

# 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.**

Gary Insurance Services Inc.  
Norcross, GA United States

Certificate Number:  
2021-825465

Date Filed:  
11/18/2021

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.**

2018-340 Insurance, Life & AD&D  
Group Life & AD&D

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mutual of Omaha	Omaha, NE United States	X	
	Gary Insurance and Tax Inc. DBA Gary Insurance Services	Norcross, GA United States		X

5 Check only if there is NO Interested Party.

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### 6 UNSWORN DECLARATION

My name is GIRISH O TALATI, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED].  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in GWINNETT County, State of GA, on the 18 day of NOVEMBER, 2021.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)