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

Form 1095-B

Department of the Treasury Internal Revenue Service **Health Coverage**

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

CORRECTED

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OMB No. 1545-2252

Internal Revenue Service	- 14 1		Go to www.irs.go	v/Form1095B for instruc	tions and	the late	st infor	mation.						9 6	0.5	7 3		
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4 Street address (including apartment no.)				5 City or town			6 State or province					7 Country and ZIP or foreign postal code						
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10 Employer name ASURION. Calle of pulse have no surprised out the 3 duty in the 5 to pietur.							some but not all mornes arrown the morths for which the same with						11 Employer identification number (EIN)					
12 Street address (including room or suite no.)							14 State or province					15 Country and ZIP or foreign postal code						
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Part III Issuer	or Ot	her Coverage	Provider (see in	structions)	Maria In	120	th will	he ent	aract is	c cupins	DIL TOP I	DDACK R	Md 85	M-OF O	has Th	die bei	distore)	
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ANTHEM HEALTH PLANS OF VIRGINIA, INC.							54-0357120					1-(844)-404-2165						
19 Street address (including room or suite no.)				20 City or town			21 State or province					22 Country and ZIP or foreign postal code						
120 VIRGINIA AVE				INDIANAPOLIS	121	provider that you can sail if you					46204-4903 Sport the information							
Part IV Cover	ed Inc	dividuals (Enter	the information	for each covered ind	lividual.)	- 00	na a i	SOADLI	straue h	uraken.	it ortini	FIRST TATE	Vanabin	AL MID	a sand	n no	itis	
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