

1 Filer's name RENAISSANCE HEALTH CARE INC		2 Employer id number (EIN) 11-4938827
3 Name of person to contact ALICE M DINARDO		4 Contact telephone number 888-302-3033
5 Street address (including room or suite no.) 975 ALDER LANE STE 312	6 City or town NEW YORK	
7 State or province NY	8 Country, ZIP or foreign postal code 10023-1210	
9 Total number of Forms 1095-B submitted with this transmittal ▶		1

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DO NOT FILE WITH IRS**

For Official Use Only



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.

▶ _____ ▶ **HUMAN RESOURCES** ▶ _____

Signature Title Date