

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

Certificate Number:
 2016-25855

Date Filed:
 03/14/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

BlueCross BlueShield of Texas
 San Antonio, 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 San Antonio

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 goods or services to be provided under the contract.

RFP16-031
 Third Party Administrator for Medical Plan, Pharmacy and Spending Account

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
BlueCross BlueShield of Texas	San Antonio, TX 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Erin Barney

 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said ERIN BARNEY. AUTHORIZED AGENT, this the 14TH day of MARCH, 2016, to certify which, witness my hand and seal of office.

Caroline D. Cho

 Signature of officer administering oath

CAROLINE D. CHO.

 Printed name of officer administering oath

NOTARY PUBLIC.

 Title of officer administering oath