



JAMES J. DONELON

COMMISSIONER OF INSURANCE

*I, the undersigned **COMMISSIONER OF INSURANCE** of the State Of Louisiana, do hereby certify that*

The attached is a true and correct copy of the Certificate of Authority for Louisiana Health Service & Indemnity Company of Baton, Louisiana on file in my office.

Given Under my signature, authenticated with the impress of my

Seal of office, at the City of Baton Rouge, this, 1st day of

March A.D. 2021


James J. Donelon
Commissioner of Insurance



James J. Donelon

COMMISSIONER OF INSURANCE

CERTIFICATE OF AUTHORITY

Whereas, the LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY located at Louisiana has applied for a certificate of authority and made the filings required of such Insurer. Therefore, I, James J. Donelon, the undersigned Commissioner of Insurance, do hereby certify that the said LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY is authorized to transact its appropriate business of Health and accident, and Life Insurance in this State, in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended, revoked or the renewal thereof refused.



In Testimony Whereof, I hereunto subscribe my name,
and affix the seal of my office at Baton Rouge this
29th day of September A.D. 2020.


James J. Donelon
Commissioner of Insurance

Amended: Original certificate effective date January 1, 1975

File Copy