CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2018-386171

Date Filed:
07/30/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
CITY OF FORT WORTH
FORT WORTH, 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.
City of Fort Worth

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.
HR-18-0252LTD
Long Term Disability

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. [X]

6 UNSWORN DECLARATION

My name is Michael Manning (Unum US), and my date of birth is 11/21/69.

My address is 2211 Congress St. (street), Portland (city), ME (state), 04122 (zip code), US (country).

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

Executed in Cumberland County, State of ME, on the 31 day of July (month), 2018 (year).

Signature of authorized agent of contracting business entity
(Declarant)