



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
OFFICE OF STATE PROCUREMENT SERVICES  
STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DPFR/Bureau of Insurance	
Department Contract Administrator or Grant Coordinator:		Vanessa Sullivan	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 30,000	Advantage CT / RQS #:	20250703 0014
CONTRACT	Proposed Start Date:	7/14/2025	Proposed End Date: 6/30/2026
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Columbia Point Consulting, LLC 1114 Perry Lane Collegeville, PA 19426	
Brief Description of Goods/Services/Grant:		Actuarial Consulting	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	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.

This contract is needed to finalize the actuarial work that was started under Milliman, Inc. contract 20230828 0547. During the Milliman, Inc. contract 20230828 0547 duration the key consulting actuary left Milliman, Inc. The key consulting actuary started his own firm, Columbia Point Consulting, LLC. As a result of the key consulting actuary's departure, Milliman, Inc. lacked the expertise and historical knowledge need to complete the examination. This led to a delay in finishing the insurance company examination, and the Maine Bureau of Insurance missed the examination report timelines set forth by the National Association of Insurance Commissioners.

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

The Provider has over a decade of experience with the target company and with several other national companies that provide the same line of insurance. Arguably, no other available actuary has the same experience level necessary to successfully complete this project.

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

The contract amount is reasonable based upon the risk the Provider is assuming in opining on the target company actuarial reserves.

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

As discussed above, this contract is for a very limited purpose. It is anticipated that actuarial service contracts for prospective insurance company examinations will be awarded through the RFP process.

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

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

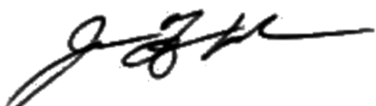

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).*

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Joan F. Cohen	Date:	07/07 /2025
Signature of DAFS Procurement Official:	<div> DocuSigned by:    249502C7B71A49A... </div>		
Typed Name:	Thomas Paquette	Date:	7/9/2025