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|---|--|--|----------|
| 1 Filer's name<br><b>RENAISSANCE HEALTH CARE INC</b>                              |  | 2 Employer id number (EIN)<br><b>11-4938827</b>            |          |
| 3 Name of person to contact<br><b>FRANC MARCIANO</b>                              |  | 4 Contact telephone number<br><b>212-656-9875</b>          |          |
| 5 Street address (including room or suite no.)<br><b>975 ALDER LANE SUITE 312</b> |  | 6 City or town<br><b>NEW YORK</b>                          |          |
| 7 State or province<br><b>NY</b>  |  | 8 Country, ZIP or foreign postal code<br><b>10023-1210</b> |          |
| 9 Total number of Forms 1095-B submitted with this transmittal . . . . ▶          |  |  | <b>1</b> |

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Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

▶ \_\_\_\_\_ ▶ **ADMINISTRATOR** ▶ \_\_\_\_\_

Signature Title Date