

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.**

Web Benefits Design Corporation
Orlando, FL United States

Certificate Number:

2021-735646

Date Filed:

04/07/2021

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 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.

2021RFP
Benefit Administration Technology

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 Susan Otten, and my date of birth is 02/23/1962.

My address is 4725 West Sand Lake Road, Ste 300, Orlando, FL, 32819, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Orange County, State of FL, on the 07 day of April, 2021.
(month) (year)

Susan Otten

Signature of authorized agent of contracting business entity
(Declarant)

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Orlando, FL United States

Certificate Number:
2021-735646

Date Filed:
04/07/2021

Date Acknowledged:
04/14/2021

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City of Kileen

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2021RFP
Benefit Administration Technology

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			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)

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CERTIFICATION OF FILING****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
New York, NY United States

Certificate Number:
2021-733514

Date Filed:
04/01/2021

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

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COKilleen-RFPBenAdmin-VB-Cobra
Group Insurance Benefits

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			Controlling	Intermediary

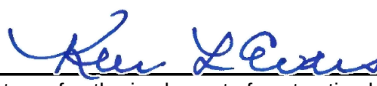
5 Check only if there is NO Interested Party.**6 UNSWORN DECLARATION**

My name is Kelli L. Evans, and my date of birth is April 14, 1965.

My address is Two Galleria Tower, 13455 Noel Road, Suite 2110, Dallas, TX, 75240, United States
(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 1st day of April, 2021.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Metropolitan Life Insurance Company
New York, NY United States

Certificate Number:
2021-733517

Date Filed:
04/01/2021

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

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COKilleen RFP Life&Disability
Group Insurance Benefits

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Metropolitan Life Insurance Company
New York, NY United States

Certificate Number:
2021-733518

Date Filed:
04/01/2021

Date Acknowledged:

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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.

COKilleen RFP Dental & Vision
Group Insurance Benefits

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