

Proxy Form – Louisiana Health Service & Indemnity Company d/b/a Blue Cross And Blue Shield of Louisiana (the “Company”)

Dear Voting Member,

You have been identified as a Policyholder Voting Member of the Company. This proxy form is being provided in connection with the Special Policyholder Meeting to vote on the Plan of Reorganization. To successfully complete this form please be sure to carefully review both pages and follow all instructions.

Respond Online, by Phone or Mail

Name: HENRY KINNEY

PIN Number: [REDACTED]

Total Number of Votes Granted by This Proxy Based on the Total Number of eligible Policies Held by You on December 31, 2023, the record date for the Special Policyholder Meeting to vote on the Plan of Reorganization: 1



ONLINE: www.fcrvote.com/BCBS

You may respond online until 11:59 p.m. (CT) on February 19, 2024.



PHONE: 1-866-402-3905

Use a touch-tone telephone to respond until 11:59 p.m. (CT) on February 19, 2024.



MAIL: Mark, sign, and date your proxy form (see reverse side of this form) and return it in the postage-paid envelope provided. If you respond online or through the phone, you do NOT need to mail back your proxy form. All mailed proxy forms must be received no later than February 19, 2024 to be counted for the Special Policyholder Meeting. This form can also be delivered in person at the Special Policyholder Meeting. If you do not use the postage-paid envelope, please address your correspondence to:

Blue Cross and Blue Shield of Louisiana
C/O First Coast Results
PO BOX 3672, Ponte Vedra Beach, FL 32004-9911

ASSISTANCE: If you need assistance with your proxy election process you may call 1-800-356-8906.



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This proxy is solicited by the Board of Directors of the Company for the Special Policyholder Meeting on February 21, 2024 (the “Special Policyholder Meeting”) to vote on the Plan of Reorganization.

The undersigned Voting Member of the Company hereby appoints I. Steven Udvarhelyi, M.D., Jerome Greig and Judy P. Miller (the “Proxies”), each of whom is a policyholder and member of the board of directors of the Company and each of them, with full power to act alone, the true and lawful proxies of the undersigned, with full power of substitution and revocation, to exercise all votes that such Voting Member is entitled to vote at the Special Policyholder Meeting and at any adjournments or postponements thereof, with all powers the undersigned would possess if personally present.

The Company’s Board of Directors Recommends You Grant Your Proxy to Vote FOR Approval of the Plan of Reorganization.

Name: HENRY KINNEY

PIN Number: [REDACTED]

Total Number of Votes Granted by This Proxy Based on the Total Number of eligible Policies Held by You on December 31, 2023, the record date for the Special Policyholder Meeting to vote on the Plan of Reorganization: 1

The undersigned authorizes the named Proxies above to vote on the Plan of Reorganization:

☐ **FOR** ☐ **AGAINST**

This proxy will be voted in accordance with the directions of the undersigned. If a proxy is properly signed and received and the manner of voting is not indicated on the proxy, or is not marked to vote either FOR or AGAINST the Plan of Reorganization, such proxy will not be counted and will not be regarded as a vote cast at the Special Meeting. If you held multiple eligible policies with the Company on December 31, 2023, the proxy you grant pursuant to this proxy form will be voted on behalf of all such policies. If you do not respond online or by phone, you must sign and return your proxy form in order for your vote to be counted.

IF ANY OTHER BUSINESS IS PRESENTED AT THE SPECIAL POLICYHOLDER MEETING, INCLUDING MATTERS INCIDENTAL TO THE CONDUCT OF THE SPECIAL POLICYHOLDER MEETING OR OTHERWISE, THIS PROXY WILL BE VOTED IN THE DISCRETION OF THE NAMED PROXIES.

The undersigned acknowledges receipt of the Notice of Special Policyholder Meeting and the Member Information Statement.

Signature: _____ **Date:** _____

Please sign exactly as your name appears in this proxy form. Trustees, administrators, etc., should include title and authority. Corporations, partnerships and LLCs should provide full name of the entity and title of authorized officer signing this proxy form. If you choose to respond online or by phone please see the reverse side.