

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.

TRISTAR Claims Management Services, Inc.
Irving, TX United States

Certificate Number:

2025-1347480

Date Filed:

08/08/2025

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.

2022-284
Third Party Administration Insurance

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.



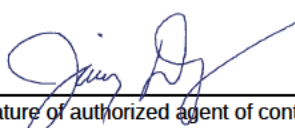
6 UNSWORN DECLARATION

My name is Jimmy Dyer, and my date of birth is 11/11/1980.

My address is 1234 Main St, Irving (city), TX (state), 75039 (zip code), USA (country).

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

Executed in Live Oak County, State of TX, on the 8th day of August, 2025.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)