ATTACHMENT E

REFERENCES/SIMILAR PROJECTS

List at least three (3) similar contracts your firm is currently working on or recently completed for other governmental entities that best illustrates your current qualifications relevant to the County's Group Dental Insurance.

<table>
<tr><td>1. Name & Address of Entity</td><td rowspan="3">Contact person for this contract

Title:

Telephone number

Email Address</td></tr>
<tr><td>Term of Contract or Contract Completion Date</td></tr>
<tr><td>Contract Cost</td></tr>
<tr><td colspan="2">Scope of Entire Project (Please give quantitative indications wherever possible)</td></tr>
<tr><td colspan="2">Firm's Personnel (Name/Contract Assignment) That Worked on the Stated Project that Shall Be Assigned to the County's Project</td></tr>
</table>