CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested par Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, of business.	Certificate Number: 2016-25855		
	BlueCross BlueShield of Texas			
	San Antonio, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is		03/14/2016	
	being filed. City of San Antonio		Date Acknowledged:	
		overnmental entity or state agency to track or identif	fy the contract, and provide a	
3	description of the goods or services to be provide	ded under the contract.	y the contract, and provide a	
	RFP16-031	permany and Spanding Account		
	Third Party Administrator for Medical Plan, Ph	narmacy and Spending Account		
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling Intermediary	
ВІ	ueCross BlueShield of Texas	San Antonio, TX United States	Х	
5	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.			
CAROLINE D CHO				
	My Commission Expires October 1, 2019 Signature of authorized agent of contracting business entity			
AFFIN NOTARY STAND (SEAL AROVE				
	AFFIX NOTARY STAMP / SEAL ABOVE	EKIN BARNEY.	WITH	
	Sworn to and subscribed before me, by the said ANT HORIZED AGENT, this the 14 TH day of MANCH. 20 10, to certify which, witness my hand and seal of office.			
1	Jambu S. & ho.	CAROLINE D. CHO.	NOTARY PUBLIC.	
1	Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath	