

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

Certificate Number:
2017-238465

Date Filed:
07/19/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

York Risk Services Group, Inc
Parsippany, NJ 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 Corpus Christi

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.

1133
Workers' Compensation Third-Party Administrator Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Moses, Jody	Orange, CA United States	X	
	Creasey, E. Harry	Parsippany, NJ United States	X	
	Taketa, Richard	Parsippany, NJ United States	X	
	Mukherjee, Saswata	Parsippany, NJ United States	X	

5 Check only if there is NO Interested Party.

☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

SUSANNE M. THEVENET
NOTARY PUBLIC OF NEW JERSEY
ID # 2450281
My Commission Expires 10/7/2019

Michael Krawitz

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Krawitz, this the 19th day of July, 2017, to certify which, witness my hand and seal of office.

Susanne M Thevenet

Signature of officer administering oath

Susanne M Thevenet

Printed name of officer administering oath

Notary Public

Title of officer administering oath