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	me of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2025-1337078					
	Symetra Life Insurance Company								
	Bellevue, WA United States		07/	e Filed: 15/2025					
2	Name of governmental entity or state agency that is a party to t being filed.	of governmental entity or state agency that is a party to the contract for which the form is							
	Williamson County		Date	e Acknowledged:					
	Duraida tha idantification much a cond but the community of		i al a satific alba a		م داداد				
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.								
	#25RFP47								
	Group Insurance								
4					Nature of interest				
	Name of Interested Party City, State, Country (place of busing		of business)		oplicable)				
				Controlling	Intermediary				
_									
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	date of hirth i	is The State	_					
	,	uate of billill							
	My address is _		,	,	.,·				
		(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and corre	ect.							
	Executed inCoun	Ntv. State of	on the	day of	. 20 .				
		~ · · · · · · · · · · · · · · · · · · ·		(month)	, 20 (year)				
		1/:4	DI						
		/Num	Vage						
		Signature of authorized agei (Declara		ng business entity					

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	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2025-1337078					
	Symetra Life Insurance Company								
_	Bellevue, WA United States		~~	te Filed: /15/2025					
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form	is UT	15/2025					
	Williamson County			te Acknowledged: /04/2025					
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.								
	#25RFP47								
	Group Insurance								
4				Nature of	finterest				
-	Name of Interested Party City, State, Country (place of busing		of business)	 					
				Controlling	Intermediary				
		1							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is, and my date of birth is								
	My address is	,		_,					
		(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCoun	ty, State of	, on the	day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								