

# 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

Certificate Number:  
2023-1056064

Date Filed:  
08/07/2023

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Harding-Conley-Drawert-Tinch Insurance Agency, Inc  
SAN ANTONIO, TX United States

**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.**  
2022-289 Insurance  
Workers Compensation

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 UNSWORN DECLARATION

My name is Jeremy Diller, 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 Bexar County, State of Texas, on the 7 day of August, 2023 (month) (year)

**Jeremy Diller**

Digitally signed by Jeremy Diller  
DN: cn=Jeremy Diller, o=HCDT Insurance Agency, ou=AVP, email=Jeremy@hcdtinsurance.com, c=US

Signature of authorized agent of contracting business entity (Declarant)