

# 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:  
2024-1233277

Date Filed:  
10/31/2024

Date Acknowledged:

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

United Concordia Dental  
Camp Hill, PA 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 Round Rock


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.

005923517000D000  
Solicitation Number 21-012 Employee Benefits (Dental Insurance) Group since 1/1/2022

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   | Knox, Felicia            | Houston, TX United States                |                                       | X            |
|   | Andolina, Charles        | Dallas, TX United States                 |                                       | X            |
|   | Holt, Debby              | Woodland Hills, CA United States         |                                       | X            |
|   | Palmer, Thomas           | Camp Hill, PA United States              | X                                     |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

5 Check only if there is NO Interested Party.

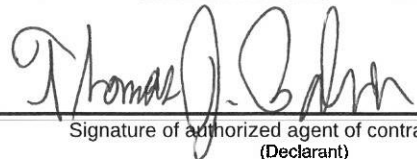
### 6 UNSWORN DECLARATION

My name is Thomas J. Palmer, and my date of birth is 

My address is 1800 Center Street Camp Hill PA 17011 Cumberland  
(street) (city) (state) (zip code) (country)

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

Executed in Cumberland County, State of PA, on the 31 day of October, 2024.  
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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CERTIFICATION OF FILING**

**Certificate Number:**  
2024-1233277

**Date Filed:**  
10/31/2024

**Date Acknowledged:**  
11/01/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
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Camp Hill, PA United States

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|   | Holt, Debby              | Woodland Hills, CA United States         |                                       | X            |
|   | Palmer, Thomas           | Camp Hill, PA United States              | X                                     |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

**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)