

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.

ReliaStar Life Insurance Company
Minneapolis, MN United States

Certificate Number:

2018-426362

Date Filed:

11/16/2018

Date Acknowledged:

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.

68412-1

2019 Excess Risk Insurance Renewal

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Voya Financial	Atlanta, GA United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is ANDREW FRENCH and my date of birth is [REDACTED]

My address is 20 S Washington Ave Minneapolis MN 55401 USA
(street) (city) (state) (zip code) (country)

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

Executed in Hennepin County, State of MN, on the 16 day of 11, 2018
(month) (year)

[Signature]

Signature of authorized agent of contracting business entity
(Declarant)