

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.

Metropolitan Life Insurance Company
Dallas, TX United States

Certificate Number:
2016-69252

Date Filed:
06/13/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Killeen

Date Acknowledged:

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.

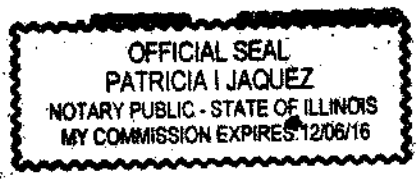
126844-1-G
Insurance Coverage

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary
	Arthur J. Gallagher & Co.,	Sugar Land, TX United States		X
	Sunday, Burke	Sugar Land, TX 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.



Katrina Cruz
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Katrina Cruz this the 13th day of June 20 16, to certify which, witness my hand and seal of office.

Patricia I. Jaquez Patricia I. Jaquez Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath