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.	■ 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	■ 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	■ 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	■ Louisiana Health Service & Indemnity Company
	(d/b/a Blue Cross Blue Shield of Louisiana)
	■ Southern National Life Insurance Company, Inc.
Jay H. Wagner	■ 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.

<u>NOTE</u>: 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



STATE OF Louisiana	
COUNTY OR PARISH OF East Baton Rouge	
I, the undersigned, do hereby swear and affirm that Vantage Health Plan, Inc.	I accept the trust imposed upon me as a director of the
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	on Code to the best of my ability, so help me God.
Signature of Witness Printed Name of Witness Signature of Witness Printed Name of Witness	Signature of Director Bryan Camerlinck Printed Name of Director
SWORN TO and subscribed before me this	_{day of} December _{,2023} .
	Signature of Notary Public
OFFICIAL SEAL PENNY M. MARTIN	Penny M. Martin
NOTARY ID # 42007	Printed Name of Notary Public
PARISH OF EAST BATON ROUGE My Commission is for Life	My Commission Expires At Death



state of Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that Louisiana Health Service & Indemnity Company (c	t I accept the trust imposed upon me as a director of the d/b/a Blue Cross Blue Shied of Louisiana)
an insurance company organized under the laws of the State	e of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the	e State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensati	ion Code to the best of my ability, so help me God.
Signature of Witness GENER GABRILSEA Printed Name of Witness Signature of Witness	Signature of Director Kathleen S. Kiefer Printed Name of Director
Deborah 5. Wells Printed Name of Witness	
SWORN TO and subscribed before me this	December ,2023 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Fague Printed Name of Notary Public
	Mr. Commission Evning (910712031



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that I a Southern National Life Insurance Company, Inc.	ccept the trust imposed upon me as a director of the
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 St	ate 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 of Witness Signature of Witness Printed Name of Witness Signature of Witness Jeborah S. Wells Printed Name of Witness	Signature of Director Kathleen S. Kiefer Printed Name of Director
SWORN TO and subscribed before me this	December , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public My Commission Expires (2017-1203)



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that I Louisiana Health Service & Indemnity Company (d/	l accept the trust imposed upon me as a director of the b/a Blue Cross Blue Shield of Louisiana)
an insurance company organized under the laws of the State of	of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the	
Insurance Code and/or the Louisiana Worker's Compensation	n Code to the best of my ability, so help me God.
Signature of Witness	
GENE B. GABRILSKA	Signature of Director
Printed Name of Witness	Jennifer A. Dewane
Deluck S. Ulll Signature of Witness	Printed Name of Director
Seborah S. Wells Printed Name of Witness	
SWORN TO and subscribed before me this 13th	$_{\rm day of}$ December $_{,20\underline{23}}$.
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL: Commission Number NP0673449 My Commission Expires	Signature of Notary Public
September 27, 2031	Printed Name of Notary Public
	My Commission Expires 09/27/2031



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that I HMO Louisiana, Inc.	accept the trust imposed upon me as a director of the
an insurance company organized under the laws of the State of	f Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the S	
Insurance Code and/or the Louisiana Worker's Compensation	Code to the best of my ability, so help me God.
LPLOCE	
Signature of Witness GENE R. GABRILENA	anje a Sewane
Printed Name of Witness	Jennifer A. Dewane
Departure of Witness	Printed Name of Director
Deborah S. Wells Printed Name of Witness	
SWORN TO and subscribed before me this 13 th	day of December , 20_23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL SCOMMISSION Number NP0673449	Signature of Notary Public
My Commission Expires September 27, 2031	Printed Name of Notary Public
	My Commission Expires 09/27/2031



STATE OF Indiana	•
COUNTY OR PARISH OF May LON	
I, the undersigned, do hereby swear and affirm that I a Southern National Life Insurance Company, Inc.	ccept the trust imposed upon me as a director of the
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 St	ate 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 of Witness	
GIENE R. GARRIENA	Carnelle a Dewane
Printed Name of Witness	Signature of Director
	Jennifer A. Dewane
Dehrah S. Well	Printed Name of Director
Signature of Witness	
Aeboral S. Wells Printed Name of Witness	
SWORN TO and subscribed before me this 13th	December , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana	Signature of Notary Public
SEAL Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Jodi L. Faque Printed Name of Notary Public
	My Commission Expires 09 27/2031



state of Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that I a Vantage Health Plan, Inc.	accept the trust imposed upon me as a director of the
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 St	tate 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 of Witness Deborah S. Wells Printed Name of Witness Signature of Witness ARRIGA Printed Name of Witness SWORN TO and subscribed before me this 13th	Signature of Director Jennifer A. Dewane Printed Name of Director day of December , 2023 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Fague Printed Name of Notary Public My Commission Expires 09 27 2031



state of Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that Louisiana Health Service & Indemnity Company (d.	I accept the trust imposed upon me as a director of the /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 sucl
	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	on Code to the best of my ability, so help me God.
Signature of Witness GENE R. GABRUENA Printed Name of Witness	Signature of Director Ronald W. Penczek
10 hal 5 111. 11	Printed Name of Director
Signature of Witness	
Aeborah S. Wells Printed Name of Witness	
SWORN TO and subscribed before me this	day of December,20_23
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jedi L. Faque Printed Name of Notary Public
	My Commission Expires 09/27/2031



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm the HMO Louisiana, Inc.	at I accept the trust imposed upon me as a director of the
an insurance company organized under the laws of the Stat	te of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the	ne State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensat	tion Code to the best of my ability, so help me God.
Signature of Witness CENE B. GABRIERS Printed Name of Witness Demand S. Well Signature of Witness Deboral S. Wells Printed Name of Witness SWORN TO and subscribed before me this BH	Signature of Director Ronald W. Penczek Printed Name of Director day of December , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public My Commission Expires 9/27/2031



STATE OF Indiana	
COUNTY OR PARISH OF Maryon	
I, the undersigned, do hereby swear and affirm that I a Southern National Life Insurance Company, Inc.	ccept the trust imposed upon me as a director of the
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 Sta	ate 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 of Witness CENE R. GABRILSKA Printed Name of Witness Deborah S. Wells Printed Name of Witness	Ronald W. Penczek Printed Name of Director
SWORN TO and subscribed before me this 8th d	lay of December , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL: Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
	My Commission Expires 09/21/2031



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that Vantage Health Plan, Inc.	I accept the trust imposed upon me as a director of the
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	on Code to the best of my ability, so help me God.
Signature of Witness CENE R. GARRILEKA Printed Name of Witness Albak S. Ukll Signature of Witness Achorah S. Wells Printed Name of Witness SWORN TO and subscribed before me this	Signature of Director Ronald W. Penczek Printed Name of Director day of December , 20 23 .
SWORN TO and subscribed before me this	
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL: Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
	My Commission Expires 09/27/2031



STATE OF Indiana		
COUNTY OR PARISH OF MOULON		
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 suc	
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	on Code to the best of my ability, so help me God.	
Signature of Witness ELENE R. GABICILENS	A Wagname of Director	
Printed Name of Witness	Jay H. Wagner	
Calmad 5 Weeks Signature of Witness	Printed Name of Director	
Achoral S. Wells Printed Name of Witness		
	day of December,20_23	
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public	
	My Commission Expires 01/21/2031	



STATE OF Indiana	
COUNTY OR PARISH OF Marcon	
I, the undersigned, do hereby swear and affirm that I Southern National Life Insurance Company, Inc.	accept the trust imposed upon me as a director of the
an insurance company organized under the laws of the State of	of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the	
Insurance Code and/or the Louisiana Worker's Compensatio	n Code to the best of my ability, so help me God.
12000	
Signature of Witness (CONO R. GARRILANA	A Hagner Signature of Director
Printed Name of Witness	Jay H. Wagner
Alack Salales Signature of Witness	Printed Name of Director
Deborah S- Wells Printed Name of Witness	
SWORN TO and subscribed before me this 8th	_day of December _, 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
	My Commission Expires (9/27/2031



DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF LOUISIANA	
COUNTY OR PARISH OF EAST BATON ROUGE	
I, the undersigned, do hereby swear and affirm tha Louisiana Health Service & Indemnity Company (t I accept the trust imposed upon me as a director of the d/b/a Blue Cross Blue Shied of Louisiana)
an insurance company organized under the laws of the State	e of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of th	e State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensat	ion Code to the best of my ability, so help me God.
Signature of Witness LISD NICKO SON Printed Name of Witness Patricia P. Crocket Printed Name of Witness Sworn To and subscribed before me this 13	I. Steven Udvarhelyi, M.D. Printed Name of Director day of December , 20 23 .
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067 STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life	Signature of Notary Public Penny M. Martin #42067 Printed Name of Notary Public My Commission Expires At Death



STATE OF LOUISIANA	
COUNTY OR PARISH OF EAST BATON ROUGE	
I, the undersigned, do hereby swear and affirm that I a HMO Louisiana, Inc.	ccept the trust imposed upon me as a director of the
an insurance company organized under the laws of the State of	Louisiana, and will perform the duties imposed upon me as suc
by the Articles of Incorporation, By-laws, and the laws of the St	ate 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 of Witness Printed Name of Witness Patricia P. Cochet Printed Name of Witness Patricia P. Cochet Printed Name of Witness Sworn TO and subscribed before me this	Signature of Dikector I. Steven Udvarhelyi, M.D. Printed Name of Director day of December , 20 23 .
	Signature of Notary Public
OF LOUIS OFFICIAL SEAL	Penny M. Martin #42067
NOTARY ID # 42067	Printed Name of Notary Public
STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life	My Commission Expires At Death



STATE OF LOUISIANA	
COUNTY OR PARISH OF EAST BATON ROUGE	
I, the undersigned, do hereby swear and affirm that Southern National Life Insurance Company, Inc.	I accept the trust imposed upon me as a director of the
an insurance company organized under the laws of the State	of Louisiana, and will perform the duties imposed upon me as such
	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	on Code to the best of my ability, so help me God.
Signature of Witness Lisa Nicholson Printed Name of Witness Patricia P. Crocket Printed Name of Witness Signature of Witness Patricia P. Crocket Printed Name of Witness	Signature of Director I. Steven Udvarhelyi, M.D. Printed Name of Director day of December
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067 STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life	Signature of Notary Public Penny M. Martin #42067 Printed Name of Notary Public My Commission Expires At Death