

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:
2018-372141

Date Filed:
06/25/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
UnitedHealthcare Insurance Company
Hartford, CT 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 Killeen

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.
RFP # 18-11
Health and Welfare 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.

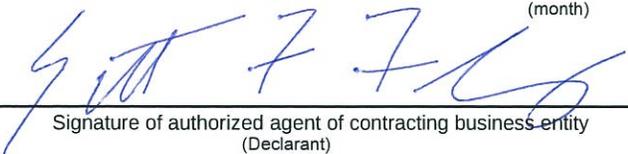
6 UNSWORN DECLARATION

My name is Scott Flannery, and my date of birth is Feb. 12, 1970.

My address is 1311 W PRES GEORGE BUSH HWY, Richardson, TX, 75080, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the 25 day of June, 20 18.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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CERTIFICATION OF FILING**

Certificate Number:
2018-372141

Date Filed:
06/25/2018

Date Acknowledged:
08/24/2018

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
UnitedHealthcare Insurance Company
Hartford, CT 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 Killeen

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RFP # 18-11
Health and Welfare 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 _____, 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)