

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Unum Life Insurance Company of America
 Portland, ME United States

Certificate Number:
 2017-288443

Date Filed:
 11/29/2017

Date Acknowledged:

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.

07710-09
 Group Long Term Care insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Tate, Darrell	Dallas, TX United States		X
Vanguard Group, Inc.	Valley Forge, PA United States	X	

5 Check only if there is NO Interested Party.

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

Terri Ann Brown
 Maine Notary Public
 My Commission Expires October 4, 2020

Terri Ann Brown
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the 29th day of November, 2017, to certify which, witness my hand and seal of office.

Terri Ann Brown **TERRI ANN BROWN** *Regulatory Analyst*
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath