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CARNIVAL CORPORATION 3655 NW 87 AVENUE MIAMI, FL 33178

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ABYPNA95CPN0000043581A421A274

035200 RO9MIK01 ABY 8888 418DF 000002247 ESWAR ANILKUMAR MOGILI 9595 FONTAINEBLEAU BLVD APT # 1706 MIAMI, FL 33172

Form 1095-C (2020)

Please verify that your name is as it appears on your social security card and matches records maintained with your employer.

P00750 VOID Form 1095-C Employer-Provided Health Insurance Offer and Coverage OMB No. 1545-2251 ▶ Do not attach to your tax return. Keep for your records. Department of the Treasury Internal Revenue Service CORRECTED 2020 Go to www.irs.gov/Form1095C for instructions and the latest information Part I Employee Applicable Large Employer Member (Employer) 2 Social security number (SSN) 1 Name of employee (first name, middle initial, last name) 8 Employer identification number (EIN) CARNIVAL CORPORATION ESWAR ANILKUMAR MOGILI XXX-XX-4959 59-1562976 3 Street address (including apartment no.) 9 Street address (including room or suite no.) 10 Contact telephone number 9595 FONTAINEBLEAU BLVD 3655 NW 87 AVENUE 305-599-2600 4 City or town 5 State or province 6 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code USA 33172 MIAMI MIAMI FL USA 33178 Part II Employee Offer of Coverage Employee's Age on January 1 Plan Start Month (enter 2-digit number): 01 All 12 Months Jan Feb Mar May Apr June July Aug Sept Oct Nov Dec 14 Offer of Coverage (enter required code) 1H 15 Employee Required Contribution (see 91.305 instructions) 16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable) 2D 2D 2D 2D 2C 2A 2A 2A 2A 2A 2A 2A 17 7IP Code Part III Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. (c) DOB (if SSN or other TIN is not available) (d) Covered all 12 months (a) Name of covered individual(s) First name, middle initial, last name (b) SSN or other TIN (e) Months of Coverage Jan Feb Mar July Aug Sept Oct Apr May June Nov Dec X X X 0 ESWAR ANILKUMAR MOGIL XXX-XX-4959 18 19 20 21 22

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

BANK OF AMERICA, N.A. CARNIVAL FUN SHIP SAVINGS PLAN P.O. BOX 1551 PENNINGTON, NJ 08534-0737

MOGILI, ESWAR ANILKUMAR 9595 FONTAINEBLEAU BLVD APT 1706 MIAMI FL 33172

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.

BANK OF AMERICA, N.A. CARNIVAL FUN SHIP SAVINGS PLAN P.O. BOX 1551 PENNINGTON, NJ 08534-0737

RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

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MOGILI, ESWAR ANILKUMAR 9595 FONTAINEBLEAU BLVD APT 1706 MIAMI FL 33172

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www.benefits.ml.com FOR ACCOUNT HISTORY, INVESTMENT PERFORMANCE AND MORE

SUMMARY OF YOUR PLAN July 01, 2020 - September 30, 2020



MOGILI, ESWAR ANILKUMAR Carnival Cruise Line



9595 FontaineBleau Blvd **APT # 1706** MOGILI, ESWAR ANILKUMAR Miami, FL 33172 992082

401(K) PLAN

Fun Ship Savings Plan

Beginning Balance \$765.47

Ending Balance \$822.34

ASSET ALLOCATION

TOTAL CURRENT VALUE:

\$822.34

Total aggregate plan value of plans displayed on this statement, as calculated according to the terms and conditions of each plan. Value includes your 401(k) Plan(s) and all outstanding loans.

TOTAL AGGREGATE PLAN VALUE

\$822.34

Vested Balance \$822.34 % For This Period 7.43% Cumulative Return

Take control of your financial life

IMPORTANT INFORMATION

at go.ml.com/FWchecklist, then access your account at benefits.ml.com. After logging in, select the Financial Wellness tab to take the assessment. It only takes about 10

get the most of this new experience, first review the checklist you can take steps to help improve your financial health. To With the Financial Wellness Tracker on Benefits OnLine(R),

Other 100.00%

discrepancies in your personal or account information. If we do not hear from you within 60 days, we will assume that all information is correct. Please review your statement and advise Merrill if you find

TO CONTACT MERRILL

TDD (hearing impaired): (866) 657-3323 Outside USA: (609) 818-8812 www.benefits.ml.com (800) 228-4015, 8 AM - 7 PM ET



MERRILL WAS

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1 | SUMMARY OF YOUR PLANS

401(K) PLAN

CONTRIBUTIONS AND ACTIVITY FOR THIS PERIOD

Beginning Balance	\$765.47
Other Activity	
Interest, Dividends/Other Credits	0.00
Withdrawals/Debits	0.00
Total Other Activity	0.00
Change in Value	56.87
Ending Balance	\$822.34
Vested Balance	\$822.34

CONTRIBUTIONS THIS MEAR

Hire Date: 01/13/2020

YOUR PERSONAL INFORMATION

Fun Ship Savings Plan

Pre-Tax Savings 3.00% **■ YOUR SAVINGS ELECTIONS**

\$738.75	otal Contributions
295,50	mployer Contributions
\$443.25	Employee Contributions

INVESTMENT SUMMARY

CURRENT INVESTMENT DIRECTION

ŏ	0.3268	0.3268 1	50.3268 16.3400
es,	Ending es/Units Uni	Ending es/Units Unit	Ending Ending Ending Share/ ares/Units Unit Price(\$)



