



CORPORATE CODE OF CONDUCT ACKNOWLEDGEMENT

I (Print Name)_____ have received ATRIO Health Plans, Inc. Corporate Code of Conduct and I have read and understand the contents.

I further realize that failure to report a known violation of state or federal law, ATRIO's Corporate Code of Conduct, or any violation of the Compliance Program may be subject to disciplinary action up to and including termination or discharge from a company appointment.

SIGNATURE

DATE