

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. RESCO PRODUCTS INC ONE ROBINSON PLAZA STE 300 6600 STEUBENVILLE PITTSBURGH, PA 15205 (412) 294-1068

0U660 2515 00167

EMPLOYEE'S name, address, ZIP/postal code & country ABHISHEK C RAO 6746 HURON AVENUE HAMMOND, IN 46323

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

APPLICABLE LARGE EMPLOYER'S identification number (EIN) 23-1279448 EMPLOYEE'S social security number (SSN) XXX-XX-8477

Table with columns: Employee Offer of Coverage, Employee's Age on January 1, Plan Start Month, 14 Offer of Coverage, 15 Employee Required Contribution, 16 Section 4980H Safe Harbor, 17 ZIP Code. Includes monthly breakdown from Jan to Dec.

Employer Provided Health Insurance Offer and Coverage For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Department of the Treasury - IRS

Covered Individuals If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.

Table for Covered Individuals with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB, (d) Covered all 12 mos., (e) Months of coverage (Jan-Dec).

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer.

- 1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).
1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year.
1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

Applicable Large Employer

Reports information about your employer. This includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Employer Offer of Coverage, Lines 14-17

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any. (If you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s).

- 15. Individual coverage HRA offered to an individual who was not a full-time employee.
16. Provides the IRS information to administer the employer shared responsibility provisions. Other than a Line 16, provides the IRS information to administer the employer shared responsibility provisions.
17. Reports the applicable ZIP code your employer used for determining affordability if you were offered an individual coverage HRA.

Covered Individuals, Lines 18-23

Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family member) covered under the employer's health plan.

Covered Individuals, Lines 18-23 Reports the name, SSN (or TIN for covered individuals other than the listed employee), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family member) covered under the employer's health plan.