

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ELEVANCE HEALTH SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN
1b Three-digit plan number (PN): 538
1c Effective date of plan: 10/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): ATH HOLDING COMPANY LLC
2b Employer Identification Number (EIN): 11-3713086
2c Plan Sponsor's telephone number: 844-203-3255
2d Business code (see instructions): 524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE HEALTH & WELFARE PLAN COMMITTEE OF ATH HOLDING COMPANY, LLC 220 VIRGINIA AVE INDIANAPOLIS, IN 46204		3b Administrator's EIN 35-1835818
		3c Administrator's telephone number 844-203-3255
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	68972
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	67895
6a(2) Total number of active participants at the end of the plan year	6a(2)	65422
b Retired or separated participants receiving benefits.....	6b	844
c Other retired or separated participants entitled to future benefits	6c	300
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d	66566
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4C

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)		(1) <input checked="" type="checkbox"/> H (Financial Information)	
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) <input type="checkbox"/> I (Financial Information – Small Plan)	
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE G (Form 5500)</p> <p style="font-size: small;">Department of Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p>	<p>Financial Transaction Schedules</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection.</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ELEVANCE HEALTH SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 538</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ATH HOLDING COMPANY LLC</p>	<p>D Employer Identification Number (EIN) 11-3713086</p>

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
ATH HOLDING COMPANY LLC	PLAN SPONSOR	INELIGIBLE BENEFITS PAID IN 2023	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0			111431	13540

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ELEVANCE HEALTH SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN	B Three-digit plan number (PN) ▶ 538
C Plan sponsor's name as shown on line 2a of Form 5500 ATH HOLDING COMPANY LLC	D Employer Identification Number (EIN) 11-3713086

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	124971
(2) Participant contributions	1b(2)	0
(3) Other	1b(3)	1247
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	110576
(2) U.S. Government securities	1c(2)	248649
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	236794	249592
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	236794	249592

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	47604789	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		47604789
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13021	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		13021
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		47617810

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	47604789	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		47604789
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	223	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		223
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		47605012

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12798
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		111431
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Elevance Health Supplemental Unemployment Benefit Plan
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024
with Independent Auditor's Report

Elevance Health Supplemental Unemployment Benefit Plan

Financial Statements and Supplemental Schedules

As of December 31, 2024 and 2023
and for the year ended December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

Health & Welfare Committee
ATH Holding Company, LLC
Indianapolis, Indiana

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Elevance Health Supplemental Unemployment Benefit Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year), Schedule H, Line 4j - Schedule of Reportable Transactions, and Schedule G, Part III - Schedule of Nonexempt Transactions as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP
Crowe LLP

Oakbrook Terrace, Illinois
October 15, 2025

Elevance Health Supplemental Unemployment Benefit Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
	<hr/>	<hr/>
Assets		
Mutual fund	\$ 248,649	\$ 110,576
Plan Sponsor contribution receivable	—	124,971
Interest receivable	943	1,247
	<hr/>	<hr/>
Net assets available for benefits	<u>\$ 249,592</u>	<u>\$ 236,794</u>

See accompanying notes.

Elevance Health Supplemental Unemployment Benefit Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2024
Additions	
Interest income	\$ 13,021
Plan Sponsor contributions	47,604,789
Total additions	<u>47,617,810</u>
Deductions	
Benefits paid	47,604,789
Administrative fees	223
Total deductions	<u>47,605,012</u>
Net increase	12,798
Net assets available for benefits at beginning of year	<u>236,794</u>
Net assets available for benefits at end of year	<u><u>\$ 249,592</u></u>

See accompanying notes.

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of the Plan

The following description of the Elevance Health Supplemental Unemployment Benefit Plan (the "Plan") provides only general information. More detailed information concerning the Plan may be found by consulting the Summary Plan Description available from the plan administrator.

General

The Plan was established and adopted October 1, 2017. The Plan is a noncontributory welfare plan, which provides supplemental unemployment compensation benefits to eligible associates of Elevance Health, Inc. and affiliated companies (collectively, "Elevance Health, Inc."). The Plan Sponsor is ATH Holding Company, LLC, a wholly owned subsidiary of Elevance Health, Inc. The Plan is subject to the provisions of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

Generally, actively working associates of Elevance Health, Inc. who have completed 90 days of employment and who were notified on or after November 1, 2017 of a qualifying termination are eligible to participate in the Plan. A qualifying termination is an involuntary termination of employment due to:

- An elimination of a position, a workforce reduction or disposition of a business unit, division, or company.
- An employer-initiated termination based on a mandated change of work location from an office location to the associate's home when, after reasonable effort, it is not possible for the associate to perform his or her job duties from home.

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements (continued)

Benefits

The Plan provides benefits only for time periods during which participants are eligible for state unemployment insurance ("SUI"), as defined in the Plan. Benefits are equal to 100% of the participant's base pay, minus the participant's SUI. Benefits are paid on a bi-weekly basis for the duration of the benefit period. The benefit period is determined by adding the base benefit plus any applicable service credit, following the formula below:

Base Benefit	Service Credit	Maximum
4 weeks	1.5 weeks Base Pay for every full Year of Service, plus proration for full weeks completed	26 weeks

Contributions

The cost of benefits provided through the Plan is funded by the Plan Sponsor.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to modify the benefits that will be provided, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of a termination of the Plan, assets would be used as permitted by ERISA and the terms of the Plan.

2. Significant Accounting Policies

Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting and are in conformity with U.S. generally accepted accounting principles ("GAAP").

Use of Estimates

The preparation of financial statements in accordance with GAAP requires the use of estimates and assumptions that affect the amounts reported in the financial statements and the accompanying notes. Actual results may differ from those estimates.

Benefit Payments

Benefits are recorded when paid.

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements (continued)

Investment Valuation and Income Recognition

Investments of the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Realized gains and losses and net unrealized appreciation of fair value of investments, if applicable, are recognized as they occur.

Administrative and Investment Management Expenses

The Plan's trustee fees, investment management fees, and certain administrative expenses may be paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. The Plan Sponsor also pays certain expenses on behalf of the Plan.

Risks and Uncertainties

The Plan holds investments that are exposed to various risks such as interest rate, liquidity and credit risks. Investments are also subject to market risks which include global risks such as pandemics. Due to the level of risk associated with certain investments, as well as the sensitivity of certain fair value assumptions, it is reasonably possible that changes in the value of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Benefits Incurred Not Yet Paid

An obligation is calculated for the benefits incurred but not yet paid based on actual claims paid after year end.

3. Certified Investments

The Plan's investments are held in a Trust that is administered by Bank of America, N.A. ("B of A"), the Trustee of the Plan. Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2024 and 2023, and interest income for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by B of A.

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements (continued)

4. Fair Value of Investments

Investments recorded at fair value in the statements of net assets available for benefits are categorized based on the level of judgment associated with the inputs used to measure their fair value. Level inputs, as defined by Financial Accounting Standards Board ("FASB") guidance, are as follows:

<u>Level Input:</u>	<u>Input Definition:</u>
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I which are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Transfers between levels, if any, are recorded as of the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers between Levels I and II and no transfers in or out of Level III.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

The mutual fund is valued at quoted market prices, which represent net asset value ("NAV") of shares held by the Plan. The mutual fund is designated Level I.

The methods applied by the Trustee may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes the Trustee's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements (continued)

5. Benefit Obligations

Benefit obligations of the Plan include benefits incurred as of the Plan's year end but not yet paid. Benefit obligations were \$252,740 and \$2,298,897 at December 31, 2024 and 2023, respectively, and are based on actual claims paid after year end. These claims were fully funded by the Plan Sponsor prior to payment.

Changes in benefits incurred but not yet paid for the year ended December 31, 2024 are as follows:

	<u>2024</u>
Balance at beginning of year	\$ 2,298,897
Benefits incurred	45,558,632
Benefits paid for SUB Plan participants	<u>(47,604,789)</u>
Balance at end of year	<u>\$ 252,740</u>

A post-employment benefit obligation is not recognized because the amount cannot be reasonably estimated.

6. Exempt and Non-Exempt Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The following transactions are exempt from the prohibited transaction rules.

For the years ending December 31, 2024 and 2023, the Plan's investments include a fund managed by B of A. The Plan also paid trustee fees to B of A for the year ended December 31, 2024.

The Plan Sponsor may bear certain costs associated with administering the Plan. In addition, the plan administrator, which is also a party-in-interest, directly or through its affiliates, provides certain administrative services at no cost to the Plan.

The Plan Sponsor determined that during the 2023 plan year it inadvertently contributed to the Plan's trust, and then paid out as benefits to non-benefit eligible associates, an amount totalling \$111,431. As disclosed on Schedule G, Part III, the Plan Sponsor fully corrected the ineligible benefit payments by contributing to the Plan's trust \$124,971 (which is the amount of such benefit payments plus lost earnings) on September 20, 2024, and is also in the process of submitting an application to the DOL's Voluntary Fiduciary Correction Program ("VFCP").

Elevance Health Supplemental Unemployment Benefit Plan

Notes to Financial Statements (continued)

7. Income Tax Status

The Trust that holds funds of the Plan has received an exemption letter from the Internal Revenue Service ("IRS") dated November 29, 2018, stating that the Trust is tax-exempt under the provisions of Section 501(c)(17) of the Internal Revenue Code ("IRC") as a supplemental unemployment benefit trust. Subsequent to this determination by the IRS, the Plan has been amended. The Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The plan administrator believes the Plan, as amended, is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related trust is tax-exempt.

GAAP requires plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Subsequent Events

The Plan Sponsor has evaluated the impact of subsequent events through October 15, 2025, the date the financial statements were available to be issued. No subsequent events have been recognized or required additional disclosure in the financial statements.

Supplemental Schedules

Elevance Health Supplemental Unemployment Benefit Plan

Schedule G, Part III - Schedule of Nonexempt Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(i)
Identity of Party Involved	Relationship to Plan, Employer or Other Party-in-Interest	Description of Transaction including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value of Asset
ATH Holding Company, LLC	Plan Sponsor	Benefits paid to non-benefit eligible participants in 2023	\$111,431
ATH Holding Company, LLC	Plan Sponsor	Lost earnings	13,540
			<u>\$124,971</u>

NOTES:

(1) Columns (d) through (h) and (j) are not shown as they are not applicable

(2) The Plan Sponsor reimbursed the Trust for the amount of benefits paid to non-benefit eligible participants and the related lost earnings on September 20, 2024, and is also in the process of submitting an application under the DOL's VFCP.

See Independent Auditor's Report

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
* Bank of America	Federated Hermes Government Obligations Fund	\$ 248,649	\$ 248,649	
Total investments		<u>\$ 248,649</u>	<u>\$ 248,649</u>	

* Indicates party-in-interest to the Plan

See Independent Auditor's Report

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
Category (i)						
Bank of America						
	Federated Hermes Government Obligations Fund	\$ 908,070	\$ —	\$ —	\$ 908,070	\$ —
		124,971	—	—	124,971	—
		—	907,033	907,033	907,033	—
	Bank of America Temporary Overnight Deposit	2,298,897	—	—	2,298,897	—
		2,334,545	—	—	2,334,545	—
		2,018,310	—	—	2,018,310	—
		1,697,691	—	—	1,697,691	—
		2,335,679	—	—	2,335,679	—
		2,071,285	—	—	2,071,285	—
		1,799,398	—	—	1,799,398	—
		1,438,627	—	—	1,438,627	—
		1,501,731	—	—	1,501,731	—
		1,052,112	—	—	1,052,112	—
		942,067	—	—	942,067	—
		931,242	—	—	931,242	—
		1,076,446	—	—	1,076,446	—
		927,173	—	—	927,173	—
		908,070	—	—	908,070	—
		1,021,739	—	—	1,021,739	—
		753,902	—	—	753,902	—
		670,313	—	—	670,313	—
		124,971	—	—	124,971	—
		3,376,231	—	—	3,376,231	—
		3,324,606	—	—	3,324,606	—
		3,049,197	—	—	3,049,197	—
		2,713,723	—	—	2,713,723	—

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
	Bank of America Temporary Overnight Deposit (continued)	2,075,796	—	—	2,075,796	—
		—	2,298,897	2,298,897	2,298,897	—
		—	2,334,545	2,334,545	2,334,545	—
		—	2,018,310	2,018,310	2,018,310	—
		—	1,697,691	1,697,691	1,697,691	—
		—	2,335,679	2,335,679	2,335,679	—
		—	2,071,285	2,071,285	2,071,285	—
		—	1,799,398	1,799,398	1,799,398	—
		—	1,438,627	1,438,627	1,438,627	—
		—	1,501,731	1,501,731	1,501,731	—
		—	1,052,112	1,052,112	1,052,112	—
		—	942,067	942,067	942,067	—
		—	931,242	931,242	931,242	—
		—	1,076,446	1,076,446	1,076,446	—
		—	927,173	927,173	927,173	—
		—	908,070	908,070	908,070	—
		—	1,021,739	1,021,739	1,021,739	—
		—	753,902	753,902	753,902	—
		—	670,313	670,313	670,313	—
		—	124,971	124,971	124,971	—
		—	3,376,231	3,376,231	3,376,231	—
		—	3,324,606	3,324,606	3,324,606	—
		—	3,049,197	3,049,197	3,049,197	—
		—	2,713,723	2,713,723	2,713,723	—
		—	2,075,796	2,075,796	2,075,796	—

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
Category (iii)						
Bank of America						
	Federated Hermes Government Obligations Fund	\$1,045,330	\$—	\$—	\$1,045,330	\$—
	Federated Hermes Government Obligations Fund	—	907,257	907,257	907,257	—
	Bank of America Temporary Overnight Deposit	40,443,749	—	—	40,443,749	—
	Bank of America Temporary Overnight Deposit	—	40,443,749	40,443,749	40,443,749	—

Category:

- (i) Single transactions in excess of 5% of plan assets
- (ii) Series of transactions other than securities transactions - None
- (iii) Series of securities transactions
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5% - None

See Independent Auditor's Report

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<p>A This return/report is for:</p>	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<p>B This return/report is:</p>	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<p>C If the plan is a collectively-bargained plan, check here.....▶ <input type="checkbox"/></p>	
<p>D Check box if filing under:</p>	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶ <input type="checkbox"/></p>	

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan Elevance Health Supplemental Unemployment Benefit Plan</p>	<p>1b Three-digit plan number (PN) ▶ 538</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ATH Holding Company LLC 220 Virginia Avenue Indianapolis IN 46204</p>	<p>1c Effective date of plan 10/01/2017</p> <p>2b Employer Identification Number (EIN) 11-3713086</p> <p>2c Plan Sponsor's telephone number 844-203-3255</p> <p>2d Business code (see instructions) 524140</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/15/2025	SUSAN AVERY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor The Health & Welfare Plan Committee of ATH Holding Company, LLC 220 Virginia Ave Indianapolis IN 46204	3b Administrator's EIN 35-1835818 3c Administrator's telephone number 844-203-3255
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	68,972
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	67,895
a(2) Total number of active participants at the end of the plan year	6a(2)	65,422
b Retired or separated participants receiving benefits	6b	844
c Other retired or separated participants entitled to future benefits	6c	300
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	66,566
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e.	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4C

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)
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Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
Category (i)						
Bank of America						
	Federated Hermes Government Obligations Fund	\$ 908,070	\$ —	\$ —	\$ 908,070	\$ —
		124,971	—	—	124,971	—
		—	907,033	907,033	907,033	—
	Bank of America Temporary Overnight Deposit	2,298,897	—	—	2,298,897	—
		2,334,545	—	—	2,334,545	—
		2,018,310	—	—	2,018,310	—
		1,697,691	—	—	1,697,691	—
		2,335,679	—	—	2,335,679	—
		2,071,285	—	—	2,071,285	—
		1,799,398	—	—	1,799,398	—
		1,438,627	—	—	1,438,627	—
		1,501,731	—	—	1,501,731	—
		1,052,112	—	—	1,052,112	—
		942,067	—	—	942,067	—
		931,242	—	—	931,242	—
		1,076,446	—	—	1,076,446	—
		927,173	—	—	927,173	—
		908,070	—	—	908,070	—
		1,021,739	—	—	1,021,739	—
		753,902	—	—	753,902	—
		670,313	—	—	670,313	—
		124,971	—	—	124,971	—
		3,376,231	—	—	3,376,231	—
		3,324,606	—	—	3,324,606	—
		3,049,197	—	—	3,049,197	—
		2,713,723	—	—	2,713,723	—

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
	Bank of America Temporary Overnight Deposit (continued)	2,075,796	—	—	2,075,796	—
		—	2,298,897	2,298,897	2,298,897	—
		—	2,334,545	2,334,545	2,334,545	—
		—	2,018,310	2,018,310	2,018,310	—
		—	1,697,691	1,697,691	1,697,691	—
		—	2,335,679	2,335,679	2,335,679	—
		—	2,071,285	2,071,285	2,071,285	—
		—	1,799,398	1,799,398	1,799,398	—
		—	1,438,627	1,438,627	1,438,627	—
		—	1,501,731	1,501,731	1,501,731	—
		—	1,052,112	1,052,112	1,052,112	—
		—	942,067	942,067	942,067	—
		—	931,242	931,242	931,242	—
		—	1,076,446	1,076,446	1,076,446	—
		—	927,173	927,173	927,173	—
		—	908,070	908,070	908,070	—
		—	1,021,739	1,021,739	1,021,739	—
		—	753,902	753,902	753,902	—
		—	670,313	670,313	670,313	—
		—	124,971	124,971	124,971	—
		—	3,376,231	3,376,231	3,376,231	—
		—	3,324,606	3,324,606	3,324,606	—
		—	3,049,197	3,049,197	3,049,197	—
		—	2,713,723	2,713,723	2,713,723	—
		—	2,075,796	2,075,796	2,075,796	—

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(j)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset on Transaction Date	Net Gain
Category (iii)						
Bank of America						
	Federated Hermes Government Obligations Fund	\$1,045,330	\$—	\$—	\$1,045,330	\$—
	Federated Hermes Government Obligations Fund	—	907,257	907,257	907,257	—
	Bank of America Temporary Overnight Deposit	40,443,749	—	—	40,443,749	—
	Bank of America Temporary Overnight Deposit	—	40,443,749	40,443,749	40,443,749	—

Category:

- (i) Single transactions in excess of 5% of plan assets
- (ii) Series of transactions other than securities transactions - None
- (iii) Series of securities transactions
- (iv) Transactions with or in conjunction with a person if any single transaction with that person was in excess of 5% - None

See Independent Auditor's Report

Elevance Health Supplemental Unemployment Benefit Plan

Schedule G, Part III - Schedule of Nonexempt Transactions

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

Year Ended December 31, 2024

(a)	(b)	(c)	(i)
Identity of Party Involved	Relationship to Plan, Employer or Other Party-in-Interest	Description of Transaction including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value of Asset
ATH Holding Company, LLC	Plan Sponsor	Benefits paid to non-benefit eligible participants in 2023	\$111,431
ATH Holding Company, LLC	Plan Sponsor	Lost earnings	13,540
			<u>\$124,971</u>

NOTES:

(1) Columns (d) through (h) and (j) are not shown as they are not applicable

(2) The Plan Sponsor reimbursed the Trust for the amount of benefits paid to non-benefit eligible participants and the related lost earnings on September 20, 2024, and is also in the process of submitting an application under the DOL's VFCP.

See Independent Auditor's Report

Elevance Health Supplemental Unemployment Benefit Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan Sponsor: ATH Holding Company, LLC EIN: #11-3713086 Plan #538

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
* Bank of America	Federated Hermes Government Obligations Fund	\$ 248,649	\$ 248,649	
Total investments		<u>\$ 248,649</u>	<u>\$ 248,649</u>	

* Indicates party-in-interest to the Plan

See Independent Auditor's Report