

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:
2017-286459

Date Filed:
11/21/2017

Date Acknowledged:

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

Aetna Life Insurance Company
Hartford, CT 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.

2017 Stop Loss / 2018 Renewal
Replacement Stop Loss Policy and the Application for Stop Loss Insurance (2017/2018 Renewal)

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 AFFIDAVIT

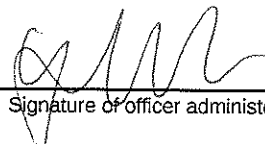
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sales Director, this the 29th day of November, 2017, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Craig Baker

Printed name of officer administering oath

11/29/17 Notary Public

Title of officer administering oath

CRAIG BAKER

Notary Public Version V1.0.3337

Connecticut

My Comm. Expires August 31, 2018