

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

|                                                                             |                                      |                                                    |                                                 |                                        |                                                  |                                |
|-----------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------|-------------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------------|
| <b>Business Entity Type (Please select one)</b>                             |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <input type="checkbox"/> Sole Proprietorship                                | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trust         | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other |
| <b>Business Designation Group (Please select all that apply)</b>            |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <input type="checkbox"/> MBE                                                | <input type="checkbox"/> WBE         | <input type="checkbox"/> SBE                       | <input type="checkbox"/> PBE                    | <input type="checkbox"/> VET           | <input type="checkbox"/> DVET                    | <input type="checkbox"/> ESB   |
| Minority Business Enterprise                                                | Women-Owned Business Enterprise      | Small Business Enterprise                          | Physically Challenged Business Enterprise       | Veteran Owned Business                 | Disabled Veteran Owned Business                  | Emerging Small Business        |
|                                                                             |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <b>Number of Clark County Nevada Residents Employed:</b>                    |                                      |                                                    |                                                 | Less than 5                            |                                                  |                                |
|                                                                             |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <b>Corporate/Business Entity Name:</b> Sun Life Assurance Company of Canada |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                                      |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <b>Street Address:</b>                                                      |                                      | One Sun Life Executive Park                        |                                                 | <b>Website:</b> www.sunlife.com/US     |                                                  |                                |
| <b>City, State and Zip Code:</b>                                            |                                      | Wellesley Hills, MA 02481                          |                                                 | <b>POC Name:</b> Veronica Lee          |                                                  |                                |
|                                                                             |                                      |                                                    |                                                 | <b>Email:</b> Veronica.Lee@sunlife.com |                                                  |                                |
| <b>Telephone No:</b>                                                        |                                      | 602-571-2247                                       |                                                 | <b>Fax No:</b> N/A                     |                                                  |                                |
| <b>Nevada Local Street Address:</b>                                         |                                      | Same as above.                                     |                                                 | <b>Website:</b>                        |                                                  |                                |
| <b>(If different from above)</b>                                            |                                      |                                                    |                                                 |                                        |                                                  |                                |
| <b>City, State and Zip Code:</b>                                            |                                      |                                                    |                                                 | <b>Local Fax No:</b>                   |                                                  |                                |
| <b>Local Telephone No:</b>                                                  |                                      |                                                    |                                                 | <b>Local POC Name:</b>                 |                                                  |                                |
|                                                                             |                                      |                                                    |                                                 | <b>Email:</b>                          |                                                  |                                |

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name               | Title      | % Owned<br>(Not required for Publicly Traded Corporations/Non-profit organizations) |
|-------------------------|------------|-------------------------------------------------------------------------------------|
| Sun Life Financial Inc. | sole owner | 100%                                                                                |
|                         |            |                                                                                     |
|                         |            |                                                                                     |

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**

☐ Yes ☒ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No

(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

☐ Yes ☒ No

(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

  
Signature

Kevin Krzeminski  
Print Name

SVP, National Accounts  
Title

June 11, 2021  
Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

| NAME OF BUSINESS<br>OWNER/PRINCIPAL | NAME OF COUNTY*<br>EMPLOYEE/OFFICIAL<br>AND JOB TITLE | RELATIONSHIP TO<br>COUNTY*<br>EMPLOYEE/OFFICIAL | COUNTY*<br>EMPLOYEE'S/OFFICIAL'S<br>DEPARTMENT |
|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| N/A                                 |                                                       |                                                 |                                                |
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\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

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**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

☐ Yes ☐ No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?

☐ Yes ☐ No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

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|                                                                  |                                      |                                                    |                                                 |                                 |                                                  |                                |
| <b>Corporate/Business Entity Name:</b> Sun Life Financial Inc.   |                                      |                                                    |                                                 |                                 |                                                  |                                |
| <b>(Include d.b.a., if applicable)</b>                           |                                      |                                                    |                                                 |                                 |                                                  |                                |
| <b>Street Address:</b>                                           |                                      | One York Street                                    |                                                 | <b>Website:</b> www.sunlife.com |                                                  |                                |
| <b>City, State and Zip Code:</b>                                 |                                      | Toronto, Ontario, Canada M5J 0B6                   |                                                 | <b>POC Name:</b>                |                                                  |                                |
|                                                                  |                                      |                                                    |                                                 | <b>Email:</b>                   |                                                  |                                |
| <b>Telephone No:</b>                                             |                                      | 1-800-SUNLIFE                                      |                                                 | <b>Fax No:</b>                  |                                                  |                                |
| <b>Nevada Local Street Address:</b>                              |                                      | N/A                                                |                                                 | <b>Website:</b>                 |                                                  |                                |
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|---------------|-------|----------------------------------------------------------------------------------------|
| See attached. |       |                                                                                        |
|               |       |                                                                                        |
|               |       |                                                                                        |

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|-------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------------|
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

### Sun Life Financial, Inc:

The Board supervises the management of the business and affairs of our company. They are a strategic asset of Sun Life, through their stewardship role and through the contributions they make – individually and collectively – to our long-term success.

### Board of Directors

- William D. Anderson, FCPA, FCA - Chair of the Board, Sun Life
- Dean A. Connor - Chief Executive Officer, Sun Life
- Kevin D. Strain, CPA - President, Sun Life
- Stephanie L. Coyles - Corporate Director
- Martin J. G. Glynn - Corporate Director
- Ashok K. Gupta - Corporate Director
- M. Marianne Harris - Corporate Director
- James M. Peck - Corporate Director
- Scott F. Powers - Corporate Director
- David H.Y. Ho - Corporate Director
- Deepak Chopra, FCPA, FCGA - Corporate Director
- Barbara G. Stymiest, FCPA, FCA - Corporate Director

The directors of Sun Life Financial, Inc. are also directors of Sun Life Assurance Company of Canada. All directors other than Dean A. Connor are independent.

### Sun Life Financial in the U.S.:

Sun Life Financial has assembled an impressive executive team in the U.S. with diverse strengths and proven track records. Together, these talented individuals are leading Sun Life into a new era of growth.

- Dan Fishbein - President, Sun Life Financial U.S.
- Kevin Krzeminski - Senior Vice President, National Accounts
- Scott Beliveau - President, FullscopeRMS, Senior Vice President, Individual Insurance
- Ed Milano - Vice President, Marketing
- Jennifer Collier - Senior Vice President, Stop-Loss & Health
- David Healy - Senior Vice President, Group Benefits
- Scott Davis - Senior Vice President & General Counsel
- Neil Haynes - Senior Vice President, Chief Financial Officer
- Tammi Wortham - Senior Vice President, Human Resources
- Paula Bartgis - Senior Vice President, Chief Information Officer
- Julie O'Neill - Vice President & Chief Risk Officer
- Philip Malek - Vice President, Strategy & Business Development

Within the framework established by the Board of Directors, the Sun Life U.S. senior leadership team establishes additional policies, procedures, and practices that govern the company's services and operations.