## **SIGNATURE PAGE**

## P-25-2023

To the Monmouth County Board of County Commissioners:

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

| Company Name:                    | Horizon Healthcare Services, Inc. (Horizon Blue Cross Blue Shield of New Jersey) |
|----------------------------------|--|
| Preparer's Name:                 | (PRINT)    Serin, Vice   President - Chief Underwriter                           |
| Signature:                       | March 21, 2023   |
| Address:                         | Penn Plaza East (DATE)   |
|                                  | Newark, New Jersey 07105   |
| Telephone No.:                   | (973) 803-2067 (Cian Gray)   |
| Fax No.:                         | N/A  |
| E-Mail Address:                  | Cian_Gray@horizonblue.com  |
|                                  | ***(This should be the email where Contracts would be sent)***                   |
| Contact Person:                  | Cian Gray, Account Manager   |
| FEIN:                            |  |
| (Federal Employee ID)            |  |
| BRC:<br>(Business Registration C | e  |

(Revised 2/2017)