

# 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:  
2020-636879

Date Filed:  
06/25/2020

Date Acknowledged:

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

Web Benefits Design Corporation  
Orlando, FL 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 Kileen

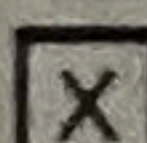
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

08012020

Benefit Website, Online Enrollment (Benefits Administration), COBRA Administration

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Web Benefits Design	Orlando, FL US	X	

5 Check only if there is NO Interested Party.



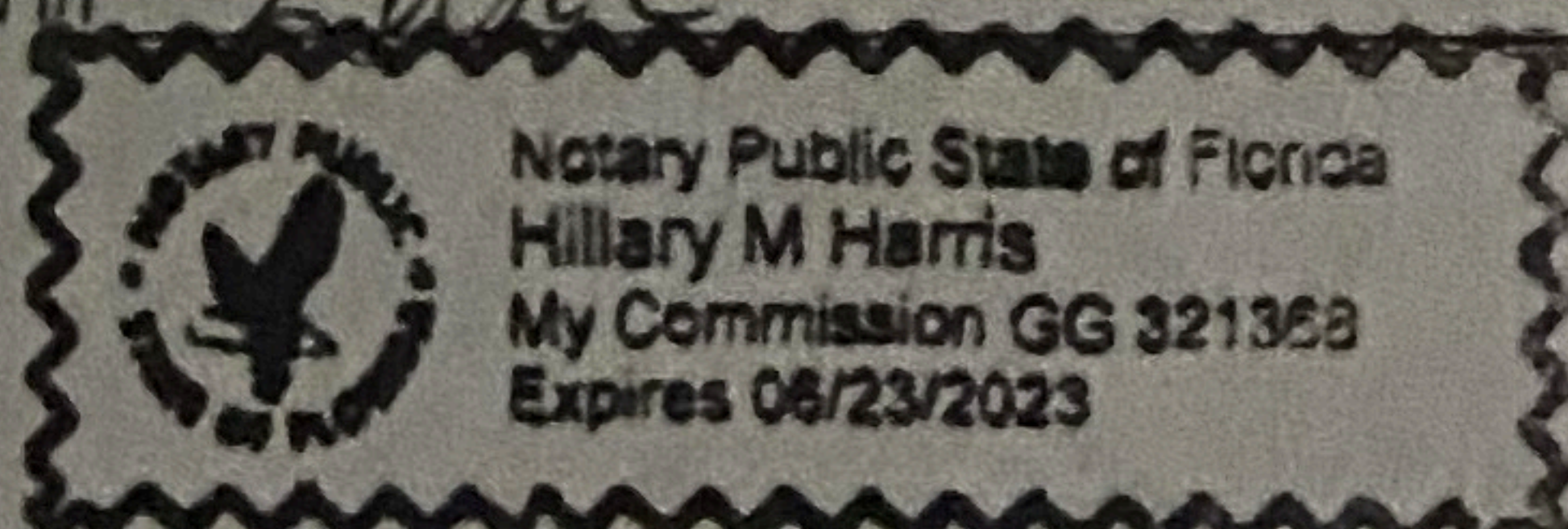
### 6 UNSWORN DECLARATION

My name is Hillary Harris, and my date of birth is 2/14/65.

My address is 1937 Knollcrest Dr. Clermont FL 34711 US.  
(street) (city) (state) (zip code) (country)

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

Executed in Lake County, State of FL, on the 6 day of July, 2020.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)

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Web Benefits Design Corporation  
Orlando, FL United States

**Certificate Number:**  
2020-636879

**Date Filed:**  
06/25/2020

**Date Acknowledged:**  
07/09/2020

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City of Kileen

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08012020  
Benefit Website, Online Enrollment (Benefits Administration), COBRA Administration

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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)