

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.

Delta Dental Insurance Company
Highland Village, TX United States

Certificate Number:
2017-166697

Date Filed:
02/14/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of San Antonio

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.

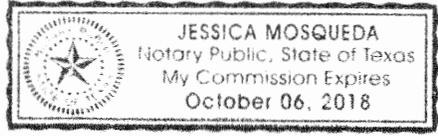
17-033
dental benefits administration

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Alpha Dental Programs, Inc.	Highland Village, TX United States	X	
	Delta Dental Insurance Company	Highland Village, TX United States	X	
	Delta Dental of California	San Francisco, CA United States	X	

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.



Melissa Fullerton
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Fullerton, this the 14 day of Feb., 2017, to certify which, witness my hand and seal of office.

J. Mosqueda
Signature of officer administering oath

Jessica Mosqueda
Printed name of officer administering oath

Salas
Title of officer administering oath