

Directors Acceptance of Trust

Copies of Director’s Acceptance of Trust forms for the below individuals are attached:

Director	Insurer/HMO
I. Steven Udvarhelyi, M.D.	<ul style="list-style-type: none"> ▪ Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) ▪ HMO Louisiana, Inc. ▪ Southern National Life Insurance Company, Inc.
Jennifer A. DeWane	<ul style="list-style-type: none"> ▪ Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) ▪ HMO Louisiana, Inc. ▪ Southern National Life Insurance Company, Inc. ▪ Vantage Health Plan, Inc.
Ronald W. Penczek	<ul style="list-style-type: none"> ▪ Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) ▪ HMO Louisiana, Inc. ▪ Southern National Life Insurance Company, Inc. ▪ Vantage Health Plan, Inc.
Kathy S. Kiefer	<ul style="list-style-type: none"> ▪ Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) ▪ Southern National Life Insurance Company, Inc.
Jay H. Wagner	<ul style="list-style-type: none"> ▪ Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) ▪ Southern National Life Insurance Company, Inc.
Bryan Camerlinck	Vantage Health Plan, Inc.

NOTE: The following individuals will serve as post-closing directors of Community Care Health Plan of Louisiana, Inc. (“CCHP”), and have previously submitted Director’s Acceptance of Trust forms to the Louisiana Department of Insurance (as they are currently serving as directors of CCHP):

- Christy V. Theard
- Cheryll Bowers-Stephens
- Jennifer A. Dewane
- Neil Christopher Steffens



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Louisiana
COUNTY OR PARISH OF East Baton Rouge

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Vantage Health Plan, Inc., an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

Christe Duco
Signature of Witness

Christe Duco
Printed Name of Witness

Bryan Camerlinck
Signature of Director

Bryan Camerlinck
Printed Name of Director

Darrell Craig
Signature of Witness

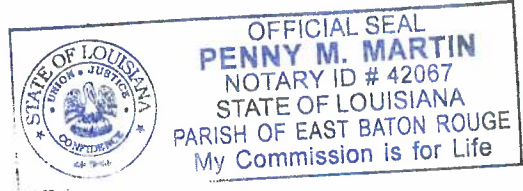
Darrell Craig
Printed Name of Witness

SWORN TO and subscribed before me this 12 day of December, 2023.

Penny M. Martin
Signature of Notary Public

Penny M. Martin
Printed Name of Notary Public

My Commission Expires At Death





LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shied of Louisiana), an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GREGOR R. GABRILSKA
Printed Name of Witness

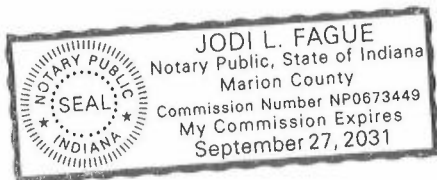
Debra S. Wells
Signature of Witness

Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Director

Kathleen S. Kiefer
Printed Name of Director

SWORN TO and subscribed before me this 11th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the
Southern National Life Insurance Company, Inc.,

an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GENE R. GUBRILSKA
Printed Name of Witness

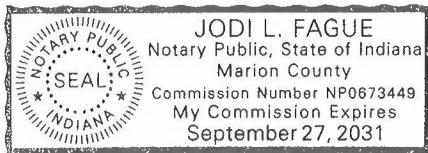
[Signature]
Signature of Director

Kathleen S. Kiefer
Printed Name of Director

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

SWORN TO and subscribed before me this 14th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana), an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

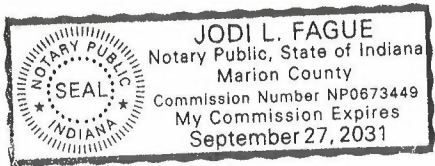
GENE R. GABRILSKA
Printed Name of Witness

[Signature]
Signature of Director
Jennifer A. Dewane
Printed Name of Director

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

SWORN TO and subscribed before me this 13th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the
HMO Louisiana, Inc.
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GENE R. GABRIELKA
Printed Name of Witness

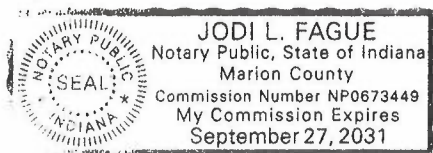
[Signature]
Signature of Director

Jennifer A. Dewane
Printed Name of Director

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

SWORN TO and subscribed before me this 13th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the
Southern National Life Insurance Company, Inc.
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

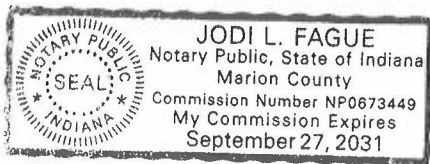
GREGG R. GARRILSKA
Printed Name of Witness

[Signature]
Signature of Witness

Deborah L. Wells
Printed Name of Witness

[Signature]
Signature of Director
Jennifer A. Dewane
Printed Name of Director

SWORN TO and subscribed before me this 13th day of December, 2023.



[Signature]
Signature of Notary Public
Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the
Vantage Health Plan, Inc.

an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

Deborah S. Wells
Signature of Witness

Deborah S. Wells
Printed Name of Witness

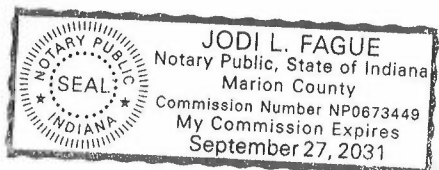
Jennifer A. Dewane
Signature of Director

Jennifer A. Dewane
Printed Name of Director

[Signature]
Signature of Witness

GENE R. GARRICK
Printed Name of Witness

SWORN TO and subscribed before me this 13th day of December, 2023.



Jodi L. Fague
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shied of Louisiana), an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Handwritten Signature]

Signature of Witness

GENE R. GABRIELSKA

Printed Name of Witness

[Handwritten Signature]

Signature of Director

Ronald W. Penczek

Printed Name of Director

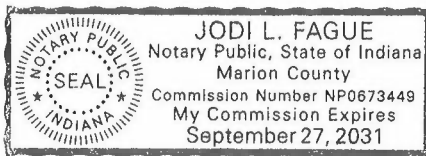
[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

SWORN TO and subscribed before me this 8th day of December, 2023.



[Handwritten Signature]

Signature of Notary Public

Jodi L. Fague

Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the HMO Louisiana, Inc., an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GENE B. GABRILEK
Printed Name of Witness

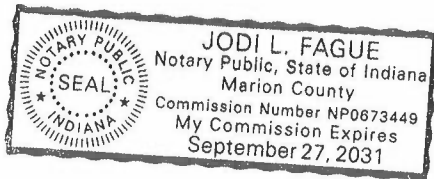
[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Director

Ronald W. Penczek
Printed Name of Director

SWORN TO and subscribed before me this 8th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Southern National Life Insurance Company, Inc.

an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Handwritten Signature]

Signature of Witness

GENE R. GABZILSKA

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

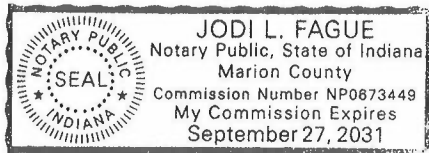
[Handwritten Signature]

Signature of Director

Ronald W. Penczek

Printed Name of Director

SWORN TO and subscribed before me this 8th day of December, 2023.



[Handwritten Signature]

Signature of Notary Public

Jodi L. Fague

Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Vantage Health Plan, Inc.

an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GENE R. GABRIELKA
Printed Name of Witness

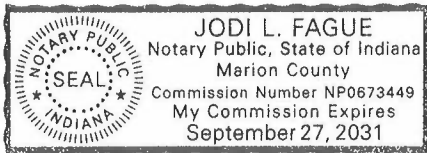
[Signature]
Signature of Director

Ronald W. Penczek
Printed Name of Director

[Signature]
Signature of Witness

Deborah S. Weils
Printed Name of Witness

SWORN TO and subscribed before me this 8th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana

COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana), an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Handwritten Signature]

Signature of Witness

Greg R. Gabiliska

Printed Name of Witness

[Handwritten Signature]

Signature of Director

Jay H. Wagner

Printed Name of Director

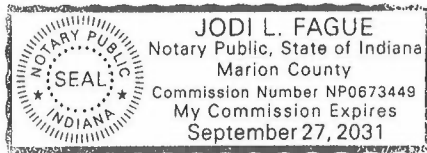
[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

SWORN TO and subscribed before me this 8th day of December, 2023.



[Handwritten Signature]

Signature of Notary Public

Jodi L. Fague

Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana
COUNTY OR PARISH OF Marion

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Southern National Life Insurance Company, Inc., an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

GENE R. GARRISON
Printed Name of Witness

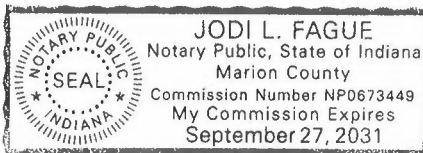
[Signature]
Signature of Director

Jay H. Wagner
Printed Name of Director

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

SWORN TO and subscribed before me this 8th day of December, 2023.



[Signature]
Signature of Notary Public

Jodi L. Fague
Printed Name of Notary Public

My Commission Expires 09/27/2031



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF LOUISIANA

COUNTY OR PARISH OF EAST BATON ROUGE

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross Blue Shied of Louisiana), an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

Lisa Nicholson
Printed Name of Witness

[Signature]
Signature of Witness

Patricia P. Crochet
Printed Name of Witness

[Signature]
Signature of Director

I. Steven Udvarhelyi, M.D.
Printed Name of Director

SWORN TO and subscribed before me this 12 day of December, 2023.

[Signature]
Signature of Notary Public

Penny M. Martin #42067
Printed Name of Notary Public

My Commission Expires At Death





LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF LOUISIANA

COUNTY OR PARISH OF EAST BATON ROUGE

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the
HMO Louisiana, Inc.,
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

Jim Nicholson
Signature of Witness

Lisa Nicholson
Printed Name of Witness

Patricia P. Crochet
Signature of Witness

Patricia P. Crochet
Printed Name of Witness

I. Steven Udvarhelyi
Signature of Director

I. Steven Udvarhelyi, M.D.
Printed Name of Director

SWORN TO and subscribed before me this 12 day of December, 2023.

Penny M. Martin
Signature of Notary Public

Penny M. Martin #42067
Printed Name of Notary Public

My Commission Expires At Death





LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF LOUISIANA
COUNTY OR PARISH OF EAST BATON ROUGE

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the Southern National Life Insurance Company, Inc., an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

[Signature]
Signature of Witness

Lisa Nicholson
Printed Name of Witness

[Signature]
Signature of Director

I. Steven Udvarhelyi, M.D.
Printed Name of Director

[Signature]
Signature of Witness

Patricia P. Crochet
Printed Name of Witness

SWORN TO and subscribed before me this 12 day of December, 2023.

[Signature]
Signature of Notary Public

Penny M. Martin #42067
Printed Name of Notary Public

My Commission Expires At Death

