CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

						1011			
	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.	c	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count		Certificate Number:						
	of business. Symetra Life Insurance Company	20	2023-1104497						
	Bellevue, WA United States								
2	lame of governmental entity or state agency that is a party to the contract for which the form is				12/14/2023				
	being filed. Williamson County	County				Date Acknowledged:			
	Duranida sha idansifia stica mumban usad bu sha garayumantal anti-			on idontifu the		udda a			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to a service of the services.			or identity the	e contract, and pro	ivide a			
	01-016850-00 Employee/Spouse/Child Life, Basic and Supplemental Employee AD&D, Supplemental Spouse & Child Life, LTD, STD								
4					Nature of interest				
	Name of Interested Party		City, State, Country (place of busine		Controlling	pplicable) Intermediary			
					Controlling	Intermediary			
					_				
						 			
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Lisa Marecki	, and my date of birth is							
	My address is 139 E. West Hill Rd.	, Barkl	namsted	, <u>CT</u>	06063	, <u>USA</u>			
	(street)		(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	:t.							
	Executed in Litchfield County	y, State of _	CT	, on the <u>14</u> t	h day of Dec	, 20 <u>23</u>			
			Luis.	l. Mare	th_day of(month)) (year)			
		Signature of authorized agent of contracting business entity (Declarant)							

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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING							
1	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2023-1104497						
	Symetra Life Insurance Company	2023-1104437								
	Bellevue, WA United States	sellevue, WA United States								
2	Name of governmental entity or state agency that is a party to the being filed.	12/14/2023								
	Williamson County	Date Acknowledged: 12/14/2023								
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.									
	01-016850-00 Employee/Spause/Child Life Pacie and Supplemental Employee AD&D Supplemental Spause & Child Life LTD STD									
	Employee/Spouse/Child Life, Basic and Supplemental Employee AD&D, Supplemental Spouse & Child Life, LTD, STD									
4				Nature of interest						
	Name of Interested Party City, State, Country (place of busing		ness)	(check ap						
				Controlling	Intermediary					
		_								
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is	, and my date of birth is								
My address is,,,,										
	(street)		state)	(zip code)	(country)					
	declare under penalty of perjury that the foregoing is true and correct.									
	Executed inCounty	/, State of, on the								
				(month)	(year)					
		Character of and the second		a baraina - 20						
	Signature of authorized agent of contracting business entity (Declarant)									