

PLEASE EXECUTE THIS PARENTAL FINANCIAL GUARANTEE
FINANCIAL GUARANTEE – SMALLER CONTROLLED AFFILIATE

Elevance Health, Inc. (“Elevance Health”) and Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana) (“LHSIC”) hereby certify that **Elevance Health** guarantees to the full extent of its assets, all of the contractual and financial obligations of **LHSIC** to its customers, in accordance with the BCBSA Guidelines to Administer the Controlled Affiliate License Agreement(s) and Standards, Standard 2 – Financial Responsibility.

IN WITNESS WHEREOF, the undersigned duly authorized officers have executed this Financial Guarantee on behalf of the parties hereto.

Elevance Health, Inc.

**Louisiana Health Service & Indemnity Company
(d/b/a Blue Cross and Blue Shield of Louisiana)**

By: _____

By: _____

Title: Chief Executive Officer

Title: Chief Executive Officer

Date: _____

Date: _____

PLEASE EXECUTE THIS PARENTAL CONVERSION/SERVICE AGREEMENT

CONVERSION/SERVICE AGREEMENT

Elevance Health, Inc. (“**Elevance Health**”) agrees, in accordance with the BCBSA Guidelines to Administer the Controlled Affiliate License Agreement(s) and Standards, Standard 2 - Financial Responsibility, that in the event that **Louisiana Health Service & Indemnity Company (d/b/a Blue Cross and Blue Shield of Louisiana)** (“**LHSIC**”) ceases operations for any reason, Elevance Health shall:

- A. To the extent **LHSIC** assumes risk in its business, offer Blue Cross and Blue Shield branded coverage to **LHSIC**’s subscribers without exclusions, limitations or conditions based on health status.
- B. To the extent **LHSIC** provides non-risk services, provide Blue Cross and Blue Shield branded services to **LHSIC**’s customers.

IN WITNESS WHEREOF, the undersigned duly authorized officers have executed this Conversion/Service Agreement on behalf of the parties hereto.

Elevance Health, Inc.

**Louisiana Health Service & Indemnity Company
(d/b/a Blue Cross and Blue Shield of Louisiana)**

By: _____

By: _____

Title: Chief Executive Officer

Title: Chief Executive Officer

Date: _____

Date: _____

PLEASE EXECUTE THIS PARENTAL FINANCIAL GUARANTEE
FINANCIAL GUARANTEE – SMALLER CONTROLLED AFFILIATE

Elevance Health, Inc. and **HMO Louisiana, Inc.** hereby certify that **Elevance Health, Inc.** guarantees to the full extent of its assets, all of the contractual and financial obligations of **HMO Louisiana, Inc.** to its customers, in accordance with the BCBSA Guidelines to Administer the Controlled Affiliate License Agreement(s) and Standards, Standard 2 – Financial Responsibility.

IN WITNESS WHEREOF, the undersigned duly authorized officers have executed this Financial Guarantee on behalf of the parties hereto.

Elevance Health, Inc.

HMO Louisiana, Inc.

By: _____

By: _____

Title: Chief Executive Officer

Title: Chief Executive Officer

Date: _____

Date: _____

PLEASE EXECUTE THIS PARENTAL CONVERSION/SERVICE AGREEMENT
CONVERSION/SERVICE AGREEMENT

Elevance Health, Inc. agrees, in accordance with the BCBSA Guidelines to Administer the Controlled Affiliate License Agreement(s) and Standards, Standard 2 - Financial Responsibility, that in the event that **HMO Louisiana, Inc.** ceases operations for any reason, Elevance Health, Inc. shall:

- A. To the extent **HMO Louisiana, Inc.** assumes risk in its business, offer Blue Cross and Blue Shield branded coverage to **HMO Louisiana, Inc.**'s subscribers without exclusions, limitations or conditions based on health status.
- B. To the extent **HMO Louisiana, Inc.** provides non-risk services, provide Blue Cross and Blue Shield branded services to **HMO Louisiana, Inc.**'s customers.

IN WITNESS WHEREOF, the undersigned duly authorized officers have executed this Conversion/Service Agreement on behalf of the parties hereto.

Elevance Health, Inc.

HMO Louisiana, Inc.

By: _____

By: _____

Title: Chief Executive Officer

Title: Chief Executive Officer

Date: _____

Date: _____