

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.
 Lincoln National Life Insurance Company
 Omaha, NE United States

Certificate Number:
 2018-372096

Date Filed:
 06/25/2018

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.
 RFP #18-11
 Health and Welfare Request for Proposal

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

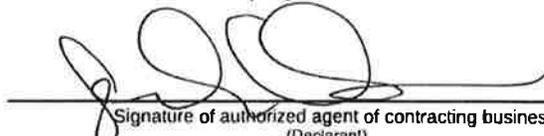
5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Sarah Vannatter, and my date of birth is 4/9/79.
 My address is 1155 Dairy Ashford Ste 520 Houston TX 77079 USA
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 25 day of June, 2018.
(month) (year)


 Signature of authorized agent of contracting business entity
(Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2018-372096

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.
 Lincoln National Life Insurance Company
 Omaha, NE 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 Request for Proposal

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)