

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.
 Scott & White Health Plan
 Temple, TX United States

Certificate Number:
 2016-69726

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:
 06/16/2016

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.
 Group Medical Plan Renewal
 Scott and White Health Plan is proposing to provide: Employee Group Health Benefits and prescription drug benefits

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Casey Jr., Louis	Temple, TX United States	X	
	Grobowsky, Donald	Temple, TX United States	X	
	Adams, Jerry	Temple, TX United States	X	
	Adams, Phil	Temple, TX United States	X	
	Maness, Terry	Temple, TX United States	X	
	Probe, MD, Robert	Temple, TX United States	X	
	Olson, Lyndon	Temple, TX United States	X	
	Hawkins, MD, Michael	Temple, TX United States	X	
	Bush, Stephen	Temple, TX United States	X	
	Williams, Marinar	Temple, TX United States	X	
	Ingrum, Jeffrey	Temple, TX United States	X	

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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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath