

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.

Hidalgo County
Edinburg, TX United States

Certificate Number:
2021-802101

Date Filed:
09/15/2021

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

Ameritas Life Insurance, Corp.

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.

2018-148 Grace Period
Dental and Vision Insurance

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. X

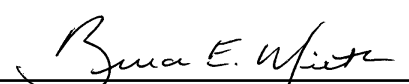
6 UNSWORN DECLARATION

My name is Bruce E. Mieth, Ph.D., and my date of birth is February 20, 1962.

My address is 475 Fallbrook Blvd., Lincoln, NE, 68521, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Lancaster County, State of NE, on the 15 day of September, 20 21.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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 Hidalgo County
 Edinburg, TX United States

Certificate Number:
 2021-802101

Date Filed:
 09/15/2021

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

Date Acknowledged:
 10/08/2021

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.
 2018-148 Grace Period
 Dental and Vision Insurance

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 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)