



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW
Table with fields: Department Office/Division/Program: DPFR / Insurance; Department Contract Administrator or Grant Coordinator: Vanessa J. Sullivan; Amount: \$ 450,000; Advantage CT / RQS #: 20240214 2236; Vendor/Provider/Grantee Name: LEWIS & ELLIS, LLC.

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, L. Other Authorization.

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

Contract 20190114 2096, dated 01/15/2019, terminated on 02/28/2024. This contract, number 20240214 2236, allows for the Provider to fulfill required actuarial support services in conjunction with the financial examination of Unum Life Insurance Company of America and certain subsidiaries in conformance with NAIC prescribed practices.

Presently, the Provider is engaged on two examinations. The MBOI intends to continue assigning actuarial review work to the Provider throughout the duration of the contract.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This Provider is not unique; however, the Provider presents several attributes for consideration.

- 1) The Provider has been engaged by three of the states participating in the coordinated examination of certain Maine domiciled insurance companies;
- 2) The Provider has delivered several high-quality actuarial reviews in support of MBOI financial examinations;
- 3) The Provider has delivered several high-quality analyses under contract 20151123 1888 and 20190114 2096.

To sum, the MBOI considers the Provider to be effective, reliable, timely, and reasonably priced.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This Provider won RFP 201507127. RFP 201507127 PART V (B.) Section III. Cost Proposal was worth 40 points out of 100. Clearly, the rates proposed by the Provider in RFP 201507127 were among the lowest of the bidders.

The MBOI has worked with actuarial firms that charge in excess of \$600.00 per hour. The rates included in the contract are reasonable.

4. Describe the plan for future competition for the goods or services.

An RFP may be pursued on or before the expiry.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>Anne L. Head</i>		
Typed Name:	Anne L. Head	Date:	04/09/2024
Signature of DAFS Procurement Official:	DocuSigned by: <i>Thomas Paquette</i>		
Typed Name:	Thomas Paquette	Date:	4/10/2024