| Employer-Provided Health Insuran   |   |                     |                   |                       |                            |      |  | ce Offer and Coverage VOID CORRECTED                            |                                  |  |               |        |       |       | 01         | 2021                                   |      |       |         |        |   |     |  |
|--|---|---------------------|-------------------|-----------------------|----------------------------|------|--|---|----------------------------------|--|---------------|--------|-------|-------|------------|--|------|-------|---------|--------|---|-----|--|
| Department of the Treasury Internal Revenue Service  ▶ Go to www.irs.gov/Form1095C for instructions at  2 Social security number (SSN) |   |                     |                   |                       |                            |      | d the latest information.  |   |                                  |  |               |        |       |       | 8          | 8 Employer identification number (EIN) |      |       |         |        |   |     |  |
| Part I Employee  1 Name of employee (first name, middle initial, last name)  |   |                     |                   |                       |                            |      |  | Applicable Large Employer Member (Employer)  7 Name of employer |                                  |  |               |        |       |       |            |  |      | (===, | _       |        |   |     |  |
| MALIPEDDI  | VENKAT RAD  | JEEV REDD           | Y                 |                       |                            |      | VIR  | SINIA TEC   |                                  |  |               |        |       |       |            |  |      |       |         |        |   |     |  |
| 3 Street address (including apartment no.) 2 2 0 1 AMBERWOOD CIRCLE  |   |                     |                   |                       |                            |      | 9 Street address (including room or suite no.)         10 Contact telephone number           3 0 0 TURNER ST NW         540-231-3463 |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   |     |  |
| 4 City or town<br>NASHVILLE  |   | 5 State or province | ce                | 6 Country ar<br>37221 | nd ZIP or foreign postal o | ode  |  | or town   |                                  | 12 State                                 | e or province |        |       |       |            | 3 Coun<br>240                          |      |       |         | ign po | stal co                                 | ode |  |
|  |   |                     |                   |                       |                            |      | 's Age on January 1 28   |   |                                  | Plan Start Month (enter 2-digit number): |               |        |       |       |            |  |      |       |         |        |   |     |  |
|  | All 12 Months   | Jan                 | Feb               | Mar                   | Apr                        | -    | Мау  | June  | July                             |  | Aug           | Sept   |       |       | Oct        |  | Nov  |       | I       | Dec    |   | _   |  |
| 14 Offer of Coverage<br>(enter required code)  |   | 1н                  | 1H                | 1H                    | 1н                         | 1    | Н  | 1н  | 1н                               | 1  | Н             | 1н     |       | _     | <b>1</b> H |  | 1    | A     | _       | 1      | <u> </u>                                |     |  |
| 15 Employee Required Contribution (see instructions)   | \$  | \$                  | \$                | \$                    | \$ \$                      |      |  | \$  | \$                               | \$                                       | \$            |        |       | \$    |            | \$                                     |      |       | \$      |        |   |     |  |
| 16 Section 4980H<br>Safe Harbor and Other<br>Relief (enter code,<br>if applicable)   |   | 2A                  | 2A                | 2A                    | 2A                         | 2    | 2A   | 2A  | 2A                               | 2  | A             | 2A     |       |       | 2D         |  |      |       |         |        |   |     |  |
| 47 7ID Code  |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   |     |  |
|  | 17 ZIP Code  For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. |                     |                   |                       |                            |      |  | 60705M  |                                  |  |               |        |       | _     |            |  |      | For   | m 109   | 95-C   | 2021                                    | ()  |  |
|  |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         | PD0    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |     |  |
| Form 1095-C (202   | 1)  |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        | Page 3                                  |     |  |
| Part III Cove  | red Individuals   | - If Employer       | provided self-in  | sured coverag         | e, check the box an        | d er | nter the   | information for   | each individua                   | al enrolle                               | d in coverag  | e, inc | ludin | g the |            |  |      |       |         |        |   |     |  |
| (a) Name of covered individual(s) First name, middle initial, last name  |   |                     |                   |                       |                            |      | (b) SS   | N or other TIN  | (c) DOB (if SSN<br>TIN is not av | or other                                 | (d) Covered   | Jan    | Feh   | Mar   | Apr Ma     | ) Month                                | _    |       | _       | Oct    | Nov                                     | De  |  |
| 18   |   | Thorname            | , mode mila, race | TIGHT O               |                            |      |  |   |                                  |  |               | 00     | 1 00  |       | 7 \$1.     | 1                                      | 1000 | 7.03  | 100     | 001    |   |     |  |
| 19   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   | T   |  |
| 20   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   | T   |  |
| 21   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       | T       |        | Г                                       | T   |  |
| 22   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   | T   |  |
| 23   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   | I   |  |
| 24   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   | I   |  |
| 25   |   |                     |                   |                       |                            |      |  |   |                                  |  |               |        |       |       |            |  |      |       |         |        |   |     |  |
| 26   |   |                     |                   |                       |                            |      | _  |   |                                  |  |               | 1      |       | L     |            |  | 1    | 1     | $\perp$ |        | $\perp$                                 | 1   |  |
|  |   |                     |                   |                       |                            |      | 1  |   | 1                                |  | 1             | 1      | 1     | 1     | 1          | - 1                                    | - 1  | 1     | 1       | - 1    | 1                                       | - 1 |  |

Form 1095-C (2021)

Form 1095-C

## **Employer-Provided Health Insurance Offer and Coverage**

☐ VOID ☐ CORRECTED

OMB No. 1545-2251

TED | 20

Do not attach to your tax return. Keep for your records.

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| rvice   |   | ► Go to www.i  | rs.gov/Form   | 1095C for ins                         | structions and  | the latest inf                        | ormation.   | 3   |  |   |  |   |  |  |
|---|---|--|---|---------------------------------------|---|---------------------------------------|---|---|--|---|--|---|--|--|
| loyee   |   | 6  |   |                                       |   | App                                   | licable La  | arge Employ   | er Membe                               | r (Employer   | ·)   |   |  |  |
| Name of employee (first name, middle initial, last name)     Social security number (SSN) |   |  |   |                                       |   |                                       | yer   | 8 Employ  | 8 Employer identification number (EIN) |   |  |   |  |  |
| Venkat Rajeev Malipeddi XXX-XX-8751   |   |  |   |                                       |   | OHAN AGE                              | NCY   |   | 62-1412931                             |   |  |   |  |  |
| ncluding aparti   | ment no.)   |  |   |                                       | 9   | Street address (                      | including room  | n or suite no.)   |  | 10 Contac   | t telephone  | number                                      |  |  |
| ood Cir   |   |  |   |                                       | .   12  | 24 12th Ave                           | South   |   |  |   | 615) 34  | 1-8798                                      |  |  |
| 4 City or town 5 State or province 6 Country and ZIP or foreign postal code               |   |  |   |                                       | postal code 11  | City or town                          | COLO M. C.  | 12 State or prov  | ince                                   | 13 Country  | 13 Country and ZIP or foreign postal code  |   |  |  |
| Nashville TN  |   |  | US 3722   | 1                                     | N   | ashville                              |   | TN  |  | US 372  | US 37203   |   |  |  |
| Part II Employee Offer of Coverage Employee's Age on                                      |   |  |   |                                       |   | nuary 1                               |   | Plan Start  | Month (ente                            | er 2-digit num  | 2-digit number):   |   |  |  |
| All 12 Months   | Jan   | Feb  | Mar   | Apr                                   | May   | June                                  | July  | Aug   | Sept                                   | Oct   | Nov  | Dec   |  |  |
|   | 1E  | 1E   | 1E  | 1E                                    | 1E  | 1E                                    | 1E  | 1E  | 1E                                     | 1E  | 1H   | 1H  |  |  |
| S   | \$ 131.94   | \$ 131.94 \$   | 131.94 \$   | 131.94                                | \$ 131.94   | 131.94                                | 3 131.94  | \$ 122.32 \$  | 5 122.32 \$                            | 5 122.32 \$   |  | \$  |  |  |
|   | 2H  | 2H   | 2H  | 2H                                    | 2H  | 2H                                    | 2H  | 2H  | 2H                                     | 2H  | 2A   | 2A  |  |  |
|   |   |  |   |                                       |   |                                       |   | 20 To 10 To |  |   |  |   |  |  |
|   | eloyee ee (first name, / Including apart bood Cir | bloyee ee (first name, middle initial, last / Maliped ncluding apartment no.) bood Cir  5 State or provinc TN  loyee Offer of Covera All 12 Months Jan  1E  \$ \$ 131.94 | bloyee ee (first name, middle initial, last name) // Malipeddi ncluding apartment no.) cood Cir  5 State or province TN  loyee Offer of Coverage  All 12 Months Jan Feb  1E 1E  \$ \$ 131.94 \$ 131.94 \$ | S   S   S   S   S   S   S   S   S   S | Social security number (and provided in the province of the | S   S   S   S   S   S   S   S   S   S | Approximate   Approximate | Applicable Land   Applicable  | Applicable Large Employee              | Applicable Large Employer Member   Applicable Large Employer Member | Applicable Large Employer Member (Employer   Sec (first name, middle initial, last name)   2 Social security number (SSN)   7 Name of employer   BOHAN AGENCY   BOHAN AGENCY   BOHAN AGENCY   10 Contact (Including apartment no.)   9 Street address (including room or suite no.)   10 Contact (Including apartment no.)   10 Contact (Including apartment no.)   12 State or province   13 Country and ZIP or foreign postal code   11 City or town   Nashville   TN   US 372   US 37221   US 3 | Applicable Large Employer Member (Employer) |  |  |