

2007 Form MA 1099-HC Individual Mandate — Massachusetts Health Care Coverage

1 Name of insurance company or administrator Monumental Life Insurance Company	2 FID number of insurance co. or administrator Bollinger, Inc., FID #: 22-078-1130	3 Corrected
---	---	-------------

4 Name of subscriber	5 Date of birth	6 Subscriber number CMA806	
----------------------	-----------------	-------------------------------	--

7 Street address	8 City/Town	9 State	10 Zip
------------------	-------------	---------	--------

11 Coverage effective date	12 Coverage through date		
----------------------------	--------------------------	--	--

Name of dependent	Date of birth	Subscriber number	Coverage effective date	Coverage through date
Name of dependent	Date of birth	Subscriber number	Coverage effective date	Coverage through date
Name of dependent	Date of birth	Subscriber number	Coverage effective date	Coverage through date
Name of dependent	Date of birth	Subscriber number	Coverage effective date	Coverage through date