

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.

ReliaStar Life Insurance Company
Minneapolis, MN United States

Certificate Number:
2017-216133

Date Filed:
05/31/2017

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

Collin County

Date Acknowledged:

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.

2014-304

Renewal of Group Life and Accidental Death & Dismemberment (AD&D) Insurance

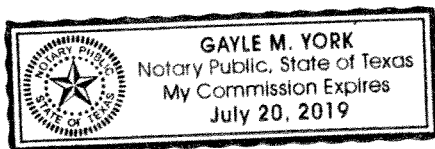
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Voya Financial, Inc.	Atlanta, GA United States	X	

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.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ted Holt, this the 31st day of May, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Gayle M York
Printed name of officer administering oath

Sec. Acct Rep
Title of officer administering oath