

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000005777

Entity Name: ELEVANCE HEALTH, INC.**Current Principal Place of Business:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US**FEI Number:** 35-2145715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name TALLETT, ELIZABETH E
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT, DIRECTOR
Name BOUDREAUX, GAIL K
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name CLARK, R. KERRY
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name AGNLIN, SCOTT
Address 4425 CORPORATION LANE
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR
Name DEVORE, SUSAN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name DIXON, JR. ROBERT LEE
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name HAY, III LEWIS NMN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIEFER, KATHLEEN SUSAN**SECRETARY****02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JALLAL, BAHJA NMN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name PERU, RAMIRO GOMEZ
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name STRABLE-SOETHOUT, DEANNA
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name NERI, ANTONIO FABIO
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name SCHNEIDER, RYAN MICHAEL
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204