Form **8937** (December 2017)
Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

See senarate instructions.

OMB No. 1545-0123

	► See separa	te instructions.		
ssuer				
	2 Issuer's employer identification number (EIN)			
			35-2145715	
ditional information 4	act	5 Email address of contact		
	(514) 239	3201	Stephen.Tanal@elevancehealth.com	
P.O. box if mail is not de		7 City, town, or post office, state, and ZIP code of contact		
		Indianapolis, IN 46204		
	9 Classification and	description		
	dividend to shareho	olders triggered cor	nversion adjustment to convertible debt holders	
11 Serial number(s)	12 Ticker	symbol	13 Account number(s)	
N/A		N/A	N/A	
			·	
calendar year 2023, El	evance Health, Inc. decl	ared and paid distril	butions to shareholders of its common stock.	
		Total		
idend Record	Payment	Distribution		
te Date	Date	per share		
2023 03/10/20	23 03/24/2023	\$1.48		
age of old basis ► <u>Eleva</u>	nce Health Inc. paid cas	sh dividends to com	nmon stock shareholders. The per share amount of th	
vidend Record	Payment			
e Date	Date	Deemed dis	stribution to convertible instrument holders	
2023 03/10/20	23 03/24/2023	\$1	7.08 per \$1,000 original principal	
valuation provided in onvertible instrument	section 15 is calculat as a result of the cash	ed as the increased dividend payment	conversion ratio, or the increase in the number	
	P.O. box if mail is not de P.O. box if mail is not de N/A N/A Dnal Action Attach attional action and, if app calendar year 2023, Ele idend Record te Date (2023 03/10/20) tive effect of the organizage of old basis Eleva at a deemed distribution vidend Record e Date (2023 03/10/20) on of the change in basis valuation provided in onvertible instrument	ditional information 4 Telephone No. of cont (516) 238 2.O. box if mail is not delivered to street address 9 Classification and dividend to sharehod 11 Serial number(s) 12 Ticker N/A Donal Action Attach additional statements tional action and, if applicable, the date of the acalendar year 2023, Elevance Health, Inc. declar idend Record Payment to Date Date (2023 03/10/2023 03/24/2023 03/24/2023 03/10/2023 03/24/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/24/2023 03/10/2023 03/10/2023 03/24/2023 03/10/2023 03/10/2023 03/24/2023 03/10/2023 03/10/2023 03/24/2023 03/10/2023 03/10/2023 03/24/2023 03/10/2023 03/10/2023 03/10/2023 03/24/2023 03/10/2023 03/	ditional information 4 Telephone No. of contact (516) 238-3201 2.0. box if mail is not delivered to street address) of contact 9 Classification and description dividend to shareholders triggered core 11 Serial number(s) N/A N/A Donal Action Attach additional statements if needed. See buttonal action and, if applicable, the date of the action or the date agralendar year 2023, Elevance Health, Inc. declared and paid districted by the date of the action or the date agralendar year 2023, Elevance Health, Inc. declared and paid districted by the date of the action or the date agralendar year 2023, Elevance Health, Inc. declared and paid districted by the date of the action or the date agralendar year 2023 o3/10/2023 o3/24/2023 \$1.48 1 Total Date Date per share 2023 o3/10/2023 o3/24/2023 \$1.48 2 Date Date Date Deemed distribution to holders of the convertible instrument of the date of the convertible instrument of the calculation provided in section 15 is calculated as the increased onvertible instrument as a result of the cash dividend payment	

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Par	t II	Orga	nizational Action (d	continued)						
17	Liet th	an applic	cable Internal Revenue Co	ada saction	(c) and subsection(s) up	on which the tay t	trootmon	t is based		
17		Section :		Jue Section	(s) and subsection(s) up	on which the tax t	licalificii	l is baseu		
		Section :								
	IRC S	Section :	305(C)							
18	Can a	ıny resul	ting loss be recognized?	► Not a	loss transaction.					
19	Provid	de any o	ther information necessa	rv to impler	nent the adjustment su	ch as the reportat	ole tax ve	ear ▶ ၁∩၁	3	
	1 10110	ac any c	and mornidation necessal	ay to imploi	none and adjudantone, da	on do the reportat	olo tan ye	<u> 202</u>	<i>J</i>	
	Un	der penal lief it is tr	Ities of perjury, I declare that ue, correct, and complete. D	t I have exan Declaration of	nined this return, including preparer (other than office)	accompanying sche	edules and ermation of	d statements f which pren	s, and to the best of my knowledge	owledge and
0.		101, 11 13 11	DocuSigned by:	Colaration of	proparer (ether than emeet) is based on all line	illation o	i willon prop	arei nas ariy knowleage.	
Sign	_		Marie La Calla H.					03/15/	2023 10:57 AM	PDT
Here	Sig	gnature 🟲	Curis Carouette				Date ►			
	Pri		ame▶ Christopher H. L	_aFollette			Title ►	Vice Pr	esident, Tax / Tax O	fficer
Paid			Type preparer's name		Preparer's signature		Date		Check if PTIN	
	a pare	r					\perp		self-employed	
	Onl		s name 🕨						Firm's EIN ▶	
<u> </u>	Uill	y —	s address ▶						Phone no.	
Send	Form		cluding accompanying st	tatements) t	o: Department of the Tr	easury, Internal R	evenue S	Service, Og	+	