

Vendor Questionnaire GEN2128496P1, Group Term Life and Related Insurance						
		Mejores LLC	MetLife	Securian Financial Group	Standard Insurance Company	The Hartford
1	Legal business name:	Mejores LLC	Metropolitan Life Insurance Company	Minnesota Life Insurance Company	Standard Insurance Company	Hartford Life and Accident Insurance Company
2	Doing Business As/Fictitious Name (if applicable):	J Mario Casseus. Inc	MetLife	Securian Financial	The Standard	The Hartford
3	Federal Employer I.D. No. (FEIN):	88-3728150	13-5581829	41-0417830	93-0242990	06-0838648
4	Dun and Bradstreet No.:	11-524-6871	00-698-7648	00-696-3375	83-224-9960	151180270
5	Website address (if applicable):	WWW.JMARIOCASSEUS.COM	www.metlife.com	www.securian.com	www.standard.com	www.thehartford.com
6	Principal place of business address:	4000 HOLLYWOOD BLVD HOLLYWOOD FL 33021	200 Park Avenue, New York, NY 10166	400 Robert Street North, St. Paul, MN 55101	1100 SW 6th Avenue Portland, OR 97204	One Hartford Plaza, Hartford, CT 06155
7	Office location responsible for this project:	3500 N STATE ROAD 7 LAUDERDALE LAKES FL 33319	Atlanta, GA	400 Robert Street North, St. Paul, MN 55101	Tampa, FL	Tampa, FL
8	Telephone no.:	754-295-9926	770-407-2414*	(651) 665-3500	(813)879-2900	954-607-4000
	Fax no.:		Not available	(651) 665-1541	(813)879-2431	N/A
9	Generic e-mail for purchase orders		mlprince@metlife.com*			gbdcustomerservice@thehartford.com
10	Type of business (check appropriate box): Corporation (specify the state of incorporation) Sole Proprietor Limited Liability Company (LLC) Limited Partnership General Partnership (State and County Filed In) Other - Specify	Corporation	Corporation	Corporation	Corporation	Corporation
11	Authorized Contact(s):					
	Name:	JEAN MARIO CASSEUS	*Michael Prince	Olena Vaughan	Alison Brogan	TJ Fotiathis
	Title:	CEO	Sr. Account Executive	Mid-Market Regional Sales Vice President	Account Manager	Regional Account Executive
	Email:	MARIO@JMARIOCASSEUS.COM	mlprince@metlife.com	Olena.Vaughan@securian.com	Alison.brogan@standard.com	thomas.fotiathis@thehartford.com
	Telephone No.:	754-295-9926	770-407-2414	(651) 665-3220	(813)878-0286	813-207-2168
	Name:		Steven Lutkowski	Mark Walker	Jacqueline Accetta	
	Title:		Account Executive	Regional Sales Vice President	Employee Benefits Specialist	
	Email:		slutkowski@metlife.com	Mark.Walker@securian.com	Jacqueline.accetta@standard.com	
Telephone No.:		917-848-5755	(651) 665-1580	(954)995-1330		

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12	List name and title of each principal, owner, officer, and majority shareholder:	No Response	a) MetLife, Inc. Metropolitan Life Insurance Company (MLIC), a New York corporation is a direct, wholly owned subsidiary of MetLife, Inc. MetLife, Inc. owns 100% of MLIC.	Securian has labeled their response as “Trade Secrets”. This information contains trade secrets and is exempt under FL. Stat. 119.0715 and 688.002(4).	a) Dan McMillan, President and Chief ExecutiveOfficer b) J. Greg Ness, Chair, Board of Directors c) Lauren Canfield, Vice President, CorporateActuary and Chief Risk Officer d) Rob Erickson, Vice President, Chief AccountingOfficer and Treasurer e) David Payne, Vice President, Employee Benefits f) Susan Bruechner, Vice President and Chief Human Resources Officer	a) BlackRock, Inc (10%) b) The Vanguard Group (12.89%) c) State Street Corporation (5.56%)
13	Is Vendor or any of its principals or officers currently a principal or officer of another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	Yes
14	Has Vendor, or any of its principals, officers, or predecessor organization(s), been debarred or suspended by any government entity within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	No
15	Has Vendor ever failed to complete any services and/or delivery of products during the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	No
16	Have any voluntary or involuntary bankruptcy petitions been filed by or against Vendor, its parent or subsidiaries or predecessor organizations during the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	No
17	Has Vendor’s surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to Vendor’s or its predecessor’s sureties during the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	No
18	Has Vendor ever failed to complete any services and/or delivery of products during the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	No	No	No
19	Has Vendor been terminated from a contract within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	No	No	Securian has labeled their response as “Trade Secrets”. This information contains trade secrets and is exempt under FL. Stat. 119.0715 and 688.002(4).	Yes	No

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20	Participation in Solicitation Development: By submission of this solicitation response, the Vendor certifies as follows (select one):	Yes	Yes	Yes	Yes	Yes
	<input type="checkbox"/> I have not participated in the preparation or drafting of any language, scope, or specification that would provide my firm or any affiliate an unfair advantage of securing this solicitation.	Not Applicable	Yes	Yes	Yes	Yes
	<input type="checkbox"/> I have provided information regarding the specifications and/or products listed in this solicitation. If this box is checked, provide the following: Name of Person the information was provided to: Title: Date information provided: For what purpose was the information provided?	Yes	Not Applicable	Not Applicable	Not Applicable	Not Applicable
	Drug-Free Workplace Requirements Certification: Section 21.23(f) of the Broward County Procurement Code requires awards of all competitive solicitations requiring Board award be made only to firms certifying the establishment of a drug free workplace program. The Vendor hereby certifies that: (check box) The Vendor certifies that it has established a drug free workplace program in accordance with the requirements of Section 1-71, et. Seq., of the Broward County Code of Ordinances (Procurement From Businesses With Drug-Free Workplace Program).	Checked	Checked	Checked	Checked	Checked
	Non-Collusion Certification: Vendor shall disclose, to their best knowledge, any Broward County officer or employee, or any relative of any such officer or employee as defined in Section 112.3135 (1) (c), Florida Statutes, who is an officer or director of, or has a material interest in, the Vendor's business, who is in a position to influence this procurement. Any Broward County officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement. Failure of a Vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the Broward County Procurement Code.	Checked	Checked	Checked	Checked	Checked
	The Vendor certifies that this offer is made independently and free from collusion; or	Checked	Checked	Checked	Checked	Checked
	The Vendor is disclosing names of officers or employees who have a material interest in this procurement and is in a position to influence this procurement. Vendor must include a list of name(s), and relationship(s) with its submittal.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

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	<p>Public Entities Crimes Certification: In accordance with Public Entity Crimes, Section 287.133, Florida Statutes, a person or affiliate placed on the convicted vendor list following a conviction for a public entity crime may not submit on a contract: to provide any goods or services; for construction or repair of a public building or public work; for leases of real property to a public entity; and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for Category Two for a period of 36 months following the date of being placed on the convicted vendor list.</p> <p>The Vendor hereby certifies that: (check box)</p> <p>The Vendor certifies that no person or affiliates of the Vendor are currently on the convicted vendor list and/or has not been found to commit a public entity crime, as described in the statutes.</p>	Checked	Checked	Checked	Checked	Checked
	<p>Scrutinized Companies List Certification: Any company, principals, or owners on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List is prohibited from submitting a response to a solicitation for goods or services in an amount equal to or greater than \$1 million.</p>	Checked	Checked	Checked	Checked	Checked
	<p>The Vendor, owners, or principals are aware of the requirements of Sections 287.135, 215.473, and 215.4275, Florida Statutes, regarding Companies on the Scrutinized Companies with Activities in Sudan List the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and</p>	Checked	Checked	Checked	Checked	Checked
	<p>The Vendor, owners, or principals, are eligible to participate in this solicitation and are not listed on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List; and</p>	Checked	Checked	Checked	Checked	Checked
	<p>If awarded the Contract, the Vendor, owners, or principals will immediately notify the County in writing if any of its principals are placed on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List.</p>	Checked	Checked	Checked	Checked	Checked
	<p>I hereby certify the information provided in the Vendor Questionnaire and Standard Certifications is true and correct*:</p> <p>Signature/Name:</p> <p>Title:</p> <p>Date:</p>	<p>Jean Mario Casseus</p> <p>Owner/Life and Health Insurance Agent/ 21</p> <p>2/6/2025</p>	<p>Brian Blackburn</p> <p>Vice President</p> <p>12/18/2024</p>	<p>Kyle Strese</p> <p>2nd Vice President and Actuary</p> <p>12/18/2024</p>	<p>Jill Schlofer</p> <p>2nd VP Implementation and Enrollment</p> <p>12/17/2024</p>	<p>Darren K. Goddard</p> <p>Assistant Vice President, Operations</p> <p>1/28/2025</p>