

Oath of Officer

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

Officer	Insurer/HMO
I. Steven Udvarhelyi, M.D. - President & Chief Executive Officer	<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.
Kathleen S. Kiefer - Secretary	<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.
Vincent E. Scher – Treasurer	<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.
Korey D. Harvey – Assistant Secretary	<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.
Eric (Rick) K. Noble – Assistant Treasurer	<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.
Bryan Camerlinck – President & Chief Executive Officer	Vantage Health Plan, Inc.

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



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

OATH OF OFFICER

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 an officer 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.

[Handwritten Signature]

Signature of Witness

Charste Ducote

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Darrell Langford

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Bryan Camerlinck

Printed Name of Officer

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

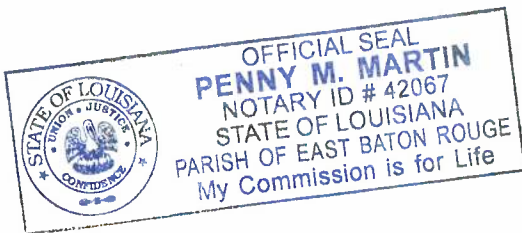
[Handwritten Signature]

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

OATH OF OFFICER

STATE OF Louisiana

COUNTY 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 Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and 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

Christe Duode

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

DARRELL LAMARLOIS

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Korey D. Harvey

Printed Name of Officer

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

[Handwritten 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

OATH OF OFFICER

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 an officer 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.

[Handwritten Signature]

Signature of Witness

Christe Ducote

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

DARRELL LADIGIS

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Korey D. Harvey

Printed Name of Officer

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

[Handwritten 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

OATH OF OFFICER

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 an officer 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

Christe Duote

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

DARRELL LANKLOIS

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Korey D. Harvey

Printed Name of Officer

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

[Handwritten 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

OATH OF OFFICER

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 an officer 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.

[Handwritten Signature]

Signature of Witness

Christe Ducote

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

DARRELL LANGOIS

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Korey Harvey

Printed Name of Officer

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

[Handwritten 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

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 Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and 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

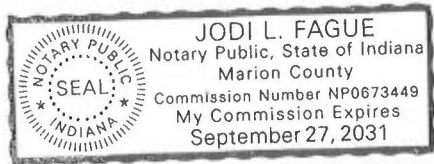
[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Kathleen S. Kiefer
Printed Name of Officer

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

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 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. GARRILSKA
Printed Name of Witness

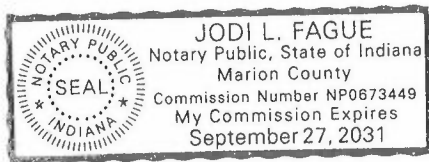
[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Kathleen S. Kiefer
Printed Name of Officer

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

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
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. GABRIELSKI
Printed Name of Witness

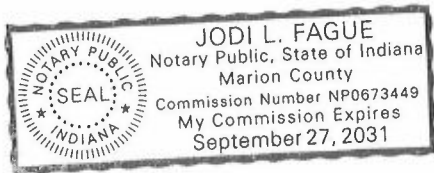
[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Kathleen S. Kiefer
Printed Name of Officer

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

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 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. Gabriuska
Printed Name of Witness

[Signature]
Signature of Witness

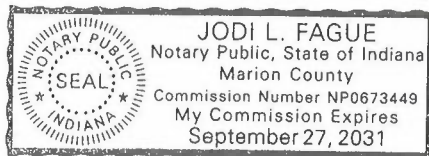
Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Kathleen S. Kiefer

Printed Name of Officer

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

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
Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and 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. GABRUSKA
Printed Name of Witness

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

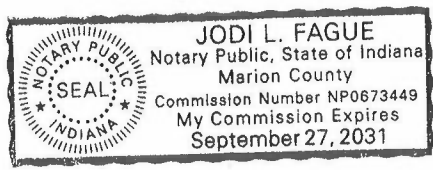
[Signature]

Signature of Officer

Eric K. Noble

Printed Name of Officer

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

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 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. GABRILEK
Printed Name of Witness

[Signature]
Signature of Witness

Deborah S. Wells
Printed Name of Witness

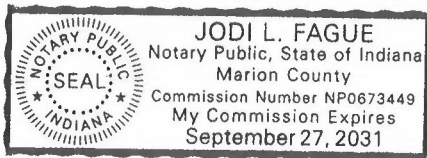
[Signature]

Signature of Officer

Eric K. Noble

Printed Name of Officer

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

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
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. Gabrielsen
Printed Name of Witness

[Signature]
Signature of Witness

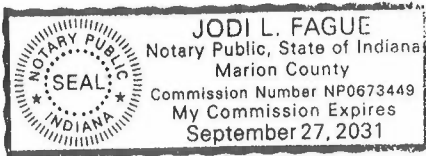
Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Eric K. Noble
Printed Name of Officer

Printed Name of Officer

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

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 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. GABRIELEVA
Printed Name of Witness

[Signature]
Signature of Witness

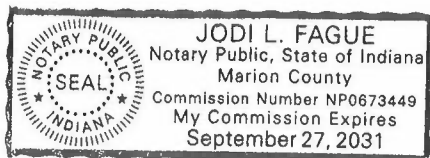
Deborah S. Wells
Printed Name of Witness

[Signature]
Signature of Officer

Eric K. Noble
Printed Name of Officer

Printed Name of Officer

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

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 Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and 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

GENE R. GABRILSKA

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

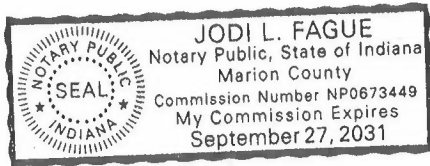
[Handwritten Signature]

Signature of Officer

Vincent E. Scher

Printed Name of Officer

SWORN TO and subscribed before me this 11th 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

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 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. GABRILSKA

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

[Handwritten Signature]

Signature of Officer

Vincent E. Scher

Printed Name of Officer

SWORN TO and subscribed before me this 11th 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

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
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. GABRILEK

Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

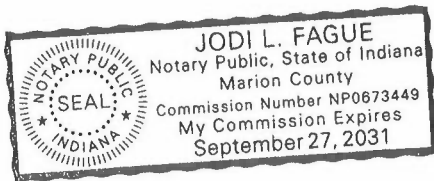
[Handwritten Signature]

Signature of Officer

Vincent E. Scher

Printed Name of Officer

SWORN TO and subscribed before me this 14th 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

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
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. Gabriska

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

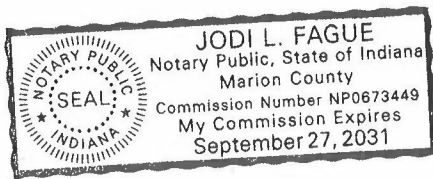
[Signature]

Signature of Officer

Vincent E. Scher

Printed Name of Officer

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

OATH OF OFFICER

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 an officer of the Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and 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

Lisa Nicholson
Printed Name of Witness

[Signature]
Signature of Witness

Patricia P. Crochet
Printed Name of Witness

[Signature]
Signature of Officer

I. Steven Udvarhelyi
Printed Name of Officer

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

OATH OF OFFICER

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 an officer 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.

Lisa 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 Officer

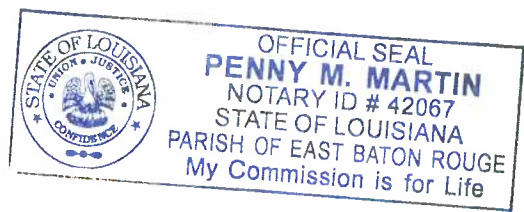
I. Steven Udvarhelyi
Printed Name of Officer

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

OATH OF OFFICER

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 an officer 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

Lisa Nicholson
Printed Name of Witness

[Handwritten Signature]

Signature of Witness

Patricia R. Crochet
Printed Name of Witness

[Handwritten Signature]

Signature of Officer

I. Steven Udvarhelyi
Printed Name of Officer

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

[Handwritten Signature]

Signature of Notary Public

Penny M. Martin #42067
Printed Name of Notary Public

My Commission Expires At Death

