

Form 1095-B

Department of the Treasury Internal Revenue Service

Health Coverage

Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID CORRECTED

560116 OMB No. 1545-2252 2016

Part I Responsible Individual

1 Name of responsible individual MARIA R NICHOLS SR
2 Social security no. (SSN or other TIN) 000-00-0601
3 Date of birth (If SSN or TIN is not available)
4 Street address (including apartment no.) 1724 HURST STREET
5 City or town SAN MARCOS
6 State or province TX
7 Country and ZIP or foreign postal code 78666-2236
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes) B
9 Reserved

Part II Information about Certain Employer-Sponsored Coverage (see instructions)

10 Employer name INTEGRATED DATA MANAGEMENT SYSTEMS INC
11 Employer identification number (EIN) 13-3249958
12 Street address (including room or suite no.) 555 BROADHOLLOW ROAD SUITE 273
13 City or town MELVILLE
14 State or province NY
15 Country and ZIP or foreign postal code 11747-5001

Part III Issuer or Other Coverage Provider (see instructions)

16 Name RENAISSANCE HEALTH CARE, INC.
17 Employer identification number (EIN) 12-8885642
18 Contact telephone number 212-928-2818
19 Street address (including room or suite no.) 975 ALDER LANE SUITE 312
20 City or town NEW YORK
21 State or province NY
22 Country and ZIP or foreign postal code 10023-1210

Part IV Covered Individuals (Enter the information for each covered individual)

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (If SSN or TIN is not available), (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Rows include MARIA R NICHOLS SR, JANE NICHOLS, MARIA NICHOLS JR, MAX NICHOLS, RENE NICHOLS, CANDY RANDOLPH.

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

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

Form 1095-B (2016)

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560117

Name of responsible individual MARIA R NICHOLS SR
Social security number (SSN or other TIN) 000-00-0601
Date of birth (If SSN or TIN is not available)

Part IV Covered Individuals - Continuation Sheet

Table with columns: (a) Name of covered individual(s), (b) SSN or other TIN, (c) DOB (If SSN or TIN is not available), (d) Covered all 12 months, (e) Months of coverage (Jan-Dec). Row 29 includes MARCO RANDOLPH.

Form 1095-B (2016)

RENAISSANCE HEALTH CARE, INC.
975 ALDER LANE SUITE 312
NEW YORK NY 10023-1210

FIRST-CLASS MAIL
U.S. POSTAGE PAID
MELVILLE, NEW YORK
PERMIT NO. 123456



MARIA R NICHOLS SR
1724 HURST STREET
UNIT 210
SAN MARCOS TX 78666-2236