

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.

Aetna Life Insurance Company
 Hartford, CT United States

Certificate Number:
 2017-249967

Date Filed:
 08/15/2017

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

Collin County Government

Date Acknowledged:

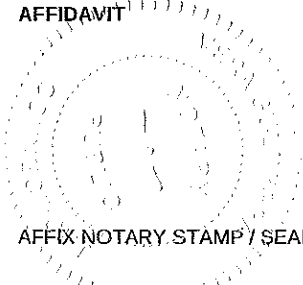
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

C# 0737351
 Short and Long Term Disability

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



[Handwritten Signature]
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said James D. Juliano, this the 15th day of August, 20 17, to certify which, witness my hand and seal of office.

[Handwritten Signature] Vera Guerrero Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath