Department of the Treasury

## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

| Internal Revenue Serv  | vice   |   | ı   | See separa  | te instructions.   |   |   |   |  |  |  |
|--|--|---|---|---|--|---|---|---|--|--|--|
| Part I Re  | porting Issuer   |   |   |   |  |   |   |   |  |  |  |
| 1 Issuer's name  |  |   |   |   |  |   | 2 Issuer's employer identification number (EIN)   |   |  |  |  |
| Elevance Health,   | Inc.   |   |   |   |  |   | 35-214  | 45715   |  |  |  |
| 3 Name of con  | tact for additional i  | nformation 4  | 5 Emai  | l address of contac   | ct   |   |   |   |  |  |  |
|  |  |   |   | (=4 () 000  |  |   | T 101   | 1.1   |  |  |  |
| Stephen Tanal  | street (or P.O. box  | if mail is not do   | livered to s  | (516) 238   |  | _   | n.Tanal@elevanceh   | nealth.COM<br>state, and ZIP code of conta                                |  |  |  |
| • Number and   | Street (or F.O. box  | ii maii is not dei  | iivered to s  | sireer addres   | s) or contact  | 7 Oity, to  | Jwii, or post office, s   | state, and ZIF code of conta  |  |  |  |
| 220 Virginia Av  | renue  |   |   |   |  | Indiana   | polis, IN 46204   |   |  |  |  |
| 8 Date of action   | n  |   | 9 Class   | sification and  | description  |   |   |   |  |  |  |
|  |  |   |   |   |  |   |   |   |  |  |  |
| See part II, line  |  | wiel er meheu(e)  | dividen   |   |  |   |   | vertible debt holders   |  |  |  |
| 10 CUSIP number 11 Serial  |  | erial number(s)   | number(s)   |   | 12 Ticker symbol   |   | 13 Account number(s)  |   |  |  |  |
| 94973VB  | G1   | N/A   |   |   | N/A  |   | N/  | /A  |  |  |  |
|  | ganizational A   |   | additional  | statements  |  | back of forn  |   |   |  |  |  |
| 14 Describe th   | ne organizational ad   | tion and, if appl   | licable, the  | date of the   | action or the date   | against which   | shareholders' ow  | nership is measured for   |  |  |  |
| the action   | <ul> <li>During calenda</li> </ul>   | ar year 2022, Ele   | evance Heal   | th, Inc. decla  | ared and paid dis  | stributions to  | shareholders of i   | its common stock.   |  |  |  |
|  |  |   |   |   | •  |   |   |   |  |  |  |
|  |  |   |   |   |  |   |   |   |  |  |  |
|  | - 5  |   |   |   | Total  |   |   |   |  |  |  |
| Declaration  | Ex-Dividend  | Record  | P   | ayment  | Distribution   |   |   |   |  |  |  |
| Date   | Date<br>03/09/2022   | Date  | 22 0  | Date  | per share  |   |   |   |  |  |  |
| 01/25/2022<br>_04/19/2022  |  | 03/10/202<br>06/10/20   | _   | 3/25/2022<br>6/24/2022  | \$1.28<br>\$1.28   |   |   |   |  |  |  |
| 07/19/2022   |  |   |   | 9/23/2022   | \$1.28   |   |   |   |  |  |  |
| 10/18/2022   | 12/02/2022   | 12/05/20  |   | 2/21/2022   | \$1.28   |   |   |   |  |  |  |
| share or as  |  | d basis ► <u>Elevar</u>   | nce Health  | Inc. paid cas   | sh dividends to c  | ommon stocl   | k shareholders. T   | as an adjustment per<br>the per share amount of<br>ersion ratio.          |  |  |  |
| Delcaration  | Ex-Dividend  | Record  | F   | Payment   |  |   |   |   |  |  |  |
| Date   | Date Date  |   | Date  |   | Date Deemed dis  |   | ribution to convertible instrument holders  |   |  |  |  |
| 01/25/2022   | 01/25/2022 03/09/2022 0  |   | 03/10/2022 03   |   |  |   | .10 per \$1,000 original principal  |   |  |  |  |
|  | 06/09/2022   | 06/10/202   |   | 6/24/2022   |  | -   |   | •   |  |  |  |
|  | 09/08/2022   | 09/09/20  |   |   |  |   | 0 1   | *   |  |  |  |
| 10/18/2022   | 12/02/2022   | 12/05/20  | )22 1   | 2/21/2022   |  | \$14.19 per \$  | 1,000 original prin   | ıcipal  |  |  |  |
| Date  01/25/2022  04/19/2022  07/19/2022  10/18/2022  16 Describe the valuation date of shares underly | Date<br>03/09/2022<br>06/09/2022<br>09/08/2022<br>12/02/2022<br>ne calculation of the ates ► The valuati | Date 03/10/202 06/10/202 09/09/20 12/05/20 e change in basi on provided in ole instrument a | 22 0<br>22 0<br>22 0<br>22 0<br>22 J<br>s and the operation 1<br>as a resul | Date 3/25/2022 16/24/2022 19/23/2022 2/21/2022  data that sup 5 is calculate tof the cash | ports the calculati<br>ed as the increas<br>I dividend payme | \$14.10 per \$' \$14.13 per \$' \$14.16 per \$1 \$14.19 per \$'  ion, such as the ded conversion to the company such to the company such as the sed conversion to the company such as the company | 1,000 original prin<br>1,000 original prin<br>,000 original prin<br>1,000 original prin<br>ne market values o<br>on ratio, or the inc | ncipal cipal cipal cipal cipal of securities and the crease in the number |  |  |  |
|  | urther adjusted by   |   |   |   |  |   |   | viacila date 101  |  |  |  |
| Sacri divideria, I   | artifici dajusted b  | , ан аррголина  | LIGHT OF THE  | J della or the  | CONVENTION HIST  | ramont on 30  | ion date.   |   |  |  |  |
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| Par   | t II      | Organizational Action (continued)  |            |          |                                     |
|-------|-----------|--|------------|----------|-------------------------------------|
| 17    | List the  | applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatm                        | ent is ba  | sed ▶    |                                     |
|       | IRC Se    | ction 301(c)   |            |          |                                     |
|       |           | ction 305(b)   |            |          |                                     |
|       | IRC Se    | ction 305(c)   |            |          |                                     |
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| 40    | Canar     | v voculting loss have a compired O. Not a loss transcriber   |            |          |                                     |
| 18    | Can ar    | y resulting loss be recognized? ► Not a loss transaction.  |            |          |                                     |
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|       |           |  |            |          |                                     |
| 19    | Provid    | any other information necessary to implement the adjustment, such as the reportable tax                        | year ▶ _   | 2022     |                                     |
|       |           |  |            |          |                                     |
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|       |           |  |            |          |                                     |
|       | Und       | er penalties of perjury, I declare that I have examined this return, including accompanying schedules          | and stater | ments, a | and to the best of my knowledge and |
|       | belie     | f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information | n of which | prepare  | er has any knowledge.               |
| Sign  |           | DocuSigned by:   |            | 100 (0)  |                                     |
| Here  |           | ature V Unis Latollette Date   | 12/        | 22/20    | 022   4:57 AM PST                   |
|       | Oigi      |  |            |          |                                     |
|       | Drin      | your name ► Christopher H. LaFollette Title  | ► Vic      | o Droci  | ident, Tax / Tax Officer            |
|       |           | Print/Type preparer's name  Preparer's signature  Preparer's signature  Dat                                    |            |          | PTIN                                |
| Paid  |           | 7  |            |          | Check if   ' '''' self-employed     |
|       | oarer     | Final angua  |            | _        |                                     |
| Use   | Only      |  |            |          | Firm's EIN ▶                        |
| Sand  | Form 0    | Firm's address >   | a Sonda    |          | Phone no.                           |
| Selia | i Oilli C | 937 (including accompanying statements) to: Department of the Treasury, Internal Revenu                        | e oel vice | , ogue   | 71, U 1 0420 1 <b>-</b> 0004        |