Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Pa	rt I Reporting I	ssuer						
1	Issuer's name					2 Issuer's employer identification number (EIN)		
	Georgia Healthcare (Group plc		N/A				
3	Name of contact for add	ditional information	4 Telephon	e No. of contact		5 Email address of contact		
H995 599 0				02 244		irakligogia@ghg.com.ge		
		delivered to s	street address) of conta	eet address) of contact 7 City, town, or post office, state, and ZIP code of contact				
	Brook Street	.o. box ii maii io not	delivered to e	or corna		London, W1K 5EH		
			10.01			London, WTR JETT		
	Date of action y 8, 2020			sification and description Iry Shares	n			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)		
N/A	A	GB00BYSS4K11		GHG		N/A		
Pa	rt II Organizatio	nal Action Attac	ch additional	statements if neede	d. See bac	ck of form for additional questions.		
14	Describe the organizate the action ► See at	tional action and, if a ttached	applicable, the	date of the action or th	ne date agai	nst which shareholders' ownership is measured for		
15	Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► See attached							
16	Describe the calculation valuation dates ► Se		easis and the o	data that supports the c	calculation, s	such as the market values of securities and the		

Par	•	Organizational Action (continued)		
		applicable Internal Revenue Code section	n(s) and subsection(s) upon whi	ch the tax treatment is based	► See attached
18	Can any	resulting loss be recognized? ► See a	ttached		
.0	our ur,				
19	Provide	any other information necessary to imple	ment the adjustment, such as the	he reportable tax year ► See	attached
0:	belief	r penalties of perjury, I declare that I have example to the correct, and complete. Declaration of	mined this return, including accomp f preparer (other than officer) is base	panying schedules and statements and on all information of which prep	s, and to the best of my knowledge and arer has any knowledge.
Sign Here	Signa	ture ►	W/	Date ►	
	Print	your name ► IRAKLI GOGIA	7// — <u>—</u>	Title ▶	CFO
Paid Prep		Print/Type preparer's name	Preparer's signature	Date	Check if self-employed PTIN
	Only	Firm's name		•	Firm's EIN ►
- 36	Jiny	Firm's address ►			Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054