

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:
 2023-1075309

Date Filed:
 09/25/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

UnitedHealthcare
 Richardson, 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.

229670
 2019-267 Group Benefit/Insurance, Medical, Pharmacy, Dental, Vision, COBRA, FSA, Retiree Health & Stop Loss

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 Scott Flannery, and my date of birth is 

My address is 

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

Executed in Collin County, State of Texas, on the 25th day of September 2023.
 (month) (year)

Scott Flannery
 Signature of authorized agent of contracting business entity
 (Declarant)