

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

Certificate Number:  
2016-104568

Date Filed:  
08/25/2016

Date Acknowledged:

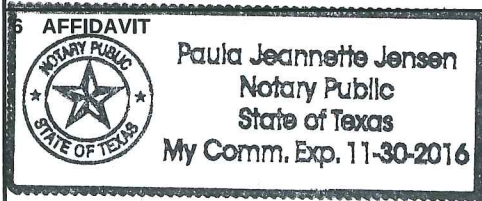
**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Arthur J. Gallagher Risk Management Services, Inc. on behalf of ourself and listed parties.  
Dallas, TX United States

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

**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.**  
Contract ID No. 2013-333  
Insurance, Excess Workers Compensation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Arthur J. Gallagher Risk Management Services, Inc.	Dallas, TX United States		X
	Midwest Employers Casualty Company	Chesterfield, MO United States	X	

**5 Check only if there is NO Interested Party.**



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

*[Handwritten Signature]*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dan Tropp, this the 26<sup>th</sup> day of August, 2016, to certify which, witness my hand and seal of office.

Paula Jeannette Jensen Paula Jeannette Jensen Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath