



**The City of  
OKLAHOMA CITY**  
Department of Finance

December 27, 2024

Corvel Corporation  
1920 Main Street, Suite 900  
Irvine, California 92614

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **D2428007-PROFESSIONAL SERVICES AGREEMENT for the term 01/01/2025 through 12/31/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return it to me **as soon as possible**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-3891 or Email: laveta.breath@okc.gov

Thank you,

LaVeta Breath  
Director of Risk Management

☒ **Yes, I would like to renew  
per the above mentioned.**  
☐ **No, I do not wish to renew.**

**(INTERNAL USE ONLY)**

☐ **The contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.**

**CORVEL HEALTHCARE CORPORATION**

Brandon O'Brien

**PRINTED NAME**

DocuSigned by:

CFO

**TITLE**

*Brandon O'Brien*

0BEC3DBCB4094FF...

**AUTHORIZED SIGNATURE**

CORVEL HEALTHCARE CORPORATION

**COMPANY NAME**

1920 Main Street Suite 900

**STREET ADDRESS**

Irvine CA 92614

**CITY, STATE AND ZIP CODE**

949-851-1473

**BUSINESS TELEPHONE**

Corporate\_Legal@corvel.com

**CONTACT EMAIL**

12/31/2024