State of Rhode Island Fee: \$50.00
Office of the Secretary of State Division Of Business Services
148 W. River Street Providence RI 02904-2615
1636 (401) 222-3040
Foreign Business Corporation Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2023
1. Corporate ID No. 000874059
2. Name of Corporation The Elevance Health Companies, Inc.
3. Street Address Principal Business Office:
No. and Street: <u>220 VIRGINIA AVENUE</u>
City or Town: INDIANAPOLIS State: IN Zip: 46204 Country: USA
4. Business Phone No.
5. State of Incorporation
State: IN
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>923130</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
CORPORATION REPORTING PAYROLL, WORKERS' COMPENSATION, AND RELATED
TAXES FOR EMPLOYEES FOR MOST ANTHEM SUBSIDIARIES
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN EDWARD GALLINA	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
TREASURER	VINCENT EDWARD SCHER	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
SECRETARY	KATHLEEN SUSAN KIEFER	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
DIRECTOR	JOHN EDWARD GALLINA	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 USA
DIRECTOR	LAURIE HELM BENINTENDI	220 VIRGINIA AVENUE NDIANAPOLIS, IN 46204 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 29 Day of March, 2023 at 11:12:34 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By NATALIE PICKENS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved