

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:
2017-235617

Date Filed:
07/12/2017

Date Acknowledged:

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.

Group Medical Plan Renewal
Scott & 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
	Grobowsky, Donald	Temple, TX United States	X	
	Bush, Stephen	Temple, TX United States	X	
	Hawkins, MD, Michael	Temple, TX United States	X	
	Casey, Jr., Louis	Temple, TX United States	X	
	Ingrum, Jeffrey	Temple, TX United States	X	
	Olson, Lyndon	Temple, TX United States	X	
	Probe, MD, Robert	Temple, TX United States	X	
	Maness, Terry	Temple, TX United States	X	
	Dickson, David	Temple, TX United States	X	
	Lima-Leite, Maria	Temple, TX United States	X	
	Adams, Jerry	Temple, TX United States	X	
	Adams, Phil	Temple, TX United States	X	

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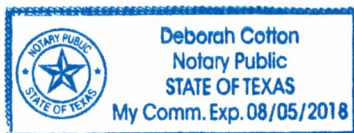
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			Controlling	Intermediary

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]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stephen Bush, this the 12th day of July, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Deborah Cotton

Printed name of officer administering oath

Executive Assistant

Title of officer administering oath

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Scott & White Health Plan
Temple, TX United States

Certificate Number:
2017-235617

Date Filed:
07/12/2017

Date Acknowledged:
07/26/2017

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City of Killeen

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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

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**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2017-232835

Date Filed:
07/06/2017

Date Acknowledged:

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

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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126844-1-G
Insurance Coverage

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

5 Check only if there is NO Interested Party.☐**6 AFFIDAVIT**

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Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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Dallas, TX United States

Certificate Number:
2017-232835

Date Filed:
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