

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.

Dearborn Life Insurance Company
Lombard, IL United States

Certificate Number:

2022-938703

Date Filed:

09/27/2022

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.

2019-304
Group Benefits Administration/Insurance for Short & Long Term Disability

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Health Care Service Corporation, a Mutual Legal Reserve	Chicago, IL United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jeff Barrett, and my date of birth is [REDACTED].

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

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

Executed in Dallas County, State of Illinois, on the 27th day of September, 2022.
(month) (year)

Signature of authorized agent of contracting business entity (Declarant)