

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36794

Entity Name: THE ELEVANCE HEALTH COMPANIES, INC.**Current Principal Place of Business:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204 US**FEI Number:** 35-1835818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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, CHAIRPERSON AND
PRESIDENT
Name GALLINA, JOHN EDWARD
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name BENINTENDI, LAURIE HELM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name STEINMEYER, HEATHER CHOCKLEY
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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

Title TREASURER
Name SCHER, VINCENT EDWARD
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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****02/24/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date