

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

**FIRST AMENDMENT TO AGREEMENT FOR
 PROPERTY AND CASUALTY INSURANCE PROGRAM
 THIRD PARTY ADMINISTRATION SERVICES
 PURSUANT TO RFP 19-086**

THIS AMENDMENT, is made and entered into by and between Fort Bend County (hereinafter "County"), a body corporate and politic under the laws of the State of Texas, and Cannon Cochran Management ("Contractor"), a Delaware Corporation with its principle place of business at 2 East Main Street., Towne Centre Bldg., Suite 208, Danville, IL 61832-5852, a company authorized to conduct business in the State of Texas.

WHEREAS, the parties executed and accepted that certain *Agreement For Property and Casualty Insurance Program Third Party Administration Services Pursuant To RFP 19-086* on December 4, 2019, (hereinafter "Agreement") which is incorporated by reference; and

WHEREAS, the parties desire to amend the Agreement to extend the Time of Performance and increase the total Maximum Compensation under the Agreement for the completion of such additional services to be provided thereunder.

NOW, THEREFORE, the parties do mutually agree as follows:

1. County shall pay Contractor an additional \$125,000 to continue providing Services under the terms and conditions of the Agreement.
2. The Maximum Compensation payable to Contractor for Services rendered is hereby increased to an amount not to exceed, authorized as follows:
 \$200,000 under the Agreement; and
 \$325,000 under this Amendment.
3. In no case shall the amount paid by County for all Services under the Agreement and this Amendment exceed the Maximum Compensation without written agreement executed by both parties.

4. The parties agree the terms and conditions of the Agreement have remained in effect to date and are hereby extended to end no later than December 31, 2021.

Except as provided herein, all terms and conditions of the Agreement shall remain unchanged.

FORT BEND COUNTY

KP George
KP George, County Judge

7.6.2021
Date



ATTEST:

Laura Richard
Laura Richard, County Clerk

CANNON COCHRAN MANAGEMENT

Rodney J. Golden
Authorized Agent - Signature

Rodney J. Golden
Authorized Agent - Printed Name

Chief Operating Officer
Title

6/29/21
Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 325,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant
Robert Ed Sturdivant, County Auditor

i:\agreements\2021 agreements\risk mgt\cannon tpa 19-086\first amendment to agreement for tpa rfp 19-086 (kcj - 05.26.2021)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Cannon Cochran Management Services, Inc.
Danville, IL United States

Certificate Number:
2021-772713

Date Filed:
06/29/2021

Date Acknowledged:
07/06/2021

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

20-Risk-100358-A1
PROPERTY AND CASUALTY INSURANCE PROGRAM THIRD PARTY ADMINISTRATION SERVICES - RFP 19-086

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Golden, Rodney | Danville, IL United States | | X |
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5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)