CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2026-1509720

Date Filed:
08/31/2026

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.

Hidalgo County

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.

26-0461
Self-Funded Health Plan - Stop-Loss Reinsurance Services

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 Lauren Coffey, and my date of birth is **CONFIDENTIAL** [redacted]

My address is 151 Farmington Avenue, Hartford (city), CT (state), 06156 (zip code), USA (country).

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

Executed in Hartford County, State of CONNECTICUT, on the 31st day of August, 2026 (month) (year).

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

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Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2026-1509720

Date Filed:
08/31/2026

Date Acknowledged:
10/29/2026

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

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Hidalgo County

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26-0461
Self-Funded Health Plan - Stop-Loss Reinsurance Services

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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(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)