



Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

June 10, 2016

Attn: Ms. Kathy Pinson, Executive Vice President of Operations
Pre-Paid Legal Services, Inc. dba Legal Shield
One Pre Paid Way
Ada, OK 74280

via email: tmkldj@gmail.com
& icole95@gmail.com

Re: HB Form 1295 Required/Renewal/Extension Notice
Extension# E-16-250-Pre-Paid (Post Tax) Voluntary Legal Services Program-Hidalgo County

Dear Mr. Strickland:

Be advised, that in order to proceed with the County's option to extend/renew for an additional **One (1) Year term, under the same rates, terms and conditions** with **Holt Texas, LTD** for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

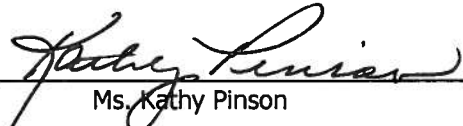
Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-16-250**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on July 05, 2016**, the signed notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via email to: yvette.salinas@co.hidalgo.tx.us **by no later than Monday, June 20, 2016**. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

Please acknowledge receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: yvette.salinas@co.hidalgo.tx.us by no later than date reflected above.

By: 
Ms. Kathy Pinson

Date: 6-22-16

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,
Martha L. Salazar
Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yss

(Current Contract#E-15-054-08-12)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.
 Pre-Paid Legal Services, Inc. dba LegalShield
 Ada, OK United States

Certificate Number:
 2016-74912

Date Filed:
 06/22/2016

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

Date Acknowledged:

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.
 E-16-250
 legal services and identity theft plans for employees

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|-----------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Addison, John | Clermont, GA United States | X | |
| | Martine-Dolecki, Cathy Ann | Far Hills, NJ United States | X | |
| | Virtue, James Edward | Rye , NY United States | X | |
| | Schiff, Frank | New York, NY United States | X | |
| | Shelton, Twila | Ada, OK United States | X | |
| | Pinson, Kathleen | Ada, OK United States | X | |
| | Williamson, Steve | Ada, OK United States | X | |
| | Bell, Jeff | Kirkland, WA United States | X | |
| | Mason, Ralph | Dallas, TX United States | X | |
| | MidOcean PPL Holdings Corp. | New York, NY United States | X | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 of 2

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.
 Pre-Paid Legal Services, Inc. dba LegalShield
 Ada, OK United States

Certificate Number:
 2016-74912

Date Filed:
 06/22/2016

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

Date Acknowledged:

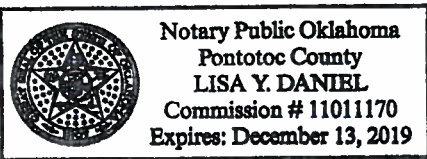
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 E-16-250
 legal services and identity theft plans for employees

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Kathy Pinson

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kathy Pinson, this the 22nd day of June, 2016, to certify which, witness my hand and seal of office.

Lisa Y. Daniel Lisa Y. Daniel, Notary

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.
 Pre-Paid Legal Services, Inc. dba LegalShield
 Ada, OK United States

Certificate Number:
 2016-74912

Date Filed:
 06/22/2016

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

Date Acknowledged:
 06/30/2016

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.
 E-16-250
 legal services and identity theft plans for employees

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|-----------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Addison, John | Clermont, GA United States | X | |
| | Martine-Dolecki, Cathy Ann | Far Hills, NJ United States | X | |
| | Virtue, James Edward | Rye , NY United States | X | |
| | Schiff, Frank | New York, NY United States | X | |
| | Shelton, Twila | Ada, OK United States | X | |
| | Pinson, Kathleen | Ada, OK United States | X | |
| | Williamson, Steve | Ada, OK United States | X | |
| | Bell, Jeff | Kirkland, WA United States | X | |
| | Mason, Ralph | Dallas, TX United States | X | |
| | MidOcean PPL Holdings Corp. | New York, NY United States | X | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

2 of 2

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.
 Pre-Paid Legal Services, Inc. dba LegalShield
 Ada, OK United States

Certificate Number:
 2016-74912

Date Filed:
 06/22/2016

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

Date Acknowledged:
 06/30/2016

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.
 E-16-250
 legal services and identity theft plans for employees

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

AMENDMENT NO. 2
TO BENEFITS AGREEMENT
C-14-054-08-12

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

THIS AMENDMENT to the BENEFITS AGREEMENT between Pre-Paid Legal Services, Inc. dba Legal Shield (Legal Shield) and HIDALGO COUNTY (the “County”) effective the 6th day of July, 2016, is made between Legal Shield and the County, (the “Amendment”) as follows:

WHEREAS, County and the **Legal Shield** entered into an Agreement on August 20, 2014, in which Legal Shield to provide “**Prepaid (Post Tax) Voluntary Legal Services for Hidalgo County Employees**” (the “Project”) for Hidalgo County.

WHEREAS, the parties now desire to amend the Agreement as hereinafter provided.

NOW THEREFORE, for and in consideration of the services provided by Legal Shield and other valuable consideration the receipt and sufficiency of which are hereby acknowledged, and this mutually agreed Amendment to the Agreement, Legal Shield and County hereby agree to the following Amendment to the Agreement;

1. The second paragraph under the caption “SERVICE ENROLLMENT” shall be deleted in its entirety and the following shall be substituted in lieu thereof:

Hidalgo County will allow enrollments twice a year as follows: Month of June for July deductions and month of December for January deductions.

2. Except as modified herein, all terms and conditions of the Agreement as amended, remain in full force and effect. Legal Shield and County ratify and confirm the terms and provisions of the Agreement as amended by this Amendment to Benefits Agreement.

EXECUTED IN ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY

Ramon Garcia, County Judge

ATTEST:

Arturo Guajardo, Jr., County Clerk

Pre-Paid Legal Services, Inc. dba Legal Shield



Authorized Signature

Title: COO

Approved as to Form:
Atlas, Hall & Rodriguez, LLP

By: _____
Stephen L. Crain



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/1/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Commercial Lines - 952-242-3100 Wells Fargo Insurance Services USA, Inc. 400 Highway 169 South St. Louis Park, MN 55426 | CONTACT NAME: Priya C Krishnan PHONE (A/C, No, Ext): 952-242-3139 FAX (A/C, No): 866-715-2163 E-MAIL ADDRESS: priya.conjeevaramkrishnan@wellsfargo.com | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|---|-------|--|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURED MidOcean PPL Holdings Corp Pre-Paid Legal Services, Inc. dba LegalShield 1 Prepaid Way Ada OK 74820-5813 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: American Zurich Insurance Company</td> <td style="text-align: center;">40142</td> </tr> <tr> <td>INSURER B: American Guarantee and Liability Insurance Com</td> <td style="text-align: center;">26247</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: American Zurich Insurance Company | 40142 | INSURER B: American Guarantee and Liability Insurance Com | 26247 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: American Zurich Insurance Company | 40142 | | | | | | | | | | | | | | |
| INSURER B: American Guarantee and Liability Insurance Com | 26247 | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES
CERTIFICATE NUMBER: 10534936
REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------------------------------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | CPO0124012 | 06/01/2016 | 06/01/2017 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | CPO0124012 | 06/01/2016 | 06/01/2017 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> | N / A | WC0124013 | 06/01/2016 | 06/01/2017 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is named as Additional Insured as respects General Liability where required by written contract or agreement.

CERTIFICATE HOLDER
CANCELLATION

| | |
|---|---|
| Hidalgo County Purchasing Dept, Martha Salazar 100 E Cano 4th Fl Adm Bldg Edinburg, TX 78539 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>Jean Brandon</i></p> |
|---|---|