

### **Conflict of Interest Statement**

**Copies of Conflict of Interest Statement forms for each of the below individuals are attached. Each individual is swearing and affirming to the Conflict of Interest Statement attached to this cover sheet (entitled “Corporate Ethics Department Policy”).**

<b>Director and/or Officer</b>	<b>Insurer/HMO</b>
I. Steven Udvarhelyi, M.D. – Director; President & Chief Executive Officer	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> </ul>
Jennifer A. Dewane – Director	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> <li>▪ Vantage Health Plan, Inc.</li> </ul>
Ronald W. Penczek – Director	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> <li>▪ Vantage Health Plan, Inc.</li> </ul>
Kathleen S. Kiefer – Director; Secretary	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana) – Director; Secretary</li> <li>▪ HMO Louisiana, Inc. – Secretary</li> <li>▪ Southern National Life Insurance Company, Inc. – Director; Secretary</li> <li>▪ Vantage Health Plan, Inc. - Secretary</li> </ul>
Jay H. Wagner - Director	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ Southern National Life Insurance Company, Inc.</li> </ul>
Vincent E. Scher – Treasurer	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> <li>▪ Vantage Health Plan, Inc.</li> </ul>
Korey D. Harvey – Assistant Secretary	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> <li>▪ Vantage Health Plan, Inc.</li> </ul>
Eric (Rick) K. Noble – Assistant Treasurer	<ul style="list-style-type: none"> <li>▪ Louisiana Health Service &amp; Indemnity Company (d/b/a Blue Cross Blue Shield of Louisiana)</li> <li>▪ HMO Louisiana, Inc.</li> <li>▪ Southern National Life Insurance Company, Inc.</li> <li>▪ Vantage Health Plan, Inc.</li> </ul>
Bryan Camerlinck – Director; President & Chief Executive Officer	Vantage Health Plan, Inc.

**NOTE:** The following individuals will serve as post-closing directors and/or officers of Community Care Health Plan of Louisiana, Inc. (“CCHP”), and have previously submitted Conflict of Interest Statement forms to the Louisiana Department of Insurance (as they are currently serving as directors and/or officers of CCHP):

- Christy V. Theard – Director; President & Chief Executive Officer
- Neil Christopher Steffens – Director
- Cheryll Bowers-Stephens - Director
- Kathleen S. Kiefer - Secretary
- Jennifer A. Dewane – Director; Vice President
- Vincent E. Scher – Treasurer
- Eric (Rick) K. Noble – Assistant Treasurer

## CORPORATE ETHICS DEPARTMENT POLICY

<b>TITLE:</b> Conflict of Interest (COI) Disclosure	<b>POLICY #:</b> EP303
<b>DEPARTMENT:</b> Ethics Department	<b>ORIGINAL EFFECTIVE DATE:</b> 10/01/2007
<b>Applicability:</b> Associates of Elevance Health and its Wholly Owned Affiliates & Subsidiaries <b>Exceptions:</b> As noted on the <a href="#">Ethics Department Applicability Matrix</a>	<b>LAST REVIEWED/APPROVAL DATE:</b> <b>08/12/2022</b>
<b>APPROVED BY:</b> Diidri Robinson, VP, Chief Ethics & Privacy Officer <i>Diidri W. Robinson</i>	<b>EFFECTIVE DATE:</b> 08/15/2022

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## **CORPORATE ETHICS DEPARTMENT POLICY**

### **I. BACKGROUND/PURPOSE**

The Federal Sentencing Guidelines state an organization shall establish standards and procedures to prevent and detect criminal conduct. Elevance Health's Ethics Department oversees Elevance Health's Ethics program, including the Conflict of Interest process.

This Policy applies to all Elevance Health and wholly owned affiliates and subsidiaries' associates. Nothing in this policy will alter the at-will nature of the employment relationship.

The Elevance Health conflict of interest policy builds on our Code of Conduct and helps ensure that associate's personal interests do not influence business judgment or decision-making. When associates are making decisions related to our work at Elevance Health, we have a duty to act in the best interests of Elevance Health and avoid even the appearance of a conflict. Identifying, avoiding, disclosing, and addressing conflicts of interest is an important component of demonstrating objectivity and integrity when executing our responsibilities at Elevance Health.

Failure to adhere to the COI policy will result in remedial, corrective action up to and including termination of employment.

### **II. POLICY**

Associates are expected to identify when they potentially have or could be perceived as having a conflict of interest. Associates must exercise sound judgment and concern for Elevance Health's interest to avoid situations causing actual harm or creating the appearance of impropriety. A conflict of interest arises when associates place their personal interests before the interests of Elevance Health and where such personal interests may improperly influence or could be perceived as improperly influencing their business judgments, decisions, or actions.

Associates must refrain from any employment, activity, business, commercial interest, affiliations, relationships and/or interests interfering with the associate's obligations to Elevance Health.

Conflicts of interest may arise in many situations. Having a conflict of interest is not necessarily wrong; however, it can become a problem or legal matter if an Associate tries to influence or could be perceived as influencing the outcome of business dealings for direct or indirect personal benefit. If associates have any questions, they should immediately contact their manager or the Ethics Department.

Following are some common types of conflicts of interest. This is not intended to be a comprehensive list of conflicts of interest.

## CORPORATE ETHICS DEPARTMENT POLICY

### 1. Personal financial interest

Associates may not own, directly or indirectly, a significant financial interest in any business doing business with, seeking to do business with, or competing with Elevance Health. In general, a significant financial interest is ownership by an associate and/or an immediate family member of more than one percent of the outstanding securities/capital value of a business entity, or represents more than five percent of the associate's total assets and/or those of an immediate family member.

Associates must not refer customers, members, beneficiaries, or those who do business with the company to an entity in which the associate or a family member has a financial or other material interest.

### 2. Outside employment

Associates may not use company time, name, assets, or the services of other associates for any outside activities unless authorized by company policies. An associate's primary employment obligation is to Elevance Health and any external activities, such as a second job or a personal business, must not conflict with the associate's obligations to Elevance Health. Associates must notify their manager and disclose outside employment on a conflict of interest survey. The associate's manager and the Ethics Department will help determine if the outside employment or other external activities presents a conflict. Associates may be required to disassociate from a conflicting relationship as a condition of continued employment at Elevance Health.

### 3. Service on an external board of directors

Any associate who wishes to serve on any board of directors must disclose this information on a conflict of interest survey prior to accepting the board appointment and provide relevant information to the Ethics Department.

Public and Private Equity Company Boards: Associates who wish to serve on the board of a Public or Private Equity Company must contact the Ethics Department prior to accepting the board appointment. The associate must also obtain written approval from their leaders, up to and including their Senior Leadership Team member (Executive Vice President). Ethics will then obtain approval for Public and Private Equity Company Board assignments from the Chief Compliance Officer (CCO). The CCO will obtain approval for public board service from the General Counsel and Chief Executive Officer

Non-profit or Private Boards: Associates who wish to serve on the board of a non-profit organization or a privately owned company must contact the Ethics Department prior to accepting the board appointment. If the associate will receive compensation (cash,

## CORPORATE ETHICS DEPARTMENT POLICY

equity) to serve on these types of boards, the board appointment requires the pre-approval of the Chief Compliance Officer and the applicable Senior Leadership Team

member. Using the information gathered, the associate is responsible for obtaining the necessary written approvals from their leaders, up to and including their Senior Leadership Team member.

If an associate is serving on the board of a private company, and the company then later becomes a public company, the associate must notify the Ethics Department as soon as possible. The Ethics Department will obtain information for review by senior management as noted in the preceding paragraphs.

4. Service on an Elevance Health wholly or partially owned subsidiary board of directors and boards of alliance/joint venture entities

Per Human Resources' Compensation policy, associates who reside on Elevance Health wholly or partially owned subsidiary boards of directors or boards of alliance/joint venture entities cannot receive additional compensation for the board roles as it is considered a part of their Elevance Health job responsibilities. Partially owned entities are defined as entities which Elevance Health, Inc. or any of its majority owned subsidiaries own 5% or more of the equity. Alliances and joint ventures are defined as a collaboration between Elevance Health or one of its subsidiaries and another entity in order to achieve common objectives.

Associates must also disclose these board seats on an annual conflict of interest survey.

Associates may receive reimbursement for travel and lodging expenses (subject to the Finance Travel & Expense Reimbursement policy) to participate in wholly, partially owned or alliance/joint venture company board activities and meetings.

5. Family and personal relationships

Employment of relatives and individuals involved in personal relationships with associates is allowed if those individuals are the best-qualified candidates for the job, and it is not a prohibited relationship. See [Family and Personal Relationships Policy](#), if you have any questions.

6. Someone close to you working in the industry

If a spouse, family member or others close to the associate has a relationship with a competitor or another business in Elevance Health's industry, this must be disclosed on the conflict of interest survey.

### III. ACRONYMS/DEFINITIONS

*Conflict of Interest* is any personal activity or involvement with an individual or entity adversely influencing, or creating the appearance of adversely influencing, an associate's judgment,

## CORPORATE ETHICS DEPARTMENT POLICY

decisions, or actions in meeting the associate's responsibilities to Elevance Health. Examples include, but are not limited to outside employment, board membership, investments, consulting or contractual relationships, and the acceptance of business courtesies, gifts, or entertainment.

*Change of Status* reflects current events which may create a conflict of interest. For example, 1) having a family member work in or hold significant interest in a health care-related company or company seeking to do business with Elevance Health; 2) a new marriage whereby the incoming family member works with or holds a significant interest in a health care-related company.

*Family Members* include the associate's spouse (wife or husband), children (daughter, son, step-daughter, step-son, daughter in-law, son in-law), siblings (sister, brother, step-sister, step-brother, sister in-law, brother in-law), parents (mother, father, step-mother, step-father, mother in-law, father in-law), domestic partner, fiancé, any person living with the associate, and any person close to the associate creating an actual or perceived conflict of interest.

*Public Companies* are those whose shares are traded on a stock exchange, such as the NYSE or NASDAQ, or in an over-the-counter market.

### IV. PROCEDURE

All associates are responsible for reading, understanding, and adhering to this policy and completing a yearly COI survey. In addition, the following is also required:

<b>Roles</b>	<b>Responsibilities/Requirements</b>
Associates	<ul style="list-style-type: none"><li>Fully disclose any existing or potential conflicts of interest when hired</li><li>Update COI survey of any change in status within 30 days</li><li>Disclose to manager and Ethics Department potential and/or actual COI<ul style="list-style-type: none"><li>email <a href="mailto:conflictofinterest@elevancehealth.com">conflictofinterest@elevancehealth.com</a> contact <a href="#">Ethics Department</a> directly, or log into Convercent via <a href="#">Pulse</a></li></ul></li></ul>
Managers	<ul style="list-style-type: none"><li>Inform reports about this policy and its importance</li><li>Lead by example and demonstrate compliance</li><li>Treat information provided by reports with confidentiality</li></ul>

## CORPORATE ETHICS DEPARTMENT POLICY

	<ul style="list-style-type: none"> <li>Support Ethics Department and reports by assisting with development of mitigation plans, if needed</li> </ul>
Elevance Health, Inc. Board of Directors and Elevance Health's CEO	<ul style="list-style-type: none"> <li>Complete Form 10k Director &amp; Officer questionnaires or proxy statements yearly</li> </ul>
Corporate Secretary's Office	<ul style="list-style-type: none"> <li>Review 10k forms</li> <li>Assess disclosures and implement mitigation plans</li> </ul>
<b>Roles</b>	<b>Responsibilities/Requirements</b>
Ethics Department	<ul style="list-style-type: none"> <li>Oversees COI surveys and collects associate disclosures</li> <li>Provides periodic reports to HR listing associate disclosures of family members employed by Elevance Health</li> <li>Assesses disclosures and determines whether a mitigation plan is needed</li> <li>Determines whether COI survey results should be shared with CEO, Board Committees, or other leaders as appropriate</li> </ul>
CCO	<ul style="list-style-type: none"> <li>May approve exceptions to COI policy in unique circumstances</li> </ul>
HR	<ul style="list-style-type: none"> <li>Reviews periodic reports to ensure no prohibited relationships have been disclosed</li> </ul>
Joint Venture/Alliance Partners	<ul style="list-style-type: none"> <li>Obtain annual COI surveys/disclosures from their employees serving on the entities' board</li> <li>Be prepared to provide copies of the completed surveys upon request if needed for regulatory audits/exams</li> <li>Corporate Secretary's Office may assist if requested</li> </ul>

Any new conflict of interest questions or disclosures related to a Vice President or above regarding activities and requests to join external boards of directors, advisory groups, or consulting services may be reviewed by the Chief Compliance Officer, who may consult with other leaders as needed.

The Ethics Department monitors and ensures the timely completion of new hire's COI surveys, management's annual COI surveys, and subsidiary board surveys.



## **CORPORATE ETHICS DEPARTMENT POLICY**

The Ethics Department retains all records in accordance with Elevance Health's Record Retention policies.

### **V. REFERENCES AND RELATED DOCUMENTS**

1. Federal Sentencing Guidelines §8B2.1(b)(3)
2. Centers for Medicare and Medicaid Services Prescription Drug Benefit Manual – Chapter 9 Compliance Program Guidelines
3. Centers for Medicare and Medicaid Services Medicare Managed Care Manual – Chapter 21 Compliance Program Guidelines
4. 42 CFR 422.504(d) and 42 CFR 423.505(d)
5. [Ethics Department Applicability Matrix](#)

### **VI. EXCEPTIONS**

As noted on the [Ethics Department Applicability Matrix](#).

### **VII. RECORD RETENTION**

The Ethics Department retains all records in accordance with Elevance Health's Record Retention policies.



# LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

## CONFLICT OF INTEREST STATEMENT

STATE OF Louisiana

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director; President and Chief Executive Officer, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

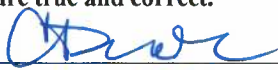
A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR


B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

  
Signature of Witness

Christe Ducote  
Printed Name of Witness

  
Signature of Witness

Darrell Lancelotti  
Printed Name of Witness

  
Signature of Officer or Director

Bryan Camerlinck  
Printed Name of Officer or Director

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



  
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

## CONFLICT OF INTEREST STATEMENT

STATE OF Louisiana

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Assistant Secretary, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

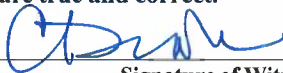
A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

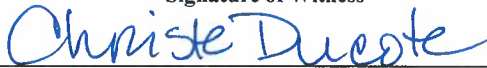
B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

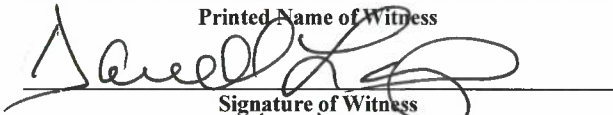
The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.



Signature of Witness



Printed Name of Witness



Signature of Witness



Printed Name of Witness

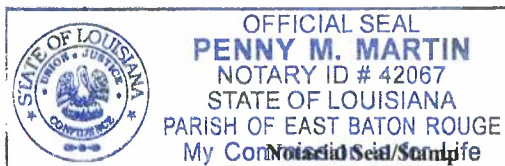


Signature of Officer or Director

Korey D. Harvey

Printed Name of Officer or Director

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





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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company) and, having been appointed by the Company to serve in the position of Assistant Secretary, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

Charste Duarte  
Printed Name of Witness

[Signature]  
Signature of Witness

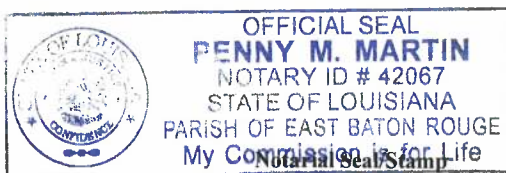
Darrell L. Lacroix  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Korey D. Harvey  
Printed Name of Officer or 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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Assistant Secretary,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

Christe Ducote

Signature of Witness

Christe Ducote

Printed Name of Witness

Darrell LaGros

Signature of Witness

Darrell LaGros

Printed Name of Witness

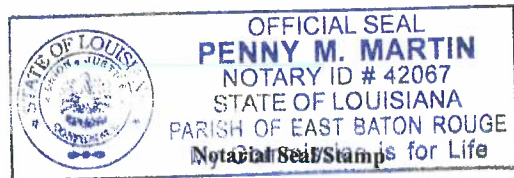
Korey D. Harvey

Signature of Officer or Director

Korey D. Harvey

Printed Name of Officer or 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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc.

(hereinafter the Company) and, having been appointed by the Company to serve in the position of Assistant Secretary,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

Christe Duote

Signature of Witness

Christe Duote

Printed Name of Witness

Darrell Laatois

Signature of Witness

Darrell Laatois

Printed Name of Witness

Korey D. Harvey

Signature of Officer or Director

Korey D. Harvey

Printed Name of Officer or Director

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

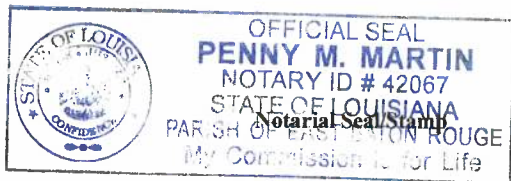
Penny M. Martin

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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director; Secretary, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GABRIELA  
Printed Name of Witness

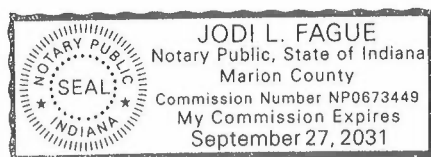
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Kathleen S. Kiefer  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 11<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Secretary \_\_\_\_\_,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

\_\_\_\_\_  
Signature of Witness

GENE R. GABRIELKA

Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

Deborah S. Wells

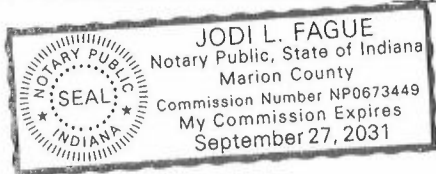
Printed Name of Witness

\_\_\_\_\_  
Signature of Officer or Director

Kathleen S. Kiefer

Printed Name of Officer or Director

SWORN TO and subscribed before me this 11<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

\_\_\_\_\_  
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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director; Secretary \_\_\_\_\_,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

Gene R. GABRIELSKA  
Printed Name of Witness

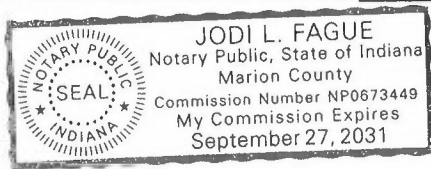
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Kathleen S. Kiefer  
Printed Name of Officer or Director

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



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana  
COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Secretary,  
and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GABRIEL

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

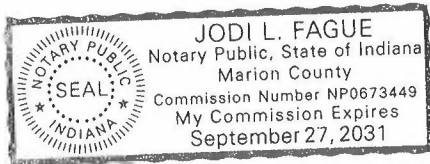
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Kathleen S. Kiefer

Printed Name of Officer or Director

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



Notarial Seal/Stamp

[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

CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of  
Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company)  
and, having been appointed by the Company to serve in the position of Assistant Treasurer,  
and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

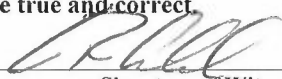
A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position  
described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position  
described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board  
of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest  
Statement are true and correct.



Signature of Witness

Gene R. Gabruska

Printed Name of Witness



Signature of Witness

Deborah S. Wells

Printed Name of Witness

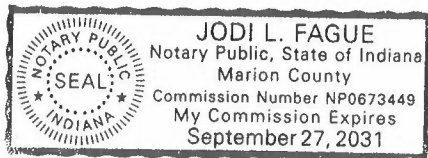


Signature of Officer or Director

Eric K. Noble

Printed Name of Officer or Director

SWORN TO and subscribed before me this 8<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp



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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company) and, having been appointed by the Company to serve in the position of Assistant Treasurer, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

- A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above
- OR
- B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GABRILSKA

Printed Name of Witness

Deborah S. Wells

Signature of Witness

Deborah S. Wells

Printed Name of Witness

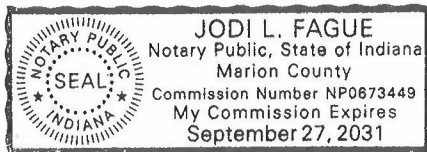
[Signature]

Signature of Officer or Director

Eric K. Noble

Printed Name of Officer or Director

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



Notarial Seal/Stamp

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

CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Assistant Treasurer,  
and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GARRICK

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

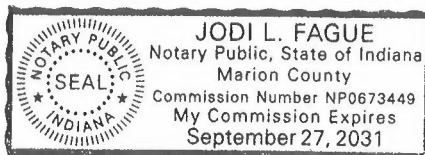
[Signature]

Signature of Officer or Director

Eric K. Noble

Printed Name of Officer or Director

SWORN TO and subscribed before me this 8<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Assistant Treasurer,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GABRILSKA

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

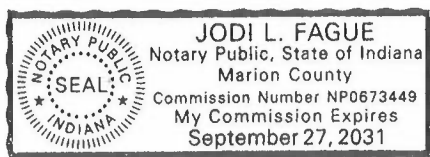
[Signature]

Signature of Officer or Director

Eric K. Noble

Printed Name of Officer or Director

SWORN TO and subscribed before me this 09<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GARRILSKA  
Printed Name of Witness

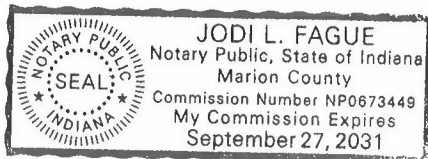
[Signature]  
Signature of Witness

Deborah J. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Ronald W. Penczek  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 8<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GABRISKA  
Printed Name of Witness

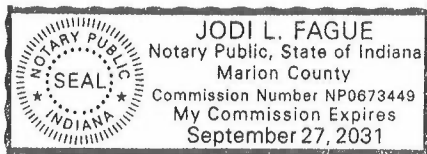
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Ronald W. Penczek  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 8<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENO R. GABRILSKA

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

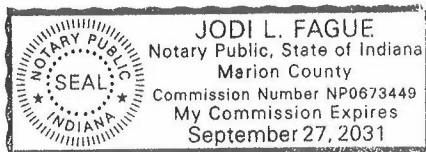
[Signature]

Signature of Officer or Director

Ronald W. Penczek

Printed Name of Officer or Director

SWORN TO and subscribed before me this 8<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. LUBRASKA

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

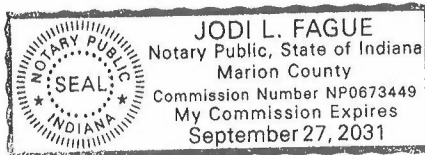
[Signature]

Signature of Officer or Director

Ronald W. Penczek

Printed Name of Officer or Director

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



Notarial Seal/Stamp

[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

CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of  
Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company)  
and, having been appointed by the Company to serve in the position of Treasurer,  
and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position  
described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position  
described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board  
of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest  
Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GARRICKA  
Printed Name of Witness

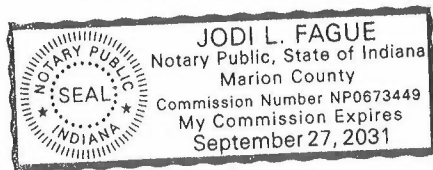
[Signature]  
Signature of Witness

Deborah S. Weiss  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Vincent E. Scher  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 11<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Treasurer,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GABRIELSKA

Printed Name of Witness

Debrah S. Wells

Signature of Witness

Deborah S. Wells

Printed Name of Witness

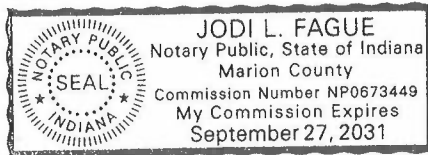
[Signature]

Signature of Officer or Director

Vincent E. Scher

Printed Name of Officer or Director

SWORN TO and subscribed before me this 1<sup>st</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Treasurer,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENO R. GARRISON  
Printed Name of Witness

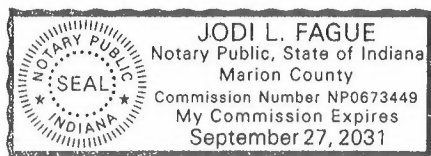
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Vincent E. Scher  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 11<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Treasurer,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GREGORY R. FABRIKSKA  
Printed Name of Witness

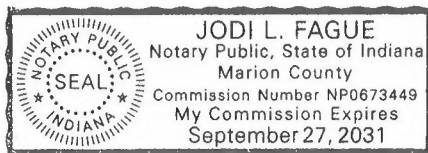
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Vincent E. Scher  
Printed Name of Officer or Director

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



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director; President & CEO, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

Lisa Nicholson  
Signature of Witness

Lisa Nicholson  
Printed Name of Witness

Patricia P. Crochet  
Signature of Witness

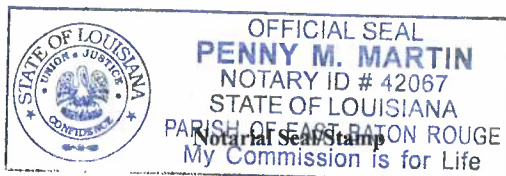
Patricia P. Crochet  
Printed Name of Witness

Steven Udvarhelyi  
Signature of Officer or Director

I. Steven Udvarhelyi, M.D.

Printed Name of Officer or 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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director; President & CEO,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

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 or Director

I. Steven Udvarhelyi, M.D.

Printed Name of Officer or 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

## CONFLICT OF INTEREST STATEMENT

STATE OF LOUISIANA

COUNTY/PARISH OF East Baton Rouge

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director; President & CEO,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

*Jim Nicholson*  
Signature of Witness

Lisa Nicholson  
Printed Name of Witness

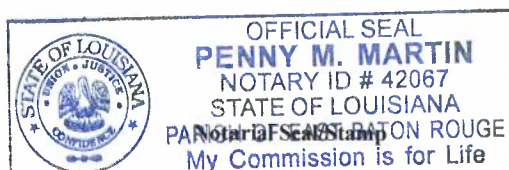
*Patricia P. Crochet*  
Signature of Witness

Patricia P. Crochet  
Printed Name of Witness

*Steven Udvarhelyi*  
Signature of Officer or Director

I. Steven Udvarhelyi, M.D.  
Printed Name of Officer or 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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GABRUSKA

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

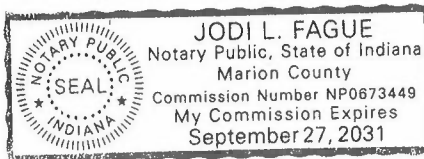
[Signature]

Signature of Officer or Director

Jay H. Wagner

Printed Name of Officer or Director

SWORN TO and subscribed before me this 08 day of December, 2023.



Notarial Seal/Stamp

[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

CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of  
Southern National Life Insurance Company, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position  
described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position  
described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board  
of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest  
Statement are true and correct.

Gene R. Gabralska  
Signature of Witness

Gene R. Gabralska

Printed Name of Witness

Deborah S. Wells  
Signature of Witness

Deborah S. Wells

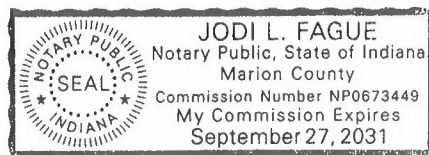
Printed Name of Witness

Jay H. Wagner  
Signature of Officer or Director

Jay H. Wagner

Printed Name of Officer or Director

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



Notarial Seal/Stamp

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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]

Signature of Witness

GENE R. GABRUSKA

Printed Name of Witness

[Signature]

Signature of Witness

Deborah S. Wells

Printed Name of Witness

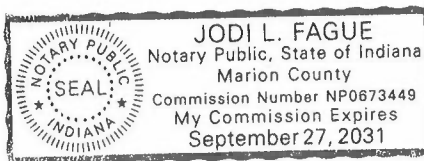
[Signature]

Signature of Officer or Director

Jay H. Wagner

Printed Name of Officer or Director

SWORN TO and subscribed before me this 08 day of December, 2023.



Notarial Seal/Stamp

[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 of Witness

Printed Name of Witness

Signature of Witness

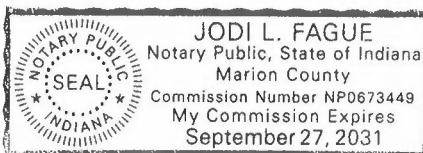
Printed Name of Witness

Signature of Director

Jay H. Wagner

Printed Name of Director

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



Signature of Notary Public

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 of Witness

Printed Name of Witness

Signature of Witness

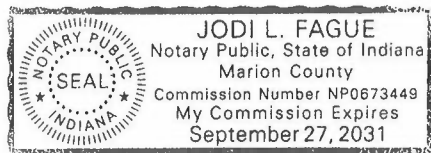
Printed Name of Witness

Signature of Director

Jay H. Wagner

Printed Name of Director

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



Signature of Notary Public

Printed Name of Notary Public

My Commission Expires 09/27/2031



# LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON  
COMMISSIONER

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (hereinafter the Company) and, having been appointed by the Company to serve in the position of Director, and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GEOFF R. GABRIEL  
Printed Name of Witness

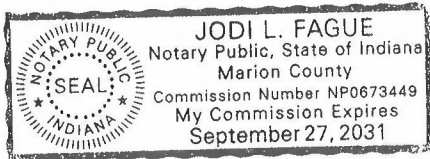
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Jennifer A. Dewane  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 13<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of HMO Louisiana, Inc. \_\_\_\_\_ (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GABIZILSKA  
Printed Name of Witness

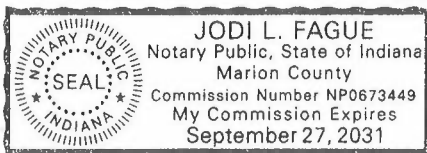
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Jennifer A. Dewane  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 13<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Southern National Life Insurance Company, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GABERKA  
Printed Name of Witness

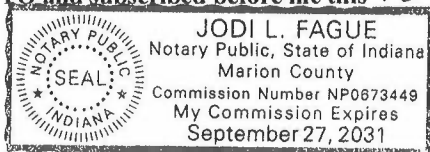
[Signature]  
Signature of Witness

Deborah S. Weeks  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Jennifer A. DeWane  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 13<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[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

## CONFLICT OF INTEREST STATEMENT

STATE OF Indiana

COUNTY/PARISH OF Marion

The undersigned, having read the "Conflict of Interest Policy" (a copy of which is attached hereto and made a part hereof) of Vantage Health Plan, Inc. (hereinafter the Company)

and, having been appointed by the Company to serve in the position of Director,

and in compliance with the attached "Conflict of Interest Policy", does hereby swear and affirm the following (check one):

A. ☒ I have no conflict of interest which would interfere with my service to the Company in the appointed position described above

OR

B. ☐ I have identified matter(s) which may interfere with my service to the Company in the appointed position described above and have disclosed the matter(s) of interest to the Company and I attach hereto a Resolution of the Board of Directors of the Company whereby the Company has waived the conflict(s) of interest described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned does hereby swear and affirm that that all of the statements made in this Conflict of Interest Statement are true and correct.

[Signature]  
Signature of Witness

GENE R. GARRILSKA  
Printed Name of Witness

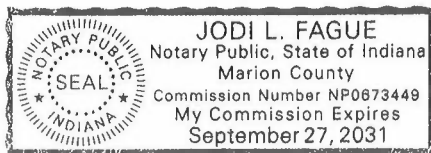
[Signature]  
Signature of Witness

Deborah S. Wells  
Printed Name of Witness

[Signature]  
Signature of Officer or Director

Jennifer A. Dewane  
Printed Name of Officer or Director

SWORN TO and subscribed before me this 13<sup>th</sup> day of December, 2023.



Notarial Seal/Stamp

[Signature]  
Signature of Notary Public

Jodi L. Fague  
Printed Name of Notary Public

My Commission Expires 09/27/2031