

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.

Symetra Life Insurance Company
Bellevue, WA United States

Certificate Number:

2024-1243254

Date Filed:

11/26/2024

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 Burleson

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.

2021-017
Group Life, Disability, and Voluntary Benefits

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.



6 UNSWORN DECLARATION

My name is Kimberlee Jackson, and my date of birth is [REDACTED].

My address is 777 108th Ave NE Ste 1200, Bellevue, WA, 98004, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Atlanta County, State of GA, on the 26th day of November, 2024.
(month) (year)

Kimberlee Jackson
Signature of authorized agent of contracting business entity
(Declarant)