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").

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

<u>NOTE</u>: 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

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

TABLE OF CONTENTS

- I. BACKGROUND/PURPOSE
- II. POLICY
- III. ACRONYMS/DEFINITIONS
- IV. PROCEDURE
- V. REFERENCES AND RELATED DOCUMENTS
- VI. EXCEPTIONS
- VII. RECORD RETENTION
- VIII. REVISION HISTORY

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.

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 <u>prior</u> to accepting the board appointment and provide relevant information to the Ethics Department.

<u>Public and Private Equity Company Boards</u>: Associates who wish to serve on the board of a Public or Private Equity Company must contact the Ethics Department <u>prior</u> 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

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

equity) to serve on these types of boards, the board appointment requires the preapproval 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 <u>Family and Personal Relationships Policy</u>, 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,

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:

Roles	Responsibilities/Requirements
Associates	 Fully disclose any existing or potential conflicts of interest when hired Update COI survey of any change in status within 30 days Disclose to manager and Ethics Department potential and/or actual COI • email <u>conflictofinterest@elevance</u> <u>health.com</u> contact <u>Ethics</u> <u>Department</u> directly, or log into Convercent via <u>Pulse</u>
Managers	 Inform reports about this policy and its importance Lead by example and demonstrate compliance Treat information provided by reports with confidentiality

Elevance Health, Inc. Board of Directors and Elevance Health's CEO	 Support Ethics Department and reports by assisting with development of mitigation plans, if needed Complete Form 10k Director & Officer questionnaires or proxy statements
Corporate Secretary's Office	 yearly Review 10k forms Assess disclosures and implement mitigation plans
Roles	Responsibilities/Requirements
Ethics Department	 Oversees COI surveys and collects associate disclosures Provides periodic reports to HR listing associate disclosures of family members employed by Elevance Health Assesses disclosures and determines whether a mitigation plan is needed Determines whether COI survey results should be shared with CEO, Board Committees, or other leaders as appropriate
CCO	May approve exceptions to COI policy in unique circumstances
HR	Reviews periodic reports to ensure no prohibited relationships have been disclosed
Joint Venture/Alliance Partners	 Obtain annual COI surveys/disclosures from their employees serving on the entities' board Be prepared to provide copies of the completed surveys upon request if needed for regulatory audits/exams Corporate Secretary's Office may assist if requested

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.

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.



JAMES J. DONELON COMMISSIONER

STATE OF Louisiana	*
COUNTY/PARISH OF East Baton Rouge	
The undersigned, having read the "Conflict of Interest Policy" (a Vantage Health Plan, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the posi	tion of Director; President and Chief Executive Officer ,
and in compliance with the attached "Conflict of Interest Policy	
	erfere with my service to the Company in the appointed position
described above	
OR B. I have identified matter(s) which may interest	fere with my service to the Company in the appointed position
described above and have disclosed the matter(s) of inte	rest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Comp	any has waived the conflict(s) of interest described below:
	
The undersigned does hereby swear and affire	n that that all of the statements made in this Conflict of Interest
Statement are true and correct.	
_ Ord	RR/11
Signature of Witness	Signature of Officer or Director
Chiuste Lucore	2. g
Printed Name of Witness	
Janel 7 7	Bryan Camerlinck
Signature of Witness	Printed Name of Officer or Director
Printed Name of Witness	
Frinted Name of Witness	
SWORN TO and subscribed before me this/2_day of Dec	ember , 20 23 .
OFFICIAL SEAL	J.M. Marlin
PENNY M. MARTIN NOTARY ID # 42067	Signature of Notary Public
STATE OF LOUISIANA	Penny M. Martin
PARISH OF EAST BATON ROUGE My Contributed Standife	Printed Name of Notary Public
	My Commission Expires at Death



JAMES J. DONELON COMMISSIONER

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 t	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 wo described above	uld interfere with my service to the Company in the appointed position
OR	
B. I have identified matter(s) which ma	y 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 an	d affirm that that all of the statements made in this Conflict of Interes
Statement are true and correct.	
Draw	
Signature of Witness	Signature of Officer or Director
Christe Ducote	Signature of Officer or Director
Printed Name of Witness	
Serell &	
Signature of Witness	Korey D. Harvey
OMPTEL LANGEBIC	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me thisday of	of December , ₂₀ 23 .
and subscribed before me this uny	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OFFICIAL SEAL	6 mMarton
PENNY M. MARTIN	Signature of Notary Public
NOTARY ID # 42067 STATE OF LOUISIANA	Penny M. Martin #42067
PARISH OF EAST BATON ROUGE My Control Seid/Sombife	Printed Name of Notary Public
Elitary and Market in the State of the State	My Commission Expires At Death



JAMES J. DONELON COMMISSIONER

STATE OF LOUISIANA	
COUNTY/PARISH OF East Baton Rouge	
The undersigned, having read the "Conflict of Interest Policy" (a HMO Louisiana, Inc.	copy of which is attached hereto and made a part hereof) of
and, having been appointed by the Company to serve in the positi	on 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 inter	fere with my service to the Company in the appointed position
OR	
	re with my service to the Company in the appointed position
	est to the Company and I attach hereto a Resolution of the Board
	ny has waived the conflict(s) of interest described below:
real company and company	-y and milited the commentary 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	15
Charte Dunate	Signature of Officer or Director
Printed Name of Witness	
An of the	
Signature of Witness	Korey D. Harvey
Dage - 11 July cross	Printed Name of Officer or Director
Printed Name of Witness	
, O Dogo	hau CO
SWORN TO and subscribed before me this \ \ \lambda \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mber ,20 ²³ .
	PM Martin
OFFICIAL SEAL PENNY M. MARTIN	Signature of Notary Public
NOTARY ID # 42067 STATE OF LOUISIANA	Penny M. Martin #42067
PARISH OF EAST BATON ROUGE My Contribusion State Life	Printed Name of Notary Public
	My Commission Expires At Death



JAMES J. DONELON COMMISSIONER

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		
A. I have no conflict of interest which would into described above	erfere with my service to the Company in the appointed position	
OR		
B. I have identified matter(s) which may inter	fere with my service to the Company in the appointed position	
described above and have disclosed the matter(s) of inte	erest to the Company and I attach hereto a Resolution of the Board	
of Directors of the Company whereby the Comp	oany has waived the conflict(s) of interest described below	
The undersigned does hereby swear and affir	rm that that all of the statements made in this Conflict of Interest	
Statement are true and correct.		
Udil	K-d	
Signature of Witness	Signature of Officer or Director	
Christe Ducote	Signature of Officer of Director	
Printed Name of Witness		
Danell Pa	Karasa D. Harrasa	
Signature of Witness	Korey D. Harvey Printed Name of Officer or Director	
DARRELL LANGLOIS	Timed Name of Officer of Director	
Printed Name of Witness		
SWORN TO and subscribed before me this	cember , 20 23 .	
_		
OFFICIAL SEAL	Machine	
PENNY M. MARTIN NOTARY ID # 42067	Signature of Notary Public	
STATE OF LOUISIANA	Penny M. Martin #42067	
PARISH OF EAST BATON ROUGE Notablise Instance for Life	Printed Name of Notary Public	
	My Commission Expires At Death	



JAMES J. DONELON COMMISSIONER

STATE OF LOUISIANA	
COUNTY/PARISH OF East Baton Rouge	
Vantage Health Plan, Inc.	(a copy of which is attached hereto and made a part hereof) of (hereinafter the Company)
and, having been appointed by the Company to serve in the po	osition of Assistant Secretary,
and in compliance with the attached "Conflict of Interest Police	ey", does hereby swear and affirm the following (check one):
described above	nterfere with my service to the Company in the appointed position
OR B. I have identified matter(s) which may inte	
	erfere with my service to the Company in the appointed position
	terest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Com	pany has waived the conflict(s) of interest described below:
The undersigned does hereby sweer and affi	irm that that all of the statements made in this Conflict of Interest
Statement are true and correct.	in that that an of the statements made in this Connet of Interest
Signature of Witness	186
Christe Ducote	Signature of Officer or Director
Printed Name of Witness	
() and)	
Signature of Witness	Korey D. Harvey
Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this/2_day of _De	ecember ,20 <u>23</u> .
	An Martin
OF LOVA OFFICIAL SEAL	Signature of Notary Public
PENNY M. MARTIN NOTARY ID # 42067	Penny M. Martin #42067
STATE CE LOUISIANA PAR SH OPERTULES AN ROUGE	Printed Name of Notary Public
My Commission It for Life	My Commission Expires At Death



JAMES J. DONELON COMMISSIONER

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		
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 intered described above OR	fere with my service to the Company in the appointed position	
B. I have identified matter(s) which may interfe	re with my service to the Company in the appointed position	
	est to the Company and I attach hereto a Resolution of the Board ny 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	Messey Hubi	
Fride R GARRISMA	Signature of Officer or Director	
Printed Name of Witness Demah S. Wells Signature of Witness Deborah S. Wells	Kathleen S. Kiefer Printed Name of Officer or Director	
Printed Name of Witness		
SWORN TO and subscribed before me thisday of	mber , 20 23 .	
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP9673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Fague	
Notarial Scal/Stamp	Printed Name of Notary Public	
	My Commission Expires 09 27 2031	



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marcon	
The undersigned, having read the "Conflict of Interest Policy" (a HMO Louisiana, Inc. and, having been appointed by the Company to serve in the position of the conflict of Interest Policy."	(hereinafter the Company)
and in compliance with the attached "Conflict of Interest Policy",	
described above OR B. I have identified matter(s) which may interfed described above and have disclosed the matter(s) of inter-	refere with my service to the Company in the appointed position are with my service to the Company in the appointed position est to the Company and I attach hereto a Resolution of the Board my has waived the conflict(s) of interest described below:
The undersigned does hereby swear and affirm Statement are true and correct. Signature of Witness GENE R. MARRILAKA	that that all of the statements made in this Conflict of Interest
Printed Name of Witness Character Witness Signature of Witness Printed Name of Witness	Kathleen S. Kiefer Printed Name of Officer or Director
JODI L. FAGUE JODI L. FAGUE Notary Public, State of Indiana Marion County My Commission Expires September 27, 2031 Notarial Seal/Stamp	Signature of Notary Public Jodi L. Fague Printed Name of Notary Public
	My Commission Expires 09/21/2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a Southern National Life Insurance Company, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the positi	ion of Director; Secretary ,
and in compliance with the attached "Conflict of Interest Policy",	
A. I have no conflict of interest which would interdescribed above OR	fere with my service to the Company in the appointed position
B. I have identified matter(s) which may interfe	ere with my service to the Company in the appointed position
	ny 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	Hothy thefri
GEDE R. GABRILGEA Printed Name of Witness	Signature of Officer or Director
Ochah S. Wells Signature of Witness	Kathleen S. Kiefer
Seborah S. Wells Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me thisday ofDece	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Notary Public, State of Indiana Marion County SEAL: Commission Number NP0673449 My Commission Expires	Signature of Notary Public
September 27, 2031	Jodi L. taque
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF MONION	
The undersigned, having read the "Conflict of Interest Policy" (a Vantage Health Plan, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the position	
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 intered described above	fere with my service to the Company in the appointed position
described above and have disclosed the matter(s) of interest	re with my service to the Company in the appointed position est to the Company and I attach hereto a Resolution of the Board my has waived the conflict(s) of interest described below:
The undersigned does hereby swear and affirm Statement are true and correct. Signature of Witness CIENT R. GABRILANA	that that all of the statements made in this Conflict of Interest Signature of Officer or Director
Printed Name of Witness Och A S. Well Signature of Witness Alborah S. Wells Printed Name of Witness	Kathleen S. Kiefer Printed Name of Officer or Director
SWORN TO and subscribed before me this	mber , 2023. Signature of Notary Public Jodi L. Faque
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09/27/2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marcon	
The undersigned, having read the "Conflict of Interest Policy" Louisiana Health Service & Indemnity Company (d/b/a Blue of and, having been appointed by the Company to serve in the pos	Cross and Blue Shield of Louisiana) (hereinafter the Company)
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 interest described above OR	terfere with my service to the Company in the appointed position
B I have identified matter(s) which may inter	fere with my service to the Company in the appointed position
	erest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Comp	pany has waived the conflict(s) of interest described below:
	m that that all of the statements made in this Conflict of Interest
Statement are true and correct. Signature of Witness	= HAL
GENE R. GABRUSKA	Signature of Officer or Director
Printed Name of Witness	
Olhah 5. Wells Signature of Witness	Eric K. Noble
Achoral & Wells Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this 6th day of Dec	
JODI L. FAGUE Notary Public, State of Indiana Marion County ** SEAL: 6	Signature of Notary Public
My Commission Expires September 27, 2031	Jodi L. Fague
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a HMO Louisiana, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the positi	tion of Assistant Treasurer ,
and in compliance with the attached "Conflict of Interest Policy"	
A. I have no conflict of interest which would inte	rfere with my service to the Company in the appointed position
described above	
	ere with my service to the Company in the appointed position rest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Compa	any has waived the conflict(s) of interest described below
The undersigned does hereby swear and affirm Statement are true and correct. Signature of Witness CABRILSEA Printed Name of Witness	Signature of Officer or Director
belrah Wills	Eric K. Noble
Signature of Witness Se borak 5. Wells Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this Bth day of Dece	ember , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
Notarial Seal/Stamp	r rinted Nameof Notary Public
	My Commission Expires 09/27 / 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a Southern National Life Insurance Company, Inc. and, having been appointed by the Company to serve in the position.	(hereinafter the Company)
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 interdescribed above	fere with my service to the Company in the appointed position
described above and have disclosed the matter(s) of inter	ere with my service to the Company in the appointed position est to the Company and I attach hereto a Resolution of the Board my 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	Z FV (IVA
CIENE R. GARRILGKA	Signature of Officer or Director
Printed Name of Witness	
Oemah & Wells Signature of Witness	Eric K. Noble
Deborah & Wells	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me this Eth day of Dece	ember , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09/27/2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
Vantage Health Plan, Inc.	ey" (a copy of which is attached hereto and made a part hereof) of
and, having been appointed by the Company to serve in the	position of Assistant Treasurer,
	licy", does hereby swear and affirm the following (check one):
	interfere with my service to the Company in the appointed position
described above	
	nterfere with my service to the Company in the appointed position
	ompany has waived the conflict(s) of interest described below:
or precious of the company whereby the co	ompany and varied the commet(s) of interest described solow.
The undersigned does hereby swear and a	affirm that that all of the statements made in this Conflict of Interest
Statement are true and correct.	
LRLENO	
Signature of Witness	
GENT R. GABRILSKA	Signature of Officer or Director
Printed Name of Witness	
Ohial Subold	
Signature of Witness	Eric K. Noble
Seborah S. Wells Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me thisday of	December , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County	Signature of Notary Public
My Commission Expires September 27, 2031	Jodi L. Fague
Notarial Scal/Stamp	Printed Name of Notary Public
	My Commission Expires 09/27/2031



JAMES J. DONELON
COMMISSIONER

state of Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a Louisiana Health Service & Indemnity Company (d/b/a Blue C	ross and Blue Shield of Louisiana) (hereinafter the Company)
and, having been appointed by the Company to serve in the positi	
and in compliance with the attached "Conflict of Interest Policy"	, does hereby swear and affirm the following (check one):
described above OR B. I have identified matter(s) which may interf described above and have disclosed the matter(s) of interesting to the second se	refere with my service to the Company in the appointed position where with my service to the Company in the appointed position rest to the Company and I attach hereto a Resolution of the Board any has waived the conflict(s) of interest described below
Statement are true and correct. Signature of Witness GEME R. GARRILSKA	n that that all of the statements made in this Conflict of Interest
Printed Name of Witness Signature of Witness Achoral & Wells Printed Name of Witness	Ronald W. Penczek Printed Name of Officer or Director
SWORN TO and subscribed before me this JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Printed Name of Notary Public
Notarial Scal/Stamp	10/07/200
	My Commission Expires 09/21/2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a demonstration of Interest Policy") (a demonstration of Interest Policy) (a demonstration of I	(hereinafter the Company)
and, having been appointed by the Company to serve in the position	on of Director,
and in compliance with the attached "Conflict of Interest Policy",	
	fere with my service to the Company in the appointed position
described above	
	re with my service to the Company in the appointed position
· ·	est to the Company and I attach hereto a Resolution of the Board by has waived the conflict(s) of interest described below:
The undersigned does hereby swear and affirm Statement are true and correct. Signature of Witness ALLE R. GABRISKA Printed Name of Witness Deman S. Wells	that that all of the statements made in this Conflict of Interest Signature of Officer or Director
Signature of Witness	Ronald W. Penczek Printed Name of Officer or Director
Printed Name of Witness	Timed Name of Officer of Director
SWORN TO and subscribed before me this 8th day of December 1	mber, 20_23
JODI L. FAGUE Notary Public, State of Indiana Marion County **SEAL: ** Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Fague
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27/2031



JAMES J. DONELON COMMISSIONER

STATE OF Marion	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a c Southern National Life Insurance Company, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the position	
and in compliance with the attached "Conflict of Interest Policy", $% \left(\frac{1}{2}\right) =\left(\frac{1}{2}\right) \left(\frac{1}{2}\right$	does hereby swear and affirm the following (check one):
A. I have no conflict of interest which would interf	Fere with my service to the Company in the appointed position
OR .	
	re with my service to the Company in the appointed position
	st to the Company and I attach hereto a Resolution of the Board
`,	y 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	Drugger M
GENE R. GABRILIKA	Signature of Officer or Dinegtor
Printed Name of Witness	
Dhah Saleel	
Signature of Witness	Ronald W. Penczek
Deborah S. Wells	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me thisday ofDecen	mber $,20^{23}$.
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public
September 27, 2031	Jodi L. Fagire
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	•
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a Vantage Health Plan, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the position	
and in compliance with the attached "Conflict of Interest Policy",	does hereby swear and affirm the following (check one):
described above	fere with my service to the Company in the appointed position
	re with my service to the Company in the appointed position est to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Compan	ny 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 LABRUSKA	Signature of Officer or Director
Printed Name of Witness	4
Signature of Witness	Ronald W. Penczek
Deboral 5. Wells Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this Bth day of Dece	mber ,2023.
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public
	Jodi L. Faque Printed Name of Notary Public
Notarial Scal/Stamp	
	My Commission Expires 09/27/2031



JAMES J. DONELON COMMISSIONER

state of Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (Louisiana Health Service & Indemnity Company (d/b/a Blue Cand, having been appointed by the Company to serve in the pos	Cross and Blue Shield of Louisiana) (hereinafter the Company)
and, naving been appointed by the Company to serve in the pos and in compliance with the attached "Conflict of Interest Policy	
 A. I have no conflict of interest which would into described above OR B. I have identified matter(s) which may interest described above and have disclosed the matter(s) of interest. 	erfere with my service to the Company in the appointed position fere with my service to the Company in the appointed position erest to the Company and I attach hereto a Resolution of the Board oany has waived the conflict(s) of interest described below
Statement are true and correct. Signature of Witness GENG R. GNERUSYA	m that that all of the statements made in this Conflict of Interes Signature of Officer or Director
Printed Name of Witness ACMARS, Well Signature of Witness Deboral S. Well Printed Name of Witness	Vincent E. Scher Printed Name of Officer or Director
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Fague
Notarial Seal/Stamp	Printed Name of Notary Public
	My Commission Expires 09[27 2031



JAMES J. DONELON COMMISSIONER

state of Indiana	
COUNTY/PARISH OF MOUNTEN	
The undersigned, having read the "Conflict of Interest Policy" (HMO Louisiana, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the pos	ition of Treasurer,
and in compliance with the attached "Conflict of Interest Policy	
	erfere with my service to the Company in the appointed position
described above	
*	fere with my service to the Company in the appointed position
described above and have disclosed the matter(s) of inte	erest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Comp	oany has waived the conflict(s) of interest described below:
	m that that all of the statements made in this Conflict of Interest
Statement are true and correct.	
Signature of Witness	Val Sale
7 7	Signature of Officer or Director
CREWE R. CRABRUGUA	
Printed Name of Witness	
_ Remak J. Well	Vincent E. Scher
Signature of Witness	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me this 1 th day of Dec	cember, 20_23
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL ** Commission Number NP0673449 My Commission Expires	Signature of Notary Public
Commission Number NP0673449 My Commission Expires September 27, 2031	Jodi L. Faque
Notarial Seal/Stamp	Printed Name of Notary Public
·	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF MOVION	
The undersigned, having read the "Conflict of Interest Policy" (a Southern National Life Insurance Company, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the posit	ion of Treasurer
and in compliance with the attached "Conflict of Interest Policy",	does hereby swear and affirm the following (check one):
	fere with my service to the Company in the appointed position
described above	
	ere with my service to the Company in the appointed position
· ·	ny has waived the conflict(s) of interest described below:
Statement are true and correct Signature of Witness CARRUST Printed Name of Witness	Signature of Officer or Director
Signature of Witness	Vincent E. Scher Printed Name of Officer or Director
Printed Name of Witness	Trined Name of Officer of Director
SWORN TO and subscribed before me this What day of Dece	ember , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031 Notarial Seal/Stamp	Signature of Notary Public Signature of Notary Public Printed Name of Notary Public
rotariai seanstamp	Mozioni
	My Commission Expires 0127 2031



JAMES J. DONELON COMMISSIONER

state of Indiana	
COUNTY/PARISH OF MON LON	
Vantage Health Plan, Inc.	(a copy of which is attached hereto and made a part hereof) of (hereinafter the Company)
and, having been appointed by the Company to serve in the po	
and in compliance with the attached "Conflict of Interest Police	y", does hereby swear and affirm the following (check one):
OR B. I have identified matter(s) which may intedescribed above and have disclosed the matter(s) of in	erfere with my service to the Company in the appointed position erfere with my service to the Company in the appointed position terest to the Company and I attach hereto a Resolution of the Board apany has waived the conflict(s) of interest described below
The undersigned does hereby swear and affine Statement are true and correct. Signature of Witness	irm that that all of the statements made in this Conflict of Interest Signature of Officer or Director
Printed Name of Witness Delug & Silvell Signature of Witness Deborah Silvell Printed Name of Witness	Vincent E. Scher Printed Name of Officer or Director
SWORN TO and subscribed before me this JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque
Notarial Scal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

STATE OF LOUISIANA	
COUNTY/PARISH OF East Baton Rouge	
Louisiana Health Service & Indemnity Company (d/b/a Blue	(a copy of which is attached hereto and made a part hereof) of Cross and Blue Shield of Louisiana) (hereinafter the Company)
and, having been appointed by the Company to serve in the po	sition of Director; President & CEO
and in compliance with the attached "Conflict of Interest Polic	y", does hereby swear and affirm the following (check one):
A. I have no conflict of interest which would in described above OR	terfere with my service to the Company in the appointed position
B. I have identified matter(s) which may inte	orfere with my service to the Company in the appointed position
described above and have disclosed the matter(s) of in	terest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Com	pany has waived the conflict(s) of interest described below:
Statement are true and correct. Signature of Witness Printed Name of Witness Patricia P. Crochet Printed Name of Witness	Signature of Officer of Director 1. Steven Udvarhelyi, M.D. Printed Name of Officer or Director
OFFICIAL SEAL PENNY M. MARTIN NOTARY ID # 42067 STATE OF LOUISIANA PARSH FARST OF LOUISIANA PARS	Signature of Notary Public Penny M. Martin #42067 Printed Name of Notary Public My Commission Expires At Death
	My Commission Expires



JAMES J. DONELON COMMISSIONER

STATE OF LOUISIANA	
COUNTY/PARISH OF East Baton Rouge	
The undersigned, having read the "Conflict of Interest Policy" (a HMO Louisiana, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the positi	on of Director; President & CEO
and in compliance with the attached "Conflict of Interest Policy",	
A. I have no conflict of interest which would interdescribed above	fere with my service to the Company in the appointed position
OR	
B I have identified matter(s) which may interfe	re with my service to the Company in the appointed position
described above and have disclosed the matter(s) of interest	est to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Company	ny 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	(Thrulyharlina)
Lisa Nicholson	Signature of Officer or Director
Printed Name of Witness	
Latrien P. Crocket	
Signature of Witness	I. Steven Udvarhelyi, M.D. Printed Name of Officer or Director
Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this/day of	mber , ₂₀ 23 .
	Signature of Notary Public
OF LOUIS OFFICIAL SEAL	Penny M. Martin #42067
NOTARY ID #4/087	Printed Name of Notary Public
PARISH OF EAST BATON ROUGE My Commission is for Life	My Commission Expires At Death



JAMES J. DONELON COMMISSIONER

STATE OF LOUISIANA	
COUNTY/PARISH OF East Baton Rouge	
Southern National Life Insurance Company, Inc.	(a copy of which is attached hereto and made a part hereof) of
and, having been appointed by the Company to serve in the pos	sition of Director; President & CEO
and in compliance with the attached "Conflict of Interest Policy	y", does hereby swear and affirm the following (check one):
	terfere with my service to the Company in the appointed position
described above	
	rfere with my service to the Company in the appointed position
	terest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Com	pany has waived the conflict(s) of interest described below:
	rm that that all of the statements made in this Conflict of Interest
Statement are true and correct,	
Signature of Witness	Brace Allera Lixure
	Signature of Officer or Director
Printed Name of Witness	
Ot' Pa 0 1	
Signature of Witness	I. Steven Udvarhelyi, M.D.
Patricia P Conchot	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me this 12 day of De	ecember ,20 ²³ .
	re Martin
OFFICIAL SEAL	Signature of Notary Public
PENNY M. MARTIN NOTARY ID # 42067	Penny M. Martin #42067
STATE OF LOUISIANA * PANOTHIRES AND THAT ON ROUGE	Printed Name of Notary Public
My Commission is for Life	My Commission Expires At Death



JAMES J. DONELON COMMISSIONER

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 Interes
Statement are true and correct.
Signature of Witness & When
GENOR GASRIESEA Signature of Officer or Director
Printed Name of Witness
O. L. of Cittal
Signature of Witness Jay H. Wagner
De borch S. Wells Printed Name of Officer or Director
Printed Name of Witness
SWORN TO and subscribed before me this by day of December , 20 23.
SWORN TO and subscribed before me this
JODI L. FAGUE Notary Public, State of Indiana Marion County Signature of Notary Public Signature of Notary Public
SEAL SEAL Commission Number NP0673449 Signature of Notary Public
My Commission Expires September 27, 2031 Jodi C. Faque
Notarial Scal/Stamp Printed Name of Notary Public
My Commission Expires 09 27 203



JAMES J. DONELON COMMISSIONER

STATE OF Incliana	
COUNTY/PARISH OF Marion	
Southern National Life Insurance Company, In	(hereinater the company)
and, having been appointed by the Company to serve in the	ne position of Director
and in compliance with the attached "Conflict of Interest I	Policy", does hereby swear and affirm the following (check one):
A. I have no conflict of interest which wou described above	ld interfere with my service to the Company in the appointed position
OR B. I have identified matter(s) which may described above and have disclosed the matter(s)	interfere with my service to the Company in the appointed position of interest to the Company and I attach hereto a Resolution of the Board Company has waived the conflict(s) of interest described below
	I affirm that that all of the statements made in this Conflict of Interes
Statement are true and correct.	
Signature of Witness GENE R. GABRILGKA	Signature of Officer or Director
Printed Name of Witness	_
Clemak Silvelle Signature of Witness	Jay H. Wagner
Printed Name of Witness	Printed Name of Officer or Director
SWORN TO and subscribed before me this & day of	December, 2023.
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque
Notarial Scal/Stamp	Printed Name of Notary Public
	My Commission Expires 09 27 2031



JAMES J. DONELON COMMISSIONER

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 Interes
Statement are true and correct.
Signature of Witness & When
GENOR GASRIESEA Signature of Officer or Director
Printed Name of Witness
O. L. of Cittal
Signature of Witness Jay H. Wagner
De borch S. Wells Printed Name of Officer or Director
Printed Name of Witness
SWORN TO and subscribed before me this by day of December , 20 23.
SWORN TO and subscribed before me this
JODI L. FAGUE Notary Public, State of Indiana Marion County Signature of Notary Public Signature of Notary Public
SEAL SEAL Commission Number NP0673449 Signature of Notary Public
My Commission Expires September 27, 2031 Jodi C. Faque
Notarial Scal/Stamp Printed Name of Notary Public
My Commission Expires 09 27 203



LOUISIANA DEPARTMENT OF INSURANCE JAMES J. DONELON COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana	
COUNTY OR PARISH OF Marcon	
I, the undersigned, do hereby swear and affirm that I Southern National Life Insurance Company, Inc.	accept the trust imposed upon me as a director of the
an insurance company organized under the laws of the State of	of Louisiana, and will perform the duties imposed upon me as such
by the Articles of Incorporation, By-laws, and the laws of the	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	n Code to the best of my ability, so help me God.
Signature of Witness	1-11)
GENE R. GARRILANA	Signature of Director
Printed Name of Witness	Jay H. Wagner
Och al SWill Signature of Witness	Printed Name of Director
Deborah S- Wells Printed Name of Witness	
SWORN TO and subscribed before me this 8th	_day of December _, 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
	My Commission Expires 09 27 2031



LOUISIANA DEPARTMENT OF INSURANCE JAMES J. DONELON COMMISSIONER

DIRECTOR'S ACCEPTANCE OF TRUST

STATE OF Indiana	
COUNTY OR PARISH OF MOUNTON	
I, the undersigned, do hereby swear and affirm that Louisiana Health Service & Indemnity Company (d	I accept the trust imposed upon me as a director of the /b/a Blue Cross Blue Shield of Louisiana)
an insurance company organized under the laws of the State	of Louisiana, and will perform the duties imposed upon me as suc
by the Articles of Incorporation, By-laws, and the laws of the	State of Louisiana including, but not limited to, the Louisiana
Insurance Code and/or the Louisiana Worker's Compensation	on Code to the best of my ability, so help me God.
Signature of Witness ELENE R. GABICINENS	A Wagname of Director
Printed Name of Witness	
0.4	Jay H. Wagner Printed Name of Director
Signature of Witness	Printed Name of Director
Deborah S. Wells Printed Name of Witness	
	day of December,20_23
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L. Faque Printed Name of Notary Public
	My Commission Expires 927 2031



JAMES J. DONELON COMMISSIONER

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 positi	tion of Director
and in compliance with the attached "Conflict of Interest Policy"	, does hereby swear and affirm the following (check one):
OR B. I have identified matter(s) which may interf	rfere with my service to the Company in the appointed position ere with my service to the Company in the appointed position rest to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Compa	any has waived the conflict(s) of interest described below:
The undersigned does hereby swear and affirm Statement are true and correct.	n that that all of the statements made in this Conflict of Interest
Signature of Witness GENE R GABRIISKA	Signature of Officer or Director
Printed Name of Witness Olmab Sullello Signature of Witness	Jennifer A. Dewane Printed Name of Officer or Director
Printed Name of Witness SWORN TO and subscribed before me this 13 Hday of Dece	ember , ₂₀ 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Odi L. Foque Printed Name of Notary Public
Notarial Seal/Stamp	10/07/000
	My Commission Expires 09 21 2031



JAMES J. DONELON COMMISSIONER

STATE OF Indiana	
COUNTY/PARISH OF Marion	
The undersigned, having read the "Conflict of Interest Policy" (a HMO Louisiana, Inc.	(hereinafter the Company)
and, having been appointed by the Company to serve in the position	on of Director
and in compliance with the attached "Conflict of Interest Policy",	does hereby swear and affirm the following (check one):
described above OR	Fere with my service to the Company in the appointed position
B I have identified matter(s) which may interfer	re with my service to the Company in the appointed position
described above and have disclosed the matter(s) of interest	st to the Company and I attach hereto a Resolution of the Board
of Directors of the Company whereby the Company	y 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.	0
Signature of Witness	Grafer alevani
GENE R. GABRINGEL	Signature of Officer or Director
Printed Name of Witness	
Signature of Witness	Jennifer A. Dewane
Adlance 6 (11)01/5	Printed Name of Officer or Director
Printed Name of Witness	
SWORN TO and subscribed before me this 13th day of Decel	mber , 20 23 .
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL: Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public
My Commission Expires September 27, 2031	Jodi L. Faque
Notarial Seal/Stamp	Printed Name 64 Notary Public
	My Commission Expires 09/27/203/



JAMES J. DONELON COMMISSIONER

STATE OF Indiana		
COUNTY/PARISH OF MOUTION		
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	n of Director,	
and in compliance with the attached "Conflict of Interest Policy", o	loes hereby swear and affirm the following (check one):	
A. I have no conflict of interest which would interfe	ere 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.	0	
Le telat	Charles B. Naux	
Signature of Witness	Signature of Officer or Director	
CIENE L. GYRRIGKY	0 0	
Printed Name of Witness Olha L. Wells Signature of Witness	Jennifer A. DeWane	
Achora (S.Mechs	Printed Name of Officer or Director	
Printed Name of Witness		
SWORN TO and subscribed before me this 13th day of Decen	nber, ₂₀ 23	
JODI L. FAGUE Notary Public, State of Indiana Marion County Commission Number NP0673449 My Commission Expires September 27, 2031	Signature of Notary Public Jodi L- Faque	
Notarial Seal/Stamp	Printed Name of Notary Public	
	My Commission Expires 09 27 2031	



JAMES J. DONELON COMMISSIONER

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 Boar
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 Interes
Statement are true and correct.
CRALL ON
Signature of Witness
Signature of Officer or Director
Printed Name of Witness
Sphal Suxola
Signature of Witness Jennifer A. Dewane
Deborah Sule/65 Printed Name of Officer or Director
Printed Name of Witness
SWORN TO and subscribed before me this 13th day of December , 2023.
JODI L. FAGUE Notary Public, State of Indiana
JODI L. FAGUE Notary Public, State of Indiana Marion County SEAL SECOND Scientific September 27, 2031 JODI L. FAGUE Signature of Notary Public Signature of Notary Public September 27, 2031
Notarial Seal/Stamp Printed Name of Notary Public
My Commission Evnires 09 27 12031