State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000874059	The Elevance Health Companies, Inc.	Certificate of Good Standing

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Deborah Wells
Business Name:
No. and Street: Elevance Health, Inc.
220 Virginia Avenue
City or Town: Indianapolis State: IN Zip: 46204 Country: USA
Contact Phone: 3175900646 ext:
Contact Email: deborah.wells@elevancehealth.com