GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

Resolution No. 57-23 July 2023

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Gloucester County Insurance Commission's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Commission.

FUND YEAR 2023

| Check Number | Vendor Name | Comment | <u>Invoice</u> <u>Amount</u> |
|------------------|---|--|---------------------------------------|
| 001677 001677 | JAMES R MONAGHAN | SETTLEMENT FOR CIVIL CASE 7/23 | 10,000.00 10,000.00 |
| 001678 001678 | IONNO & HIGBEE ATTORNEYS AT LAW, LLC | LEGAL FEES - J. MONAGHAN SETTLEMENT 7/23 | 2,500.00 |
| 001679 | | | 2,500.00 |
| 001679 | INSERVCO INSURANCE SERVICES | CLAIMS ADMINISTRATION FEE 7/23 | 7,846.50 7,846.50 |
| 001680 | | | |
| 001680 001680 | PERMA RISK MANAGEMENT SERVICES PERMA RISK MANAGEMENT SERVICES | POSTAGE 06/23 EXECUTIVE DIRECTOR FEE 07/23 | 6.54 13,804.66 13,811.20 |
| 001681 001681 | HARDENBERGH INSURANCE GROUP | UNDERWRITING MGR 07/23 | 5,463.08 5,463.08 |
| 001682 001682 | THE ACTUARIAL ADVANTAGE | ACTUARIAL SERVICES FEE 07/23 | 761.83 7 61.83 |
| 001683 001683 | CHANCE & MCCANN, LLC | ATTORNEY FEES 06/14/23-07/13/23 | 2,505.00 2,505.00 |
| 001684 001684 | COURIER-POST | ACCT CHL-091698 AD DATE 07/05/23 | 75.26 75.26 |
| 001685 001685 | VIOLA YEAGER | REIMBURSE- MEDICAL & PRESCRIPTION 6/23 | 443.64 |
| 001686 | | | 443.64 |
| 001686 | JUNE ATKINSON | REIMBURSE- MEDICAL & PRESCRIPTION 6/23 | 443.64 |
| 001687 | | | 443.64 |
| 001687 | DUANE SARMIENTO | REIMBURSE- MEDICAL & PRESCRIPTION 6/23 | 2,951.43 |
| 001699 | | | 2,951.43 |
| 001688 001688 | HARDENBERGH INSURANCE GROUP | RMC FEE 07/23 | 27,982.67 27,982.67 |
| | | Total Payments FY 2023 | 74,784.25 |

TOTAL PAYMENTS ALL FUND YEARS

\$74,784.25

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|--|---------------|------------------------------------|-----------------------|
| Chairperson | | | |
| Attest: | | | |
| Caxo | Dated: | 92123 | - |
| I hereby certify the availability of sufficient unen | cumbered fund | ls in the proper accounts to fully | pay the above claims. |