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1095-B		Health Coverage	erage	(D						VOID		Τ	OMB No. 1545-2252	1545-225	125
Department of the Treasury Internal Revenue Service	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	Do not attach to your tax return. Keep for your records. w.irs.gov/Form1095B for instructions and the latest info	Keep for tions and	your re the late	cords. est infor	mation.				CORRECTED	CTED		20	2023	33
Part I Responsible Individual	À														
of r	ame, middle name, last name			N	Social security	urity num	ber (SSN	number (SSN) or other TIN	TN 3	- 1	f birth (if s	SSN or o	Date of birth (if SSN or other TIN is not available)	not avail	able)
VENKATAGIRI		KONDABOLU			*****9609)9									
4 Street address (including apartment no.)	5	City or town		6	State or province	orovince			7	- 1	ry and ZII	P or forei	Country and ZIP or foreign postal code	code	
1738 CANYON DR APT 103		LOS ANGELES			CA					90028					
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	Health Coverage (see instructions	s for codes):	в	9	Reserved										
Part II Information About	Information About Certain Employer-Sponsored Coverage (see instructions)	ored Coverage (se	e instru	ctions											
yer									_	11 Empl	oyer iden	tification	Employer identification number (EIN)	N)	
MADIBA INC										*****4852	152			- 	21 12 6
12 Street address (including room or suite no.)	no.) 13	City or town		14	State or	State or province		100		15 Coun	itry and Z	IP or fore	Country and ZIP or foreign postal code	code	
16481 SCIENTIFIC WAY		IRVINE			CA					92618					
Part III Issuer or Other Co	Issuer or Other Coverage Provider (see instructions)	ictions)								a E	- M 				2 2 1
				17	Employe	er identific	cation nu	Employer identification number (EIN)		18 Cont	Contact telephone number	one num	ber		
BLUE CROSS OF CALIFORNIA				-	95-3760980	80				1-(855)-	1-(855)-383-7248				
19 Street address (including room or suite no.)	no.) 20	City or town		21	State or	State or province			N	22 Coun	try and Z	IP or fore	Country and ZIP or foreign postal code	code	
120 VIRGINIA AVE		INDIANAPOLIS			Z			a vii		46204-4903	903		2 5		
Part IV Covered Individual	Covered Individuals (Enter the information for each covered individual.)	each covered ind	vidual.)												
(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other (d) Covered TIN is not available) all 12 months	(d) Covered all 12 months	4				(e) Months	(e) Months of coverage	ge				
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
VENKALAGIKI KONDABOLO	VBOLO		×												
SAI DEEPIKA KROTH	KROTHAPALLI	07/05/1989		×	×	×	×	×	×	×	×	×			
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For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	ıction Act Notice, see separate i	nstructions.				Cat	Cat. No. 60704B	04B			Ī		Forn	1095	Form 1095-B (2023)