OMB, No. 1545-2252

1095-B			Health Coverage	verage						5	Ì			)		
partment of the Treasury	<b>▼</b> Go t	Do not attace	Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095B for instructions and the latest information.	rn. Keep for yo	our recor ne latest	ds. informa	tion.			 	CORRECTED	TED	auna anta activo (Peranto Att	20	2019	
eart   Responsible Individual	dividual														No.	
1 Name of responsible individual - first name, middle name, last name	first name, middle name, last د تت ،	name			<b>2</b>	ocial secu	2 Social security number (SSN) or other TIN VVV VV 0062	er (SSN)	or other T	ω	Date of t	oirth (if S	SN or oth	er TIN is	Date of birth (if SSN or other TIN is not available)	ible)
NAKENDEK KEDDI GAINIA  4 Street address (including apartment no.)	ent no.)	55	City or town	2	8 8	6 State or province	ovince			7	Country	and ZIP	or foreign	Country and ZIP or foreign postal code	ode	
2444 TWIN OAKS DR			LITTLE ELM		—	X					US 75	US :75068-6060	50			
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes):	of the Health Coverage	(see instructions f	or codes):		9	Reserved										
Part II Information A	Information About Certain Employer-Sponsored Coverage	yer-Sponsored		(see instructions)	1S)	TANAN CAMPAN CAMPANA		SACOMOTAL ORGANISM COCOMOTANA								
0 Employername	T CANCELLY OF THE									<u>ب</u>	Employe	eridentiti	cation nu	Employer identification number (EIN)  VV VVVK220	9	
2 Street address (including room or suite no.)	luding room or suite no.)	7	13 City or town		14 S	14 State or province	ovince			15	Country	Country and ZIP of	or foreign	Country and ZIP or foreign postal code	ode	
5850 TOWN & COUNTRY BLVD.	BLVD.		FRISCO		——————————————————————————————————————	TX					US 75	75034-6960	50			
बात III Issuer or Othe	Issuer or Other Coverage Provider (see instructions)	r (see instruct	ions)													
H	e Corporation,				17 E	mployeri	17 Employer identification number (EIN)	on numbe	er (EIN)	18	18 Contact telephone number	telephon	e numbe	-		
A Mutual Legal Reserve Company	serve Company		Oit out to the		3 3	36-1236610	10			22	Country	800-52	800-521-2227	300-521-2227	abc	
					!											
art IV Covered Indiv	Covered Individuals (Enter the information for each covered individual.)	ormation for e	ach covered in	dividual.)		NO DE LA COLUMNICACION DE	THE PROPERTY OF THE PROPERTY O	SON STATEMENT AND STATEMENT AN	SATOTES AND SATOTES OF THE PERSON	mana and an anarana					DO THE PROPERTY OF THE PROPERT	
Fir:	dividual(s) (b)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not	(d) Covered all 12 months					(e) l	Months of	(e) Months of coverage	Ф				
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
NARENDER REDDY 23 GANTA	×	XXX-XX-0062		X												
ARADHYA 24 PINGILI	X	XXX-XX-5619		X												
25																
26																
27																
7 · / / / / / / / / / / / / / / / / / /			TO THE WAY THE PROPERTY OF THE	AND MATERIAL STREET AND A STREET AND A STREET AND A STREET AND ASSOCIATION ASSOCIATION ASSOCIATION AND ASSOCIATION	mano de assesso de la composición de	0 1 1	2020	THE PROPERTY OF THE PERSON NAMED IN	PATRICIA PARADECIONALIA DES	ACQUARACTOR DESCRIPTIONS	- Company of the Comp			E o v o o	1005	1005-R (2010)