this **26** day of **February**, 20**24**.

Notary Public

  
**Diane L. Trivino**

Commonwealth of Pennsylvania - Notary Seal  
**DIANNE L TRIVINO - Notary Public**  
Northampton County  
My Commission Expires March 12, 2026  
Commission Number 1168660

SEAL

Revised: 1/29/14

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: Risk Management Solutions of America

Contact Person: Bennie Jones

Address: 309 West Washington Street, Suite 200

City/State: Chicago, IL Zip: 60606

Phone: 312-960-6206 Fax: 312-906-1920

Email: bjones@rmsoa.com

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

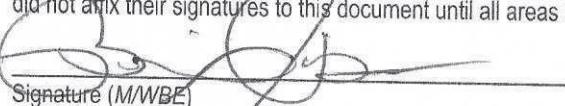
No  Yes – Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Customer service support

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
30% of total value

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Signature (M/WBE)

Bennie Jones

Print Name

Risk Management Solutions of

Firm Name

2-23-24

Date

Subscribed and sworn before me

this 23<sup>rd</sup> day of February, 2024.

Notary Public

Linda Jones

OFFICIAL SEAL

LINDA JONES

NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 2/7/26

SEAL

Certifying Agency: City of Chicago

Certification Expiration Date: \_\_\_\_\_

Ethnicity: African American

Bid/Proposal/Contract #: 1953-17913 A1

FEIN #: 36-4077128

Commonwealth of Pennsylvania - Notary Seal

DIANNE L TRIVINO - Notary Public

Northampton County

My Commission Expires March 12, 2026

Commission Number 1168660

Revised: 1/29/14



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JAN - 3 2023

Bennie Jones  
Risk Management Solutions of America, Inc.  
309 W. Washington St. Suite 200  
Chicago, IL 60606

RE: CONTINUATION OF CERTIFICATION

Dear Mr. Jones:

We are pleased to inform you that Risk Management Solutions of America, Inc. continues to be certified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This recertification is a continuation of your previous certification which expires **January 15, 2023** and will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past, the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 calendar days before your annual anniversary date of January 15<sup>th</sup>**.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must file an **annual No-Change Affidavit 60 calendar days before your anniversary date of January 15<sup>th</sup>**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

You shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;

- Notify the City of any changes affecting your firm's certification within 10 days of such change; or
- File your recertification within the required time period.

You have an obligation to cooperate with the City with any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754).

If you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

**NAICS Code(s):**

**524210 – Insurance Brokerages**

**524291 – Claims Adjusting, Insurance**

**524292 – Third Party Administration of Insurance and Pension Funds**

**524298 – All Other Insurance Related Activities**

Your firm's participation on City contracts will be credited only toward **MBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Tammi Morgan

Contracting Equity Officer

TM/em 

**MBE/WBE LETTER OF INTENT - FORM 2**

M/WBE Firm: Risk Management Information Systems  
 Contact Person: Celeste D. Watts  
 Address: 155 North Michigan Ave., Suite 375  
 City/State: Chicago, IL Zip: 60601  
 Phone: 312-819-1065 Fax: 312-819-1078  
 Email: celeste\_rmis@sbcglobal.com

Participation:  Direct  Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes – Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Customer service support

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
 5% of total value

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Celeste D. Watts  
 Signature (M/WBE)

Celeste D. Watts

Print Name

Risk Management and Information Systems, Inc.

Firm Name

February 22, 2024  
 Date

Subscribed and sworn before me

this 22<sup>nd</sup> day of February, 2024.

Notary Public Sherri Smith Braggs

**OFFICIAL SEAL**  
 SHERRI SMITH BRAGGS  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 MY COMMISSION EXPIRES: 05/25/2026

SEAL

Certifying Agency: City of Chicago

Certification Expiration Date: \_\_\_\_\_

Ethnicity: African American

Bid/Proposal/Contract #: 1953-17913 A1

FEIN #: 36-3979612

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

No  Yes – Please attach explanation. Proposed Subcontractor(s): \_\_\_\_\_

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: (If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)

Customer service support

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:  
 5% of total value

Nancy Goodwin  
 Signature (Prime Bidder/Proposer)

Nancy Goodwin

Print Name

The Guardian Life Insurance Company of America

Firm Name

2/26/2024  
 Date

Subscribed and sworn before me

this 26 day of February, 2024.

Notary Public Dianne L Trivino

**Commonwealth of Pennsylvania - Notary Seal** **SEAL**  
 DIANNE L TRIVINO - Notary Public  
 Northampton County  
 My Commission Expires March 12, 2026  
 Commission Number 1168660



**Business & Contact Information**

BUSINESS NAME	<b>Risk Management and Information Systems, Inc.</b>
OWNER	Ms. Celeste Watts
ADDRESS	155 North Michigan Avenue Unit 375 Chicago, IL 60601-7578 <a href="#">[map]</a>
PHONE	312-819-1065
FAX	312-729-5239
EMAIL	<a href="mailto:rmis@sbcglobal.net">rmis@sbcglobal.net</a>
ETHNICITY	African American

**Certification Information**

CERTIFYING AGENCY	<b>City of Chicago</b>
CERTIFICATION TYPE	<b>WBE - Women Business Enterprise</b>
CERTIFICATION DATE	<b>2/21/2024</b>
RENEWAL DATE	<b>3/1/2025</b>
EXPIRATION DATE	<b>3/1/2029</b>
CERTIFIED BUSINESS DESCRIPTION	<b>NAICS 524298 All Other Insurance Related Activities</b>

Firm specializes in insurance risk management consulting services

**Commodity Codes**

Code	Description
NAICS 524298	All Other Insurance Related Activities

**Additional Information**

WARD	34
COMMUNITY AREA	32 Loop
QUALIFIED INVESTMENT AREA	No

**Business & Contact Information**

BUSINESS NAME	<b>Risk Management and Information Systems, Inc.</b>
OWNER	Ms. Celeste Watts
ADDRESS	155 North Michigan Avenue Unit 375 Chicago, IL 60601-7578 <a href="#">[map]</a>
PHONE	312-819-1065
FAX	312-729-5239
EMAIL	<a href="mailto:rmls@sbcglobal.net">rmls@sbcglobal.net</a>
ETHNICITY	African American

**Certification Information**

CERTIFYING AGENCY	City of Chicago
CERTIFICATION TYPE	MBE - Minority Business Enterprise
CERTIFICATION DATE	2/21/2024
RENEWAL DATE	3/1/2025
EXPIRATION DATE	3/1/2029
CERTIFIED BUSINESS DESCRIPTION	NAICS 524298 All Other Insurance Related Activities

Firm specializes in insurance risk management consulting services

**Commodity Codes**

Code	Description
NAICS 524298	All Other Insurance Related Activities

**Additional Information**

WARD	34
COMMUNITY AREA	32 Loop
QUALIFIED INVESTMENT AREA	No



CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

JUN 01 2023

Celeste Watts  
Risk Management and Information Systems, Inc.  
155 North Michigan Avenue, Unit 375  
Chicago, IL 60601

Re: Change in Address

Dear Ms. Watts:

We are pleased to inform you that we have updated your certification to reflect your firm's change in address. **Risk Management and Information Systems, Inc.** continues to be certified as a **Minority-Owned Business Enterprise ("MBE") and Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This certification will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past, the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days before your annual anniversary date of March 1<sup>st</sup>**.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of March 1<sup>st</sup>**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;

- Notify the City of any changes affecting your firm's certification within 10 days of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at [chicagoinspectorgeneral.org](http://chicagoinspectorgeneral.org), or 866-IG-TIPLINE (866-448-4754)**.

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

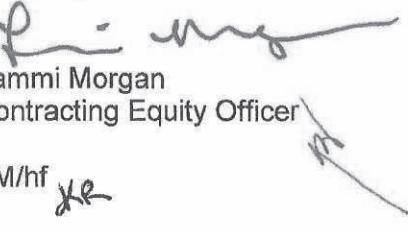
**NAICS Code(s):**  
**524298 - All Other Insurance Related Activities**

**Firm specializes in insurance risk management consulting services.**

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

  
Tammi Morgan  
Contracting Equity Officer

TM/hf 



**Cook County  
Office of the Chief Procurement Officer**

**Economic Disclosure Statement Recertification Affidavit**

Applicant/Holder Name: First Commonwealth Inc., a wholly owned + Contract #: 1953-17913 A1

Address: 10 Hudson Yards

City: New York

County: New York

State: New York

Zip: 10001

Phone: 212-589-8000

Email: [stefanie\\_pike@glic.com](mailto:stefanie_pike@glic.com)

**Instructions**

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Employer Sponsored Dental Benefits

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated July 1, 2021 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

Certifications (SECTION 2), if applicable, as updated on: July 1, 2021

Economic and Other Disclosures (SECTION 3), if applicable, as updated on: July 1, 2021

Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: June 30, 2021

Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on:

Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on:

Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on: July 1, 2021

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: First Commonwealth Inc., a wholly owned sub

Date: 3/15/24

(Print or type legal name of Applicant/Holder)

Nancy Goodwin

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

Nancy Goodwin

Title of signatory:

Vice President

Subscribed and sworn to before me on this 15<sup>th</sup> day of March, 2024

Notary Public Signature: Desiree L Trivino Seal:

Commonwealth of Pennsylvania - Notary Seal  
DIANNE L TRIVINO - Notary Public  
Northampton County  
My Commission Expires March 12, 2026  
Commission Number 1168660

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

**"Applicant"** means any Entity or person making an application to the County for any County Action.

**"County Action"** means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

**"Person" "Entity" or "Legal Entity"** means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the  Applicant or  Stock/Beneficial Interest Holder

This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name First Commonwealth, Inc., a wholly owned subsidiary of The Guardian Life Insurance Company of America

D/B/A: \_\_\_\_\_ FEIN # Only: 75-2154228

Street Address: 500 W. Jackson Blvd., Suite 750

City: Chicago State: IL Zip Code: 10001

Phone No.: 312-993-1000 Fax Number: 312-279-2202 Email: stefanie\_pike@glic.com

Cook County Business Registration Number: \_\_\_\_\_  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
The Guardian Life Insurance Company of America		100%
10 Hudson Yards		
New York, NY 10001		

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [  ] Yes [  ] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
See attached.			

**Declaration (check the applicable box):**

I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Nancy Goodwin

Name of Authorized Applicant/Holder Representative (please print or type)

Nancy Goodwin

Signature

nancy\_goodwin@glic.com

E-mail address

Subscribed to and sworn before me  
this 15<sup>th</sup> day of March 20 24Dianne L. Trivino

Notary Public Signature

Vice President

Title

3/15/24

Date

212-598-8000

Phone Number

Commonwealth of Pennsylvania - Notary Seal

DIANNE L TRIVINO - Notary Public  
Northampton CountyMy Commission Expires March 12, 2026  
Commission Number 1168660

Notary Seal

## First Commonwealth, Inc.

Officers	
Name	Position
Jill Purcell	President and Chief Executive Officer
Thomas Barnes	Controller
Debra Udicous	Treasurer
Lisa DiMario	Assistant Treasurer
Rose Burachio	Secretary
John Dolan	Assistant Secretary
Harris Oliner	Assistant Secretary
Nancy Goodwin	Vice President
Chi Kwok	Investment Officer



**COOK COUNTY BOARD OF ETHICS**  
 69 W. WASHINGTON STREET, SUITE 3040  
 CHICAGO, ILLINOIS 60602  
 312/603-4304 Office 312/603-9988 Fax

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

**Additional Definitions:**

*"Familial relationship"* means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

Parent  
 Child  
 Brother  
 Sister  
 Aunt  
 Uncle  
 Niece  
 Nephew

Grandparent  
 Grandchild  
 Father-in-law  
 Mother-in-law  
 Son-in-law  
 Daughter-in-law  
 Brother-in-law  
 Sister-in-law

Stepfather  
 Stepmother  
 Stepson  
 Stepdaughter  
 Stepbrother  
 Stepsister  
 Halfbrother  
 Halfsister

COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORMA. **PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY**Name of Person Doing Business with the County: First Commonwealth Inc.Address of Person Doing Business with the County: 550 West Jackson Blvd., Suite, Chicago, IL 60661Phone number of Person Doing Business with the County: 303-225-6419Email address of Person Doing Business with the County: nancy\_goodwin@glic.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:  
Stefanie Pike, Client Executive, 312-279-2204, stefanie\_pike@glic.com

B. **DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: 1953-17913 A1The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 61,222,096.00The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Ed Rendon, Procurement Manager, Office of the Chief Procurement Officer, (312) 603-6824The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Jacqueline Hrabak, Administrative Coordinator, Dept. of Risk Management, 312-603-6332C. **DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS**

*Check the box that applies and provide related information where needed*

The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM

The Person Doing Business with the County is an individual and there is a familial relationship between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. The familial relationships are as follows:

Name of Individual Doing  
Business with the County

Name of Related County  
Employee or State, County or  
Municipal Elected Official

**Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official**

### Nature of Familial Relationship\*

N/A

*If more space is needed, attach an additional sheet following the above format*

- The Person Doing Business with the County is a **business entity** and there is a **familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. The **familial relationships are as follows:**

Name of Member of Board  
of Director for Business  
Entity Doing Business with  
the County

Name of Related County  
Employee or State, County or  
Municipal Elected Official

**Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official**

### Nature of Familial Relationship\*

N/A

Name of Officer for Business Entity Doing Business with the County

Name of Related County  
Employee or State, County or  
Municipal Elected Official

**Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official**

### Nature of Familial Relationship\*

N/A

CONTRACT #:

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County  <b>N/A</b>	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County  <b>N/A</b>	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
Name of Employee of Business Entity Directly Engaged in Doing Business with the County  <b>N/A</b>	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*

*If more space is needed, attach an additional sheet following the above format.*

**VERIFICATION:** To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Dorsey Gordwin  
Signature of Recipient

3/15/24  
Date

**SUBMIT COMPLETED FORM TO:**

Cook County Board of Ethics  
69 West Washington Street, Suite 3040, Chicago, Illinois 60602  
Office (312) 603-4304 – Fax (312) 603-9988  
CookCounty.Ethics@cookcountyl.gov

\* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.



**Cook County**  
**Office of the Chief Procurement Officer**

**Economic Disclosure Statement Recertification Affidavit**

Applicant/Holder Name: The Guardian Life Insurance Company of America Contract #: 1953-17913 A1

Address: 10 Hudson Yards

City: New York

County: New York

State: New York

Zip: 10001

Phone: 212-589-8000

Email: stefanie\_pike@glic.com

**Instructions**

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Employer Sponsored Benefits

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated **July 1, 2021** are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

Certifications (SECTION 2), if applicable, as updated on: **July 1, 2021**

Economic and Other Disclosures (SECTION 3), if applicable, as updated on: **July 1, 2021**

Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on: **June 30, 2021**

Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on:

Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on:

Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on: **July 1, 2021**

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: The Guardian Life Insurance Company of America

(Print or type legal name of Applicant/Holder)

Date:

3/15/24

Nancy Goodwin

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

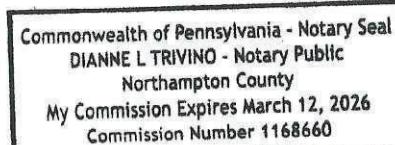
Nancy Goodwin

Title of signatory:

Chief Underwriting Officer

Subscribed and sworn to before me on this 15<sup>th</sup> day of March, 2024

Notary Public Signature: Dianne L. Trivino Seal:



## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

**"Applicant"** means any Entity or person making an application to the County for any County Action.

**"County Action"** means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

**"Person"** **"Entity"** or **"Legal Entity"** means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and

2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the  Applicant or  Stock/Beneficial Interest Holder

This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name The Guardian Life Insurance Company of America

D/B/A: \_\_\_\_\_ FEIN # Only: 13-5123390

Street Address: 10 Hudson Yards

City: New York State: NY Zip Code: 10001

Phone No.: 212-598-8000 Fax Number: 312-279-2202 Email: stefanie\_pike@glic.com

Cook County Business Registration Number: \_\_\_\_\_  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name

Address

Percentage Interest in  
Applicant/Holder

N/A. Guardian is a mutual company, owned by its policyholders

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee

Name of Principal

Principal's Address

N/A

3. Is the Applicant constructively controlled by another person or Legal Entity? [  ] Yes [  ] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name

Address

Percentage of  
Beneficial Interest

Relationship

N/A

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name

Address

Title (specify title of  
Office, or whether manager  
or partner/joint venture)

Term of Office

See attached.

**Declaration (check the applicable box):**

I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

CONTRACT #:

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Nancy Goodwin

Name of Authorized Applicant/Holder Representative (please print or type)

Nancy Goodwin

Signature

nancy\_goodwin@glic.com

E-mail address

Subscribed to and sworn before me  
this 15th day of March, 2024

x Dianne L Trivino

Notary Public Signature

Chief Underwriting Officer

Title

3/15/24

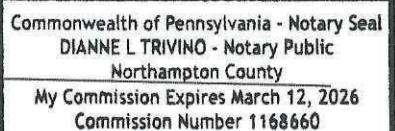
Date

212-598-8000

Phone Number

My commission expires:

Notary Seal





## Executive Officers

Name	Title	Serving since
Andrew McMahon	Chief Executive Officer and President	2017
Dan Johnson (interim)	Chief Technology Officer	2013
Erin Culek	Head of Strategy and Corporate Development	2020
Jonathan Mayhew	Head of Group Benefits	2022
Kermitt Brooks	Chief Legal Officer	2020
Kevin Molloy	Chief Financial Officer	2019
Michael Ferik, FSA	Head of Individual Markets	2009
Nicholas Liolis	Chief Investment Officer	2023
Stacey Hoin	Chief Human Resources Officer	2021
Wendy Wahl	Chief Marketing Officer	2021



**COOK COUNTY BOARD OF ETHICS**  
 69 W. WASHINGTON STREET, SUITE 3040  
 CHICAGO, ILLINOIS 60602  
 312/603-4304 Office 312/603-9988 Fax

**FAMILIAL RELATIONSHIP DISCLOSURE PROVISION**

**Nepotism Disclosure Requirement:**

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than \$25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of \$100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

**Additional Definitions:**

*"Familial relationship"* means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

Parent  
 Child  
 Brother  
 Sister  
 Aunt  
 Uncle  
 Niece  
 Nephew

Grandparent  
 Grandchild  
 Father-in-law  
 Mother-in-law  
 Son-in-law  
 Daughter-in-law  
 Brother-in-law  
 Sister-in-law

Stepfather  
 Stepmother  
 Stepson  
 Stepdaughter  
 Stepbrother  
 Stepsister  
 Halfbrother  
 Halfsister

**COOK COUNTY BOARD OF ETHICS  
FAMILIAL RELATIONSHIP DISCLOSURE FORM**

**A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY**

Name of Person Doing Business with the County: The Guardian Life Insurance Company of America

Address of Person Doing Business with the County: 10 Hudson Yards, New York, NY 10001

Phone number of Person Doing Business with the County: 212-598-8000

Email address of Person Doing Business with the County: nancy\_goodwin@glic.com

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:  
Stefanie Pike, Client Executive, 312-279-2204, stefanie\_pike@glic.com

**B. DESCRIPTION OF BUSINESS WITH THE COUNTY**

*Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:*

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: 1953-17913 A1

The aggregate dollar value of the business you are doing or seeking to do with the County: \$ 61,222,096.00

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: Ed Rendon, Procurement Manager, Office of the Chief Procurement Officer, (312) 603-6824

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Jacqueline Hrabak, Administrative Coordinator, Dept. of Risk Management, 312-603-6332

**C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS**

*Check the box that applies and provide related information where needed*

The Person Doing Business with the County is an individual and there is no familial relationship between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

The Person Doing Business with the County is a business entity and there is no familial relationship between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

**COOK COUNTY BOARD OF ETHICS**  
**FAMILIAL RELATIONSHIP DISCLOSURE FORM**

The Person Doing Business with the County is an individual and there is a familial relationship between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. The familial relationships are as follows:

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
<b>N/A</b>			

*If more space is needed, attach an additional sheet following the above format.*

The Person Doing Business with the County is a business entity and there is a familial relationship between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. The familial relationships are as follows:

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
<b>N/A</b>			
Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
<b>N/A</b>			

CONTRACT #:

Name of Person Responsible  
for the General  
Administration of the  
Business Entity Doing  
Business with the County

N/A

Name of Related County  
Employee or State, County or  
Municipal Elected Official

Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official

Nature of Familial  
Relationship\*

Name of Agent Authorized  
to Execute Documents for  
Business Entity Doing  
Business with the County

N/A

Name of Related County  
Employee or State, County or  
Municipal Elected Official

Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official

Nature of Familial  
Relationship\*

Name of Employee of  
Business Entity Directly  
Engaged in Doing Business  
with the County

N/A

Name of Related County  
Employee or State, County or  
Municipal Elected Official

Title and Position of Related  
County Employee or State, County  
or Municipal Elected Official

Nature of Familial  
Relationship\*

*If more space is needed, attach an additional sheet following the above format.*

**VERIFICATION:** To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Nancy Gordon

Signature of Recipient

3/15/24

Date

**SUBMIT COMPLETED FORM TO:**

Cook County Board of Ethics  
69 West Washington Street, Suite 3040, Chicago, Illinois 60602  
Office (312) 603-4304 – Fax (312) 603-9988  
CookCounty.Ethics@cookcountyl.gov

\* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

FULLY-INSURED

- Rates assume sold with Self-Insured PPO Option

<b>1. Current plan Design (Monthly)</b>	<b>12/1/2021 - 11/30/2022</b>	<b>12/1/2022 - 11/30/2023</b>	<b>12/1/2023 - 11/30/2024</b>	<b>12/1/2024 - 11/30/2025</b>	<b>12/1/2025 - 11/30/2026</b>
<b>Fully Insured Dental HMO Plan - Mirroring current plan design/schedule/network</b>					
Single	\$10.94	\$10.94	\$10.94	\$11.94	\$11.27
Single+1	\$20.39	\$20.39	\$20.39	\$21.00	\$21.63
Family	\$28.52	\$28.52	\$28.52	\$29.38	\$30.26

SELF-INSURED

- Rates assume sold with Fully Insured DHMO option

<b>1. Current plan Design (Monthly)</b>	<b>12/1/2021 - 11/30/2022</b>	<b>12/1/2022 - 11/30/2023</b>	<b>12/1/2023 - 11/30/2024</b>	<b>12/1/2024 - 11/30/2025</b>	<b>12/1/2025 - 11/30/2026</b>
<b>Self-Insured PPO Plan - Mirroring current plan design/schedule/network</b>					
ASO Fee (PEPM)	\$1.65	\$1.65	\$1.65	\$1.75	\$1.75

## Proposed Performance Standards/Guarantees

Cook County

Plan year 12/1/2024 - 11/30/2025

Results measured for period 1/1/2024 - 12/31/2024

	Frequency Measured	Amount of Penalty
<b>Customer Service/Claims Processing</b>		
• Annual dental claims processing of at least 90% in 14 calendar days and at least 99% in 30 calendar days	Annual	\$3,500
• 97% of claims paid accurately	Annual	\$3,500
<b>Other Customer Service</b>		
• Not more than 3% of Dental member calls to Customer Response Unit will be abandoned	Annual	\$3,500
• At least 70% of all Dental member calls will be answered in 30 seconds or less	Annual	\$3,500
<b>Account Management Team</b>		
• Semi Annual Financial Meetings (Key Account Manager) (review renewal, mid- year experience review, discuss benefit options)	Twice a year	\$2,000/meeting
• Overall Customer Satisfaction with Account Management Team (Sales Office Manager will provide AM survey to Cook prior to end of measurement period. Questions relating to responsiveness, accuracy of information supplied, appreciation of and adherence to deadlines, understanding of the challenges facing the County related to their Dental benefits and about the quality of the interaction and working relationship) An overall score of 4 out of 5 point scale or better must be attained.	Annual	Max at risk is \$4,000
<b>Renewal</b>		
• Sales Office to provide Cook County with renewal by July 15 each year.	Annual	\$3,500
<b>PPO Savings Guarantee</b>	36% PPO savings guaranteed	10% of ASO fees paid
<b>DRL Savings Guarantee</b>	2.5% savings due to application of Dental Review Logic	10% of ASO fees paid
<b>Recruitment</b>		
• Guardian will conduct a recruiting effort for the PPO and DHMO dental networks and will provide a status report detailing recruitment efforts and network growth to Cook County on a semiannually basis.		

## **Proposed Performance Standards/Guarantees**

**Cook County**

**Plan year 12/1/2025 - 11/30/2026**

**Results measured for period 1/1/2025 - 12/31/2025**

		Frequency Measured	Amount of Penalty
<b>Customer Service/Claims Processing</b>			
• Annual dental claims processing of at least 90% in 14 calendar days and at least 99% in 30 calendar days	Annual	\$3,500	
• 97% of claims paid accurately	Annual	\$3,500	
<b>Other Customer Service</b>			
• Not more than 3% of Dental member calls to Customer Response Unit will be abandoned	Annual	\$3,500	
• At least 70% of all Dental member calls will be answered in 30 seconds or less	Annual	\$3,500	
<b>Account Management Team</b>			
• Semi Annual Financial Meetings (Key Account Manager) (review renewal, mid- year experience review, discuss benefit options)	Twice a year	\$2,000/meeting	
• Overall Customer Satisfaction with Account Management Team (Sales Office Manager will provide AM survey to Cook prior to end of measurement period. Questions relating to responsiveness, accuracy of information supplied, appreciation of and adherence to deadlines, understanding of the challenges facing the County related to their Dental benefits and about the quality of the interaction and working relationship) An overall score of 4 out of 5 point scale or better must be attained.	Annual	Max at risk is \$4,000	
<b>Renewal</b>			
• Sales Office to provide Cook County with renewal by July 15 each year.	Annual	\$3,500	
<b>PPO Savings Guarantee</b>	36% PPO savings guaranteed	Annual	10% of ASO fees paid
<b>DRL Savings Guarantee</b>	2.5% savings due to application of Dental Review Logic	Annual	10% of ASO fees paid
<b>Recruitment</b>			
• Guardian will conduct a recruiting effort for the PPO and DHMO dental networks and will provide a status report detailing recruitment efforts and network growth to Cook County on a semiannually basis.			

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

SECRETARY'S CERTIFICATION  
RELATING TO OFFICER INCUMBENCY

STATE OF NEW YORK )  
                          )SS:  
COUNTY OF NEW YORK)

Harris Oliner, being duly sworn, deposes and states:

**That** I am the duly elected, qualified and acting Associate General Counsel, Corporate Secretary of The Guardian Life Insurance Company of America (the "Company"), a mutual insurance corporation duly organized and existing under and by virtue of the Laws of the State of New York and that I am familiar with the facts herein certified and duly authorized to certify the same on behalf of the Company;

**That** Article IV, Section 1 of the Bylaws of the Company, as amended on June 28, 2022, and not since revoked states:

"Except to the extent otherwise provided in these Bylaws, documents necessary or desirable in the transaction and management of the business and affairs of the Company shall be executed on behalf of the Company by Officers or employees duly authorized by the Board, or otherwise when so required by law as follows: any Executive Vice President, Senior Vice President, or Vice President may act for the Chairman of the Board, the Chief Executive Officer, the President or the Corporate Secretary, and the Treasurer or any Assistant Secretary or Secretary pro tem may act for the Corporate Secretary. Any Officer or employee so authorized by the Board may affix the Corporate Seal of the Company to any document when required, and acknowledge execution thereof on behalf of the Company."

**That** the following individual is presently duly elected, qualified and an acting officer of the Company in the office specified below, and that this individual is therefore duly authorized in accordance with the aforesaid excerpt of the Company's Bylaws, to execute documents and transact business on behalf of the Company, and the signature opposite her name is her own genuine signature:

Name

Title

Signature

Nancy Goodwin    Head of Group Benefits Underwriting

*Nancy Goodwin*

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the corporate seal of The Guardian Life Insurance Company of America on this 28 day of February, 2024.

SEAL

*HO*  
Harris Oliner  
Associate General Counsel, Corporate Secretary

FIRST COMMONWEALTH, INC.  
SECRETARY'S CERTIFICATION  
RELATING TO OFFICER INCUMBENCY

STATE OF NEW YORK )  
                         )SS:  
COUNTY OF NEW YORK)

Rose Burachio, being duly sworn, deposes and states:

**That** I am the duly elected, qualified and acting Secretary of First Commonwealth, Inc., (the "Company"), a corporation duly organized and existing under and by virtue of the Laws of the State of Delaware and that I am familiar with the facts herein certified and duly authorized to certify the same on behalf of the Company.

**That** the following individual is presently duly elected, qualified and an acting office of the Company with the title set opposite her name below and that the signature opposite her name is her own genuine signature:

Name

Title

Signature

Nancy Goodwin

Vice President

Nancy Goodwin

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the corporate seal of First Commonwealth, Inc. this 28 day of February, 2024.

SEAL

Rose Burachio  
Secretary

  
Rose Burachio

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext): 212 842-3700	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Hartford Fire Insurance Company		19682
INSURER B : Navigators Insurance Company		42307
INSURER C : Hartford Accident and Indemnity Co		22357
INSURER D : Ohio Casualty Insurance Company		24074
INSURER E :		
INSURER F :		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC  OTHER:			10CS47902	10/01/2023	10/01/2024	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
								\$
A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$2,500 <input checked="" type="checkbox"/> Coll \$2,500			10ABS47903	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED <input checked="" type="checkbox"/> RETENTION \$10,000			NY23UMRZ00LUEIV	10/01/2023	10/01/2024	EACH OCCURRENCE	\$15,000,000
							AGGREGATE	\$15,000,000
								\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	10WNS47900	10/01/2023	10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER  E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000
D	2nd Layer Umbrell			ECO2458302416	10/01/2023	10/01/2024	\$10MM xs \$15MM	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Cook County, its officials, employees and agents are included as Additional Insureds with respect General Liability and Auto Liability on a primary and non-contributory basis and includes waiver of subrogation as required by written agreement subject to the terms & conditions.

## CERTIFICATE HOLDER

## CANCELLATION

COOK COUNTY DEPARTMENT OF RISK MANAGEMENT 161 N. Clark, Suite 2400B Chicago, IL 60601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Ullie Scott</i>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/03/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036	CONTACT NAME: PHONE (A/C, No. Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
102207861-Guard-E&O-23-24	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : QBE Insurance Corporation		39217
INSURED The Guardian Life Insurance Company of America 10 Hudson Yards New York, NY 10001	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES      CERTIFICATE NUMBER:      NYC-011916682-02      REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	OTHER:						MED EXP (Any one person)	\$	
	AUTOMOBILE LIABILITY ANY AUTO						PERSONAL & ADV INJURY	\$	
	OWNED AUTOS ONLY HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE	\$	
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					PRODUCTS - COMP/OP AGG	\$	
DED <input type="checkbox"/> RETENTION \$							\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / N <input type="checkbox"/> N	<input type="checkbox"/> N / A					COMBINED SINGLE LIMIT (Ea accident)	\$	
A Guardian Life E&O				130005665 SIR: \$10,000,000	10/01/2023	10/01/2024	EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
							PER STATUTE	OTH- ER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

COOK COUNTY DEPARTMENT OF RISK MANAGEMENT 161 N. Clark, Suite 2400B CHICAGO, IL 60601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

*Marsh USA LLC*

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