	DAET AS OF	170776
Form 1094-B	Transmittal of Health Coverage Information Returns	OMB No. 1545-2252
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form1094B for instructions and the latest information.	2017
1 Filer's name	2 Employer identification number (EIN)	
3 Name of person to contact	4 Contact telephone number	
5 Street address (including room or suite no.)	6 City or town	For Official Use Only
7 State or province	8 Country and ZIP or foreign postal code	
9 Total number of Forms 1095-B submitted with this Under penalties of perjury, I declare that I have examin	s transmittal	ue, correct, and complete.

Signature	Title	Date
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.	Cat. No. 61570P	Form 1094-B (2017)