

Form **1095-C**

Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

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

Go to www.irs.gov/Form1095C for instructions and the latest information.

VOID

CORRECTED

OMB No. 1545-2251

2023

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name) | Suresh Babu Narra | 2 Social security number (SSN) | ***-**-2114 | 7 Name of employer | Great American Insurance Company | 8 Employer identification number (EIN) | 31-0501234

3 Street address (including apartment no.) | 6796 CHARLESTOWN LN | 9 Street address (including room or suite no.) | 301 East Fourth Street | 10 Contact telephone number | (513) 369-3662

4 City or town | MASON | 5 State or province | OH | 6 Country and ZIP or foreign postal code | US 45040 | 11 City or town | Cincinnati | 12 State or province | OH | 13 Country and ZIP or foreign postal code | US 45202

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	Apr	May	June	July	Aug	Sept	Oct	Nov		Dec	
14	Offer of Coverage (enter required code)		1K	1K	1K	1K	1K	1K	1K	1K	1K	1K	1K	1K	1H	1H
15	Employee Required Contribution (see instructions)	\$	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$80.17	\$	\$
16	Section 4980H Safe Harbor and Other Relief (enter code, if applicable)		2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2C	2B	2A
17	ZIP Code															

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 60705M

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