Oath of Officer

Copies of Oath of Officer forms for the below individuals are attached:

Officer	Insurer/HMO
I. Steven Udvarhelyi, M.D President &	■ Louisiana Health Service & Indemnity Company
Chief Executive Officer	(d/b/a Blue Cross Blue Shield of Louisiana)
	■ HMO Louisiana, Inc.
	■ Southern National Life Insurance Company, Inc.
Kathleen S. Kiefer - Secretary	■ 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.
Vincent E. Scher – Treasurer	■ 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.
Korey D. Harvey – Assistant Secretary	■ 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.
Eric (Rick) K. Noble – Assistant Treasurer	■ 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.
Bryan Camerlinck – President & Chief	Vantage Health Plan, Inc.
Executive Officer	

NOTE: The following individuals will serve as post-closing officers of Community Care Health Plan of Louisiana, Inc. ("CCHP"), and have previously submitted Oath of Officer forms to the Louisiana Department of Insurance (as they are currently serving as officers of CCHP):

- Christy V. Theard President & Chief Executive Officer
- Kathleen S. Kiefer Secretary
- Jennifer A. Dewane Vice President
- Vincent E. Scher Treasurer
- Eric (Rick) K. Noble Assistant Treasurer

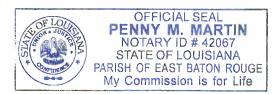


STATE OF Louisiana	
COUNTY OR PARISH OF East Baton Rouge	
	that I accept the tweet imposed upon me as an officer of the
I, the undersigned, do hereby swear and affirm Vantage Health Plan, Inc.	that I accept the trust imposed upon me as an officer of the
	State of Louisiana, and will perform the duties imposed upon me as such
	of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compe	
Insurance Code and/or the Louisiana Worker's Compe	isation code to the best of my dome, so here have
Signature of Witness Printed Name of Witness Signature of Witness Printed Name of Witness	Signature of Officer Bryan Camerlinck Printed Name of Officer
SWORN TO and subscribed before me this	day of December, 2023.
	Signature of Notary Public
OFFICIAL SEAL MARTIN	Penny M. Martin
DENNY W. 1142067	Printed Name of Notary Public
NOTARY ID # 4200 NOTARY ID # 4200 STATE OF LOUISIANA STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life	My Commission Expires At Death



OATH OF OFFICER

TATE OF Louisiana
OUNTY OR PARISH OF Parish of East Baton Rouge
I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as an officer of the
ouisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana)
n insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as sucl y the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana
surance 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 Printed Name of Witness Printed Name of Witness Printed Name of Witness
SWORN TO and subscribed before me this // day of December, 20 ²³ .
Signature of Notary Public Penny M. Martin #42067 Printed Name of Notary Public



My Commission Expires At Death



OATH OF OFFICER

Land to	
STATE OF Louisiana	
COUNTY OR PARISH OF East Baton Rouge	
I the undersigned do hereby sweet and officer	that I account the tweet immediately and the second
HMO Louisiana, Inc.	that I accept the trust imposed upon me as an officer of the
	tate of Louisiana, and will perform the duties imposed upon me as such
	f the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compen	sation Code to the best of my ability, so help me God.
04	
(X)	
Signature of Witness	——————————————————————————————————————
Chrise Dunte	6 - 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
Printed Name of Witness	Signature of Officer
000	Korey D. Harvey
Signature of Witness	Printed Name of Officer
The and I have be	
Printed Name of Witness	
SWORN TO and subscribed before me this	day of December, 2023.
	MManin
	Signature of Notary Public
	Penny M. Martin #42067
	Printed Name of Notary Public
OF LOVE OFFICIAL SEAL	My Commission Expires At Death
PENNY M. MARTIN NOTARY ID # 42067	
STATE OF LOUISIANA	
PARISH OF EAST BATON ROUGE	

My Commission is for Life



OATH OF OFFICER

STATE OF LOUISIANA	
COUNTY OR PARISH OF East Baton Rouge	
I, the undersigned, do hereby swear and affirm tha	at I accept the trust imposed upon me as an officer of the
Southern National Life Insurance Company, Inc.	
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.
<u> </u>	
1 Destu-	
Signature of Witness	- Cd
Chaste Ducote	Signature of Officer
Printed Name of Witness	Korey D. Harvey
Dans Office	Printed Name of Officer
Signature of Witness	Timed Name of Officer
DORLE LAXIBLE	
Printed Name of Witness	
SWORN TO and subscribed before me this	day of December, 2023.
	Gm Mulin
	Signature of Notary Public
	Penny M. Martin #42067
	Printed Name of Notary Public
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067	My Commission Expires At Death
STATE OF LOUISIANA PARISH OF EAST BATON ROUGE	

My Commission is for Life



OATH OF OFFICER

STATE OF LOUISIANA	
COUNTY OR PARISH OF East Baton Rouge	
	irm that I accept the trust imposed upon me as an officer of the
Vantage Health Plan, Inc.	
an insurance company organized under the laws of t	the State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the la	ws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Con	npensation Code to the best of my ability, so help me God.
Sinter SWitter	
Signature of Witness	
CMUSE LICOTE	Signature of Officer
Printed Name of Witness	Korey Harvey
Coul of	Printed Name of Officer
Signature of Witness	
DARRE LANGO!	5
Printed Name of Witness	
SWORN TO and subscribed before me this	day of December, 2023.
	Signature of Notary Public
	Penny M. Martin #42067
	Printed Name of Notary Public
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067	My Commission Expires At Death

STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission is for Life



OATH OF OFFICER

COUNTY OR PARISH OF MOVIEW	
I, the undersigned, do hereby swear and affirm that I a Louisiana Health Service & Indemnity Company (d/b/a Blue an insurance company organized under the laws of the State of by the Articles of Incorporation, By-laws, and the laws of the State Insurance Code and/or the Louisiana Worker's Compensation	Cross and Blue Shield of Louisiana) Louisiana, and will perform the duties imposed upon me as suclate of Louisiana including, but not limited to, the Louisiana
Signature of Witness CARPILSKA Printed Name of Witness Okal S. Well Signature of Witness	Signature of Officer Kathleen S. Kiefer Printed Name of Officer
Printed Name of Witness SWORN TO and subscribed before me this	lay 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 Printed Name of Notary Public

My Commission Expires 09 27 2031



OATH OF OFFICER

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 an officer of the
HMO Louisiana, Inc.	
an insurance company organized under the laws of the S	state of Louisiana, and will perform the duties imposed upon me as suc
by the Articles of Incorporation, By-laws, and the laws o	f the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compen	sation Code to the best of my ability, so help me God.
Signature of Witness Signature of Witness Printed Name of Witness Dhah 5 Well Signature of Witness	Signature of Officer Kathleen S. Kiefer Printed Name of Officer
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 Printed Name of Notary Public

My Commission Expires 09 27 2031



OATH OF OFFICER

STATE OF Indiana	
COUNTY OR PARISH OF MOVIEN	
I, the undersigned, do hereby swear and affirm that I	accept the trust imposed upon me as an officer of the
Southern National Life Insurance Company, Inc.	
	of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the S	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	a Code to the best of my ability, so help me God.
Signature of Witness GENG R. GABRILSKA Printed Name of Witness Deman S. Wills Signature of Witness	Signature of Officer Kathleen S. Kiefer Printed Name of Officer
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 Signature of Notary Public Printed Name of Notary Public

My Commission Expires 09



STATE OF <u>Indiana</u>	
COUNTY OR PARISH OF MOUNTON	
	accept the trust imposed upon me as an officer of the
Vantage Health Plan, Inc.	
an insurance company organized under the laws of the State o	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	n Code to the best of my ability, so help me God.
Signature of Witness Printed Name of Witness Olmas S. Wells Signature of Witness Aboras S. Wells Printed Name of Witness	Signature of Officer Kathleen S. Kiefer Printed Name of Officer
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 Signature of Notary Public 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 at Louisiana Health Service & Indemnity Company (d/b/a Blue	
an insurance company organized under the laws of the State of	Louisiana, and will perform the duties imposed upon me as sucl
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	A Ale
GENE R. CABRUSKA	Signature of Officer
Printed Name of Witness	Eric K. Noble
What S- Wells	Printed Name of Officer
Signature of Witness	
Deboral S. Wells Printed Name of Witness	
SWORN TO and subscribed before me this 8th of	lay 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 09 27 12031



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 an officer 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	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 of Witness	= 1 Mu
GIENE R. EGBELLEKA	Signature of Officer
Printed Name of Witness	Eric K. Noble
Signature of Witness	Printed Name of Officer
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. 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 I Southern National Life Insurance Company, Inc.	accept the trust imposed upon me as an officer of the
an insurance company organized under the laws of the State o	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	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 of Witness GENE R. GABRILSKA	I Me
	Signature of Officer
Printed Name of Witness	Eric K. Noble
allack Si acels	Printed Name of Officer
Signature of Witness	
De Borak 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. 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 I Vantage Health Plan, Inc.	accept the trust imposed upon me as an officer 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 $Articles\ of\ Incorporation,\ By-laws,\ and\ the\ laws\ of\ the$	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensatio	n Code to the best of my ability, so help me God.
Signature of Witness GENE R. EABRILEKA Printed Name of Witness Ochiga S. Wells Signature of Witness Deboral S. Wells	Signature of Officer Eric K. Noble Printed Name of Officer
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. Fague Printed Name of Notary Public My Commission Expires 19/27/2031
	My Commission Expires 09/21/2031



STATE OF Indiana	
COUNTY OR PARISH OF Marion	
I, the undersigned, do hereby swear and affirm that I Louisiana Health Service & Indemnity Company (d/b/a Blu	
an insurance company organized under the laws of the State o	f Louisiana, and will perform the duties imposed upon me as sucl
by the Articles of Incorporation, By-laws, and the laws of the S	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 of Witness GEGE R. GABRILLES Printed Name of Witness Signature of Witness Deborah S. Wells Printed Name of Witness	Signature of Officer Vincent E. Scher Printed Name of Officer
SWORN TO and subscribed before me this	day of December , 20 23.
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL My Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Signature of Notary Public Printed Name of Notary Public My Commission Expires 09/21/2031



state of Indiance	
COUNTY OR PARISH OF Markey	
I, the undersigned, do hereby swear and affirm that I	accent the trust imposed upon me as an officer of the
HMO Louisiana, Inc.	accept the trust imposed upon me as an officer 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 S	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 Crewe R. EABRILING Printed Name of Witness Albarah S. Wells Printed Name of Witness	Signature of Officer Vincent E. Scher Printed Name of Officer
SWORN TO and subscribed before me this	day 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. 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 I Southern National Life Insurance Company, Inc.	accept the trust imposed upon me as an officer 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	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 of Witness CIENT R. EURRILINA Printed Name of Witness All S. Mull Signature of Witness Deborah S. Wells Printed Name of Witness	Signature of Officer Vincent E. Scher Printed Name of Officer
SWORN TO and subscribed before me this	day 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 27 2031



state of Indiana	
COUNTY OR PARISH OF MOUTON	
I, the undersigned, do hereby swear and affirm that I Vantage Health Plan, Inc.	accept the trust imposed upon me as an officer 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	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	n Code to the best of my ability, so help me God.
Signature of Witness First B. GABRILLA Printed Name of Witness Olmah S. Wells Signature of Witness Alborah S. Wells Printed Name of Witness	Signature of Officer Vincent E. Scher Printed Name of Officer
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 Signature of Notary Public Printed Name of Notary Public My Commission Expires (24.7.12.03.1



STATE OF LOUISIANA	
COUNTY OR PARISH OF EAST BATON ROUGE	
	rm that I accept the trust imposed upon me as an officer of the
Louisiana Health Service & Indemnity Company (c	d/b/a Blue Cross and Blue Shield of Louisiana)
	e State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the law	s of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Comp	pensation Code to the best of my ability, so help me God.
Signature of Witness Patricia P. Crocket Printed Name of Witness Patricia P. Crocket Printed Name of Witness	Signature of Officer I. Steven Udvarhelyi Printed Name of Officer
SWORN TO and subscribed before me this	day of December, 2023.
	Signature of Notary Public
	Penny M. Martin #42067
	Printed Name of Notary Public
OFFICIAL SEAL PENNY M. MART NOTARY ID # 4206 STATE OF LOUISIAN PARISH OF EAST BATON F My Commission is for	77 VA



STATE OF LOUISIANA	*
COUNTY OR PARISH OF EAST BATON ROUGE	
I, the undersigned, do hereby swear and aff	irm that I accept the trust imposed upon me as an officer of the
HMO Louisiana, Inc.	
an insurance company organized under the laws of t	he State of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the la	ws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Con	npensation Code to the best of my ability, so help me God.
11/1	
Jun / retrolun	
7 Signature of Witness	Consul human
Lisa Nicholson	Signature of Officer
Printed Name of Witness	I. Steven Udvarhelyi
Patricia P. Croslet	Printed Name of Officer
Signature of Witness	Timed (and of Office)
Patricia P. Crock	net
Printed Name of Witness	
SWORN TO and subscribed before me this	day of December, 2023.
	Signature of Notary Public
	•
	Penny M. Martin #42067
	Printed Name of Notary Public
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067 STATE OF LOUISIANA PARISH OF EAST BATON ROUGE My Commission in the second	My Commission Expires At Death
My Commission is for Life	



OATH OF OFFICER

STATE OF LOUISIANA	
COUNTY OR PARISH OF EAST BATON ROUGE	
COUNTY OR PARISH OF	
I the undersigned do hereby swear and affi	rm that I accept the trust imposed upon me as an officer of the
Southern National Life Insurance Company, Inc.	
an insurance company organized under the laws of the	he State of Louisiana, and will perform the duties imposed upon me as such
	ws of the State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Com	pensation Code to the best of my ability, so help me God.
Jun / nlolson	
Signature of Witness	Shundillaxuxux
Lisa Nicholson	Signature of Officer
Printed Name of Witness	I. Steven Udvarhelyi
tatucia P. Clocket	Printed Name of Officer
Signature of Witness	(
Yatricia K. Crache	
Printed Name of Witness	
SWORN TO and subscribed before me this	day of December , 20 23.
	12 m Martin
OFFICIAL SEAL	Signature of Notary Public
PENNY M. MARTIN	Penny M. Martin #42067
NOTARY ID # 42067 STATE OF LOUISIANA	Printed Name of Notary Public
PARISH OF EAST BATON ROUGE My Commission is for Life	My Commission Expires At Death