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. Milliman, Inc.	Certificate Number: 2025-1299329
2	Richardson, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 04/22/2025
	being filed. Williamson County	Date Acknowledged:

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.

202549

Actuarial Consulting Services

Name of Interested Party City, State, Country (place	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Corry, Dermot	Seattle, WA United States	Х	
Fulton, James	Seattle, WA United States	Х	
Clare, Mary	Seattle, WA United States	Х	
Curtis, Matthew	Seattle, WA United States	Х	

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 US CERTIFICATION		
Name of business entity filing form, and the city, state and count of business. Milliman, Inc. Richardson, TX United States	me of business entity filing form, and the city, state and country of the business entity's place business. Cert 2029 Cer		tificate Number: 25-1299329 e Filed:	
2 Name of governmental entity or state agency that is a party to the being filed. Williamson County	e contract for which the form is	04/22/2025 Date Acknowledged: 04/24/2025		
Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 202549 Actuarial Consulting Services				
4 Name of Interested Party	City, State, Country (place of busin		of interest applicable) Intermediary	
Corry, Dermot	Seattle, WA United States	Х		
Fulton, James	Seattle, WA United States	Х	 	
Clare, Mary	Seattle, WA United States	Х	 	
Curtis, Matthew	Seattle, WA United States	Х		
_				
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	My name is, and my date of birth is			
My address is(street)		state) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.				
Executed inCount	y, State of, on the	day of (month)		
	Signature of authorized agent of con (Declarant)	ntracting business entity	,	