SIGNATURE PAGE

P-27-2023

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:	Symetra Life Insurance Company
	(PRINT)
Preparer's Name:	Thomas M. Costello
Signature:	Theres M. Cotto 3/22/23
Address:	777 108th Ave NE, Suite 1200
	Bellevue, WA 98004
Telephone No.:	(617) 565-8301
Fax No.:	N/A
E-Mail Address:	tom.costello@symetra.com
	(This should be the email where Contracts would be sent)
Contact Person:	David Bailey david.bailey@symetra.com
FEIN:	
(Federal Employee ID)	
BRC: (Business Registration C	See following page ertificate)
	(Revised 2/2017)