

| <b>HARTFORD HOSPITAL</b>                                     |                                 |  |
|--|---------------------------------|--|
| <b>ANNUAL REPORTING</b>                                      |                                 |  |
| <b>FISCAL YEAR 2010</b>                                      |                                 |  |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b> |                                 |  |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>               |                                 |  |
| (1)  | (2)                             | (3)  |
| <b>LINE</b>  | <b>DESCRIPTION</b>              | <b>AFFILIATE INFORMATION</b>               |
| <b>A. AFFILIATE NAME</b>                                     |                                 |  |
|  | <b>AFFILIATE NAME</b>           | <b>HARTFORD HEALTH CARE CORPORATION</b>    |
| 1  | Affiliate Description           | PARENT CORPORATION                         |
| 2  | Affiliate type of service       | Parent Corporation                         |
| 3  | Tax Status                      | Not for Profit                             |
| 4  | Street Address                  | 80 Seymour Street                          |
| 5  | Town                            | Hartford                                   |
| 6  | State                           | Connecticut                                |
| 7  | Zip Code                        | 06102 -                                    |
| 8  | CEO Name                        | Elliot Joseph                              |
| 9  | CEO Title                       | President & CEO                            |
| 10   | CT Agent Name                   | Winship Service Corporation                |
| 11   | CT Agent Company                | Winship Service Corporation                |
| 12   | CT Agent Company Street Address | One Constitution Plaza                     |
| 13   | CT Agent Town                   | Hartford                                   |
| 14   | CT Agent State                  | Connecticut                                |
| 15   | CT Agent Zip Code               | 06103 - 1919                               |
| <b>B. AFFILIATE NAME</b>                                     |                                 |  |
|  | <b>AFFILIATE NAME</b>           | <b>CHS INSURANCE LIMITED</b>               |
| 1  | Affiliate Description           | Reinsurance                                |
| 2  | Affiliate type of service       | Insurance                                  |
| 3  | Tax Status                      | For Profit                                 |
| 4  | Street Address                  | F.B. Perry Building, 40 Church Street      |
| 5  | Town                            | Hamilton                                   |
| 6  | State                           | Bermuda                                    |
| 7  | Zip Code                        | -  |
| 8  | CEO Name                        | Elliot Joseph                              |
| 9  | CEO Title                       | President & CEO                            |
| 10   | CT Agent Name                   | Winship Service Corporation                |
| 11   | CT Agent Company                | Winship Service Corporation                |
| 12   | CT Agent Company Street Address | One Constitution Plaza                     |
| 13   | CT Agent Town                   | Hartford                                   |
| 14   | CT Agent State                  | Connecticut                                |
| 15   | CT Agent Zip Code               | 06103 - 1919                               |
| <b>C. AFFILIATE NAME</b>                                     |                                 |  |
|  | <b>AFFILIATE NAME</b>           | <b>CLINICAL LABORATORY PARTNERS, LLC</b>   |
| 1  | Affiliate Description           | LAB  |
| 2  | Affiliate type of service       | Lab  |
| 3  | Tax Status                      | For Profit                                 |
| 4  | Street Address                  | 129 Patricia Genova Drive                  |
| 5  | Town                            | Newington                                  |
| 6  | State                           | Connecticut                                |
| 7  | Zip Code                        | 06111 -                                    |
| 8  | CEO Name                        | James Fantus                               |
| 9  | CEO Title                       | President & CEO                            |
| 10   | CT Agent Name                   | Winship Service Corporation                |
| 11   | CT Agent Company                | Winship Service Corporation                |
| 12   | CT Agent Company Street Address | One Constitution Plaza                     |
| 13   | CT Agent Town                   | Hartford                                   |
| 14   | CT Agent State                  | Connecticut                                |
| 15   | CT Agent Zip Code               | 06103 - 1919                               |
| <b>D. AFFILIATE NAME</b>                                     |                                 |  |
|  | <b>AFFILIATE NAME</b>           | <b>EASTERN REHABILITATION NETWORK, LLC</b> |
| 1  | Affiliate Description           | REHABILITATION SERVICES                    |
| 2  | Affiliate type of service       | Rehabilitation Services                    |
| 3  | Tax Status                      | For Profit                                 |
| 4  | Street Address                  | 181 Patricia Genova Drive                  |
| 5  | Town                            | Newington                                  |
| 6  | State                           | Connecticut                                |
| 7  | Zip Code                        | 06111 -                                    |
| 8  | CEO Name                        | Rita Parisi                                |
| 9  | CEO Title                       | President & CEO                            |
| 10   | CT Agent Name                   | Winship Service Corporation                |
| 11   | CT Agent Company                | Winship Service Corporation                |
| 12   | CT Agent Company Street Address | One Constitution Plaza                     |
| 13   | CT Agent Town                   | Hartford                                   |
| 14   | CT Agent State                  | Connecticut                                |
| 15   | CT Agent Zip Code               | 06103 - 1919                               |

| <b>HARTFORD HOSPITAL</b>                                     |                                 |  |
|--|---------------------------------|--|
| <b>ANNUAL REPORTING</b>                                      |                                 |  |
| <b>FISCAL YEAR 2010</b>                                      |                                 |  |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b> |                                 |  |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>               |                                 |  |
| (1)  | (2)                             | (3)  |
| <b>LINE</b>  | <b>DESCRIPTION</b>              | <b>AFFILIATE INFORMATION</b>   |
| <b>E. AFFILIATE NAME</b>                                     |                                 |  |
| <b>H.H.M.O.B. CORPORATION</b>                                |                                 |  |
| 1  | Affiliate Description           | REAL ESTATE  |
| 2  | Affiliate type of service       | Real Estate  |
| 3  | Tax Status                      | For Profit   |
| 4  | Street Address                  | 80 Seymour Street  |
| 5  | Town                            | Hartford   |
| 6  | State                           | Connecticut  |
| 7  | Zip Code                        | 06102 -  |
| 8  | CEO Name                        | Elliot Joseph  |
| 9  | CEO Title                       | President & CEO  |
| 10   | CT Agent Name                   | Winship Service Corporation  |
| 11   | CT Agent Company                | Winship Service Corporation  |
| 12   | CT Agent Company Street Address | One Constitution Plaza   |
| 13   | CT Agent Town                   | Hartford   |
| 14   | CT Agent State                  | Connecticut  |
| 15   | CT Agent Zip Code               | 06103 - 1919   |
| <b>F. AFFILIATE NAME</b>                                     |                                 |  |
| <b>HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b>              |                                 |  |
| 1  | Affiliate Description           | A LIMITED LIABILITY CORPORATION IN FURTHERANCE OF THE CHARITABLE PURPOSES OF HARTFORD HOSPITAL, MIDDLESEX HOSPITAL AND THEIR RESPECTIVE HEALTHCARE DELIVERY SYSTEMS. |
| 2  | Affiliate type of service       | Affiliate Support Services   |
| 3  | Tax Status                      | For Profit   |
| 4  | Street Address                  | 80 Seymour Street  |
| 5  | Town                            | Hartford   |
| 6  | State                           | Connecticut  |
| 7  | Zip Code                        | 06102 -  |
| 8  | CEO Name                        | Arthur McDowell, M.D.  |
| 9  | CEO Title                       | Chairman   |
| 10   | CT Agent Name                   | Winship Service Corporation  |
| 11   | CT Agent Company                | Winship Service Corporation  |
| 12   | CT Agent Company Street Address | One Constitution Plaza   |
| 13   | CT Agent Town                   | Hartford   |
| 14   | CT Agent State                  | Connecticut  |
| 15   | CT Agent Zip Code               | 06103 - 1919   |
| <b>G. AFFILIATE NAME</b>                                     |                                 |  |
| <b>IMMEDIATE MEDICAL CARE CENTER, INC.</b>                   |                                 |  |
| 1  | Affiliate Description           | OTHER HEALTH CARE SERVICES - WALK IN PRIMARY CARE CENTERS  |
| 2  | Affiliate type of service       | Other HealthCare Svcs(Specify)   |
| 3  | Tax Status                      | For Profit   |
| 4  | Street Address                  | 400 Washington Street  |
| 5  | Town                            | Hartford   |
| 6  | State                           | Connecticut  |
| 7  | Zip Code                        | 06102 -  |
| 8  | CEO Name                        | Kent Stahl, M.D.   |
| 9  | CEO Title                       | President  |
| 10   | CT Agent Name                   | Winship Service Corporation  |
| 11   | CT Agent Company                | Winship Service Corporation  |
| 12   | CT Agent Company Street Address | One Constitution Plaza   |
| 13   | CT Agent Town                   | Hartford   |
| 14   | CT Agent State                  | Connecticut  |
| 15   | CT Agent Zip Code               | 06103 - 1919   |
| <b>H. AFFILIATE NAME</b>                                     |                                 |  |
| <b>JEFFERSON HOUSE</b>                                       |                                 |  |
| 1  | Affiliate Description           | CARE FOR THE AGED  |
| 2  | Affiliate type of service       | Care for the Aged  |
| 3  | Tax Status                      | Not for Profit   |
| 4  | Street Address                  | 80 Seymour Street  |
| 5  | Town                            | Hartford   |
| 6  | State                           | Connecticut  |
| 7  | Zip Code                        | 06102 -  |
| 8  | CEO Name                        | Elliot Joseph  |
| 9  | CEO Title                       | President & CEO  |
| 10   | CT Agent Name                   | Winship Service Corporation  |
| 11   | CT Agent Company                | Winship Service Corporation  |
| 12   | CT Agent Company Street Address | One Constitution Plaza   |
| 13   | CT Agent Town                   | Hartford   |

| <b>HARTFORD HOSPITAL</b>                                     |                                 |   |
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| <b>ANNUAL REPORTING</b>                                      |                                 |   |
| <b>FISCAL YEAR 2010</b>                                      |                                 |   |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b> |                                 |   |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>               |                                 |   |
| (1)  | (2)                             | (3)   |
| <b>LINE</b>  | <b>DESCRIPTION</b>              | <b>AFFILIATE INFORMATION</b>                                      |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>I. AFFILIATE NAME</b>                                     |                                 |   |
| <b>MERIDEN IMAGING CENTER, INC.</b>                          |                                 |   |
| 1  | Affiliate Description           | IMAGING SERVICES  |
| 2  | Affiliate type of service       | Imaging Services  |
| 3  | Tax Status                      | For Profit  |
| 4  | Street Address                  | 435 Lewis Street  |
| 5  | Town                            | Meriden   |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06451 -   |
| 8  | CEO Name                        | Gary Dee, M.D.  |
| 9  | CEO Title                       | President   |
| 10   | CT Agent Name                   | Michael Kurs  |
| 11   | CT Agent Company                | Pullman and Comely  |
| 12   | CT Agent Company Street Address | One Statehouse Sq.  |
| 13   | CT Agent Town                   | Hartford  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 -   |
| <b>J. AFFILIATE NAME</b>                                     |                                 |   |
| <b>MIDSTATE MEDICAL CENTER</b>                               |                                 |   |
| 1  | Affiliate Description           | HOSPITAL  |
| 2  | Affiliate type of service       | Hospital  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 435 Lewis Ave   |
| 5  | Town                            | Meriden   |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06451 -   |
| 8  | CEO Name                        | Lucille Janatka   |
| 9  | CEO Title                       | President and CEO   |
| 10   | CT Agent Name                   | Winship Service Corporation                                       |
| 11   | CT Agent Company                | Winship Service Corporation                                       |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |
| 13   | CT Agent Town                   | Hartford  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>K. AFFILIATE NAME</b>                                     |                                 |   |
| <b>MIDSTATE MSO, LLC</b>                                     |                                 |   |
| 1  | Affiliate Description           | MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRACTICES. |
| 2  | Affiliate type of service       | Managed Services Org. (MSO)                                       |
| 3  | Tax Status                      | For Profit  |
| 4  | Street Address                  | 435 Lewis Avenue  |
| 5  | Town                            | Meriden   |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06451 -   |
| 8  | CEO Name                        | Ralph Becker  |
| 9  | CEO Title                       | President   |
| 10   | CT Agent Name                   | Winship Service Corporation                                       |
| 11   | CT Agent Company                | Winship Service Corporation                                       |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |
| 13   | CT Agent Town                   | Hartford  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>L. AFFILIATE NAME</b>                                     |                                 |   |
| <b>NATCHAUG HOSPITAL</b>                                     |                                 |   |
| 1  | Affiliate Description           | MENTAL HEALTH FACILITY  |
| 2  | Affiliate type of service       | Mental Health Facility  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 189 Storrs Road   |
| 5  | Town                            | Mansfield Center  |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06250 -   |
| 8  | CEO Name                        | Stephen Larcen, Ph.D.   |
| 9  | CEO Title                       | President & CEO   |
| 10   | CT Agent Name                   | Winship Service Corporation                                       |
| 11   | CT Agent Company                | PWinship Service Corporation                                      |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |
| 13   | CT Agent Town                   | Hartford  |

| <b>HARTFORD HOSPITAL</b>                                     |                                 |   |
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| <b>ANNUAL REPORTING</b>                                      |                                 |   |
| <b>FISCAL YEAR 2010</b>                                      |                                 |   |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b> |                                 |   |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>               |                                 |   |
| (1)  | (2)                             | (3)   |
| <b>LINE</b>  | <b>DESCRIPTION</b>              | <b>AFFILIATE INFORMATION</b>  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>M. AFFILIATE NAME</b>                                     |                                 |   |
|  |                                 | <b>RUSHFORD CENTER, INC.</b>  |
| 1  | Affiliate Description           | MENTAL HEALTH FACILITY  |
| 2  | Affiliate type of service       | Mental Health Facility  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 1250 Silver Street  |
| 5  | Town                            | Middletown  |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06457 -   |
| 8  | CEO Name                        | Jeffrey Walter  |
| 9  | CEO Title                       | President & CEO   |
| 10   | CT Agent Name                   | Richard W. Tomc, Esquire  |
| 11   | CT Agent Company                | Richard W. Tomc & Associates  |
| 12   | CT Agent Company Street Address | 49 Main Street  |
| 13   | CT Agent Town                   | Middletown  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06457 -   |
| <b>N. AFFILIATE NAME</b>                                     |                                 |   |
|  |                                 | <b>THE INSTITUTE OF LIVING</b>  |
| 1  | Affiliate Description           | Provide support to Hartford Hospital mental health division                       |
| 2  | Affiliate type of service       | Affiliate Support Services  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 400 Washington Street   |
| 5  | Town                            | Hartford  |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06106 -   |
| 8  | CEO Name                        | Elliot Joseph   |
| 9  | CEO Title                       | President & CEO   |
| 10   | CT Agent Name                   | Winship Service Corporation   |
| 11   | CT Agent Company                | Winship Service Corporation   |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |
| 13   | CT Agent Town                   | Hartford  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>O. AFFILIATE NAME</b>                                     |                                 |   |
|  |                                 | <b>VNA HEALTH CARE, INC.</b>  |
| 1  | Affiliate Description           | PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES. |
| 2  | Affiliate type of service       | Home Health/VNAs  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 103 Woodland Street   |
| 5  | Town                            | Hartford  |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06105 -   |
| 8  | CEO Name                        | Ellen D. Rothberg   |
| 9  | CEO Title                       | President   |
| 10   | CT Agent Name                   | Winship Service Corporation   |
| 11   | CT Agent Company                | Winship Service Corporation   |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |
| 13   | CT Agent Town                   | Hartford  |
| 14   | CT Agent State                  | Connecticut   |
| 15   | CT Agent Zip Code               | 06103 - 1919  |
| <b>P. AFFILIATE NAME</b>                                     |                                 |   |
|  |                                 | <b>VNA HEALTH RESOURCES, INC.</b>   |
| 1  | Affiliate Description           | HOME HEALTH/VNA, HOMEMAKER SERVICES   |
| 2  | Affiliate type of service       | Home Health/VNAs  |
| 3  | Tax Status                      | Not for Profit  |
| 4  | Street Address                  | 103 Woodland Street, Shipman  |
| 5  | Town                            | Hartford  |
| 6  | State                           | Connecticut   |
| 7  | Zip Code                        | 06105 -   |
| 8  | CEO Name                        | Ellen D. Rothberg   |
| 9  | CEO Title                       | President   |
| 10   | CT Agent Name                   | Winship Service Corporation   |
| 11   | CT Agent Company                | Winship Service Corporation   |
| 12   | CT Agent Company Street Address | One Constitution Plaza  |

| <b>HARTFORD HOSPITAL</b>  |                                 |  |
|---|---------------------------------|--|
| <b>ANNUAL REPORTING</b>   |                                 |  |
| <b>FISCAL YEAR 2010</b>   |                                 |  |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b>    |                                 |  |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>                  |                                 |  |
| (1)   | (2)                             | (3)  |
| <b>LINE</b>   | <b>DESCRIPTION</b>              | <b>AFFILIATE INFORMATION</b>                                   |
| 13  | CT Agent Town                   | Hartford   |
| 14  | CT Agent State                  | Connecticut  |
| 15  | CT Agent Zip Code               | 06103 - 1919   |
| <b>Q. AFFILIATE NAME</b>  |                                 |  |
| <b>WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b>        |                                 |  |
| 1   | Affiliate Description           | Hospital   |
| 2   | Affiliate type of service       | Hospital   |
| 3   | Tax Status                      | Not for Profit   |
| 4   | Street Address                  | 112 Mansfield Avenue   |
| 5   | Town                            | Willimantic  |
| 6   | State                           | Connecticut  |
| 7   | Zip Code                        | 06226 -  |
| 8   | CEO Name                        | Richard Brvenik  |
| 9   | CEO Title                       | CEO/President  |
| 10  | CT Agent Name                   | Winship Service Corporation                                    |
| 11  | CT Agent Company                | Winship Service Corporation                                    |
| 12  | CT Agent Company Street Address | One Constitution Plaza   |
| 13  | CT Agent Town                   | Hartford   |
| 14  | CT Agent State                  | Connecticut  |
| 15  | CT Agent Zip Code               | 06103 - 1919   |
| <b>R. AFFILIATE NAME</b>  |                                 |  |
| <b>WINDHAM HEALTH SERVICES, INC.</b>                            |                                 |  |
| 1   | Affiliate Description           | CORPORATE ENTITY FORMED TO INVEST IN NORTHEAST HOME CARE, INC. |
| 2   | Affiliate type of service       | For Profit Services (Specify)                                  |
| 3   | Tax Status                      | For Profit   |
| 4   | Street Address                  | 112 Mansfield Avenue   |
| 5   | Town                            | Willimantic  |
| 6   | State                           | Connecticut  |
| 7   | Zip Code                        | 06226 -  |
| 8   | CEO Name                        | Richard Brvenik  |
| 9   | CEO Title                       | President  |
| 10  | CT Agent Name                   | Winship Service Corporation                                    |
| 11  | CT Agent Company                | Winship Service Corporation                                    |
| 12  | CT Agent Company Street Address | One Constitution Plaza   |
| 13  | CT Agent Town                   | Hartford   |
| 14  | CT Agent State                  | Connecticut  |
| 15  | CT Agent Zip Code               | 06103 - 1919   |
| <b>S. AFFILIATE NAME</b>  |                                 |  |
| <b>WINDHAM HOSPITAL FOUNDATION, INC.</b>                        |                                 |  |
| 1   | Affiliate Description           | Fundraising for the Hospital                                   |
| 2   | Affiliate type of service       | Foundation   |
| 3   | Tax Status                      | Not for Profit   |
| 4   | Street Address                  | 112 Mansfield Avenue   |
| 5   | Town                            | Willimantic  |
| 6   | State                           | Connecticut  |
| 7   | Zip Code                        | 06226 -  |
| 8   | CEO Name                        | Mona Friedland   |
| 9   | CEO Title                       | President  |
| 10  | CT Agent Name                   | Winship Service Corporation                                    |
| 11  | CT Agent Company                | Winship Service Corporation                                    |
| 12  | CT Agent Company Street Address | One Constitution Plaza   |
| 13  | CT Agent Town                   | Hartford   |
| 14  | CT Agent State                  | Connecticut  |
| 15  | CT Agent Zip Code               | 06103 - 1919   |
| <b>T. AFFILIATE NAME</b>  |                                 |  |
| <b>WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.</b> |                                 |  |
| 1   | Affiliate Description           | OPERATION OF A PROFESSIONAL OFFICE BUILDING                    |
| 2   | Affiliate type of service       | Real Estate  |
| 3   | Tax Status                      | Not for Profit   |
| 4   | Street Address                  | 112 Mansfield Avenue   |
| 5   | Town                            | Willimantic  |
| 6   | State                           | Connecticut  |
| 7   | Zip Code                        | 06226 -  |
| 8   | CEO Name                        | Edward Bussiere  |
| 9   | CEO Title                       | President  |
| 10  | CT Agent Name                   | Winship Service Corporation                                    |
| 11  | CT Agent Company                | Winship Service Corporation                                    |
| 12  | CT Agent Company Street Address | One Constitution Plaza   |

| <b>HARTFORD HOSPITAL</b>                                     |                   |                                       |
|--|-------------------|---------------------------------------|
| <b>ANNUAL REPORTING</b>                                      |                   |                                       |
| <b>FISCAL YEAR 2010</b>                                      |                   |                                       |
| <b>REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP</b> |                   |                                       |
| <b>AND CORPORATION RELATED TO THE HOSPITAL</b>               |                   |                                       |
| (1)  | (2)               | (3)                                   |
| LINE   | DESCRIPTION       | AFFILIATE INFORMATION                 |
| 13   | CT Agent Town     | Hartford                              |
| 14   | CT Agent State    | Connecticut                           |
| 15   | CT Agent Zip Code | 06103 - 1919                          |
| * P.O. BOX IS UNACCEPTABLE WITHOUT A                         |                   | STREET ADDRESS FOR EACH AGENT COMPANY |

| <b>HARTFORD HOSPITAL</b>   |                |                                    |                            |
|--|----------------|------------------------------------|----------------------------|
| <b>ANNUAL REPORTING</b>  |                |                                    |                            |
| <b>FISCAL YEAR 2010</b>  |                |                                    |                            |
| <b>REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS</b> |                |                                    |                            |
| (1)  | (2)            | (3)                                | (4)                        |
| LINE   | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2010 |
| <b>A. HARTFORD HOSPITAL</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$178,313,676              |
| 2  |                | Temporarily Restricted by Donor    | \$89,881,759               |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$159,524,339              |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$427,719,774</b>       |
| <b>B. HARTFORD HEALTH CARE CORPORATION</b>                               |                |                                    |                            |
| 1  |                | Unrestricted                       | \$10,812,551               |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | (\$1,436,000)              |
|  |                | <b>Total:</b>                      | <b>\$9,376,551</b>         |
| <b>C. CHS INSURANCE LIMITED</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>D. CLINICAL LABORATORY PARTNERS, LLC</b>                              |                |                                    |                            |
| 1  |                | Unrestricted                       | (\$5,295,542)              |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>(\$5,295,542)</b>       |
| <b>E. EASTERN REHABILITATION NETWORK, LLC</b>                            |                |                                    |                            |
| 1  |                | Unrestricted                       | \$5,666,923                |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$5,666,923</b>         |
| <b>F. H.H.M.O.B. CORPORATION</b>   |                |                                    |                            |
| 1  |                | Unrestricted                       | \$24,571,926               |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | (\$8,794,000)              |
|  |                | <b>Total:</b>                      | <b>\$15,777,926</b>        |
| <b>G. HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b>                       |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS |                |                                    |                            |
|--|----------------|------------------------------------|----------------------------|
| (1)  | (2)            | (3)                                | (4)                        |
| LINE   | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2010 |
| <b>H. IMMEDIATE MEDICAL CARE CENTER, INC.</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | (\$239,660)                |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>(\$239,660)</b>         |
| <b>I. JEFFERSON HOUSE</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$79,750,885               |
| 2  |                | Temporarily Restricted by Donor    | \$3,088,566                |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$25,060,003               |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$107,899,454</b>       |
| <b>J. MERIDEN IMAGING CENTER, INC.</b>   |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>K. MIDSTATE MEDICAL CENTER</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>L. MIDSTATE MSO, LLC</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>M. NATCHAUG HOSPITAL</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$8,639,928                |
| 2  |                | Temporarily Restricted by Donor    | \$209,353                  |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$8,849,281</b>         |
| <b>N. RUSHFORD CENTER, INC.</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$7,569,422                |
| 2  |                | Temporarily Restricted by Donor    | \$2,394,852                |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$9,964,274</b>         |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS |                |                                    |                            |
|--|----------------|------------------------------------|----------------------------|
| (1)  | (2)            | (3)                                | (4)                        |
| LINE   | AFFILIATE NAME | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2010 |
| <b>O. THE INSTITUTE OF LIVING</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$32,531,690               |
| 2  |                | Temporarily Restricted by Donor    | \$14,408,623               |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$11,108,651               |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$58,048,964</b>        |
| <b>P. VNA HEALTH CARE, INC.</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$7,181,244                |
| 2  |                | Temporarily Restricted by Donor    | \$224,550                  |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$6,738,638                |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$14,144,432</b>        |
| <b>Q. VNA HEALTH RESOURCES, INC.</b>   |                |                                    |                            |
| 1  |                | Unrestricted                       | \$97,320                   |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$97,320</b>            |
| <b>R. WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>S. WINDHAM HEALTH SERVICES, INC.</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>T. WINDHAM HOSPITAL FOUNDATION, INC.</b>  |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |
| <b>U. WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.</b>   |                |                                    |                            |
| 1  |                | Unrestricted                       | \$0                        |
| 2  |                | Temporarily Restricted by Donor    | \$0                        |
| 3  |                | Temporarily Restricted by Board    | \$0                        |
| 4  |                | Permanently Restricted by Donor    | \$0                        |
| 5  |                | Intercompany Eliminations          | \$0                        |
|  |                | <b>Total:</b>                      | <b>\$0</b>                 |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS |  |                                    |                            |
|--|--|------------------------------------|----------------------------|
| (1)  | (2)  | (3)                                | (4)                        |
| LINE   | AFFILIATE NAME   | FUND DESCRIPTION /<br>FUND PURPOSE | BALANCE AS OF<br>9/30/2010 |
|  | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance:                      | \$662,239,697              |
|  | Intercompany Eliminations                                  |                                    | (\$10,230,000)             |
|  | Total of all Affiliates                                    | Fund Balance:                      | \$652,009,697              |

| HARTFORD HOSPITAL   |                |   |                  |                             |
|---|----------------|---|------------------|-----------------------------|
| ANNUAL REPORTING  |                |   |                  |                             |
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| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS |                |   |                  |                             |
| (1)   | (2)            | (3)   | (4)              | (5)                         |
| LINE  | AFFILIATE NAME | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| <b>A. HARTFORD HEALTH CARE CORPORATION</b>  |                |   |                  |                             |
|   |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$34,767,735</b>         |
| 1   |                | Personnel Services                                    | 09/30/2010       | \$6,057,575                 |
| 2   |                | Management Fees                                       | 09/30/2010       | (\$8,351,214)               |
| 3   |                | Interest  | 09/30/2010       | \$801,486                   |
| 4   |                | Loan & Intercompany Activity                          | 09/30/2010       | (\$1,650,796)               |
| 5   |                | Payments for Services                                 | 09/30/2010       | \$4,100,662                 |
|   |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$35,725,448</b>         |
| <b>B. CHS INSURANCE LIMITED</b>   |                |   |                  |                             |
|   |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$35,282</b>             |
| 1   |                | Personnel Services                                    | 09/30/2010       | \$474,515                   |
| 2   |                | Supplies  | 09/30/2010       | \$3,104                     |
| 3   |                | Payment for Services                                  | 09/30/2010       | (\$454,826)                 |
| 4   |                | Malpractice Insurance Premiums                        | 09/30/2010       | (\$13,150,234)              |
| 5   |                | Payment for Services                                  | 09/30/2010       | \$13,150,234                |
|   |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$58,075</b>             |
| <b>C. CLINICAL LABORATORY PARTNERS, LLC</b>   |                |   |                  |                             |
|   |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>(\$60,955)</b>           |
| 1   |                | Reference Testing                                     | 09/30/2010       | \$1,060,882                 |
| 2   |                | Lab Services  | 09/30/2010       | (\$16,176,295)              |
| 3   |                | Rent  | 09/30/2010       | \$50,862                    |
| 4   |                | IS Data Services                                      | 09/30/2010       | \$572,259                   |
| 5   |                | DPC Charges   | 09/30/2010       | \$10,432                    |
| 6   |                | Insurance   | 09/30/2010       | \$189,131                   |
| 7   |                | Personnel Services                                    | 09/30/2010       | \$444,292                   |
| 8   |                | Intercompany Accounts Payable                         | 09/30/2010       | \$510,878                   |
| 9   |                | Payments for Services                                 | 09/30/2010       | \$13,675,826                |
|   |                | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$277,312</b>            |
| <b>D. EASTERN REHABILITATION NETWORK, LLC</b>                                       |                |   |                  |                             |
|   |                | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>(\$248,335)</b>          |
| 1   |                | Contract Rehab Services                               | 09/30/2010       | (\$3,522,075)               |
| 2   |                | Personnel Services                                    | 09/30/2010       | \$10,611,112                |
| 3   |                | Insurance   | 09/30/2010       | \$1,193                     |
| 4   |                | OPS Fee [IDX]   | 09/30/2010       | \$88,496                    |
| 5   |                | Purchased Services                                    | 09/30/2010       | \$23,786                    |

| HARTFORD HOSPITAL   |   |   |                  |                             |
|---|---|---|------------------|-----------------------------|
| ANNUAL REPORTING  |   |   |                  |                             |
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| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS |   |   |                  |                             |
| (1)   | (2)   | (3)   | (4)              | (5)                         |
| LINE  | AFFILIATE NAME                                  | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| 6   |   | Bank Fee  | 09/30/2010       | \$11,128                    |
| 7   |   | Rent  | 09/30/2010       | \$107,826                   |
| 8   |   | Intercompany Accounts Payable                         | 09/30/2010       | \$165,124                   |
| 9   |   | Assets Transferred from Affiliate to HH               | 09/30/2010       | (\$241,510)                 |
| 10  |   | Payments for Services                                 | 09/30/2010       | (\$7,071,706)               |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>(\$74,961)</b>           |
| <b>E.</b>   | <b>H.H.M.O.B. CORPORATION</b>                   |   |                  |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>(\$879,397)</b>          |
| 1   |   | Personnel Services                                    | 09/30/2010       | \$618,096                   |
| 2   |   | Ground Lease  | 09/30/2010       | \$123,650                   |
| 3   |   | Insurance   | 09/30/2010       | \$130,220                   |
| 4   |   | Steam   | 09/30/2010       | \$71,284                    |
| 5   |   | Suite Leases  | 09/30/2010       | (\$774,233)                 |
| 6   |   | Bank Fee  | 09/30/2010       | \$12,477                    |
| 7   |   | Purchased Services                                    | 09/30/2010       | \$148,102                   |
| 8   |   | Interest  | 09/30/2010       | \$10,532                    |
| 9   |   | Assets Transferred from Affiliate to HH               | 09/30/2010       | (\$1,527,765)               |
| 10  |   | Investment Fees                                       | 09/30/2010       | \$226                       |
| 11  |   | Parking Space Rentals                                 | 09/30/2010       | (\$895,105)                 |
| 12  |   | Intercompany Accounts Payable                         | 09/30/2010       | \$594,444                   |
| 13  |   | Payments for Services                                 | 09/30/2010       | \$1,370,452                 |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>(\$997,017)</b>          |
| <b>F.</b>   | <b>HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b> |   |                  |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$76,751</b>             |
|   |   | Nothing to Report                                     |                  | \$0                         |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$76,751</b>             |
| <b>G.</b>   | <b>IMMEDIATE MEDICAL CARE CENTER, INC.</b>      |   |                  |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$2,313,006</b>          |
| 1   |   | Insurance   | 09/30/2010       | \$679,611                   |
| 2   |   | IS Data Services                                      | 09/30/2010       | \$261,298                   |
| 3   |   | DPC Charges   | 09/30/2010       | \$13,318                    |
| 4   |   | Mail Room Services                                    | 09/30/2010       | \$30,686                    |
| 5   |   | Laundry   | 09/30/2010       | \$6,092                     |
| 6   |   | Rent  | 09/30/2010       | \$86,833                    |
| 7   |   | Personnel Services                                    | 09/30/2010       | \$253,497                   |

| HARTFORD HOSPITAL   |                                     |   |                  |                             |
|---|-------------------------------------|---|------------------|-----------------------------|
| ANNUAL REPORTING  |                                     |   |                  |                             |
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| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS |                                     |   |                  |                             |
| (1)   | (2)                                 | (3)   | (4)              | (5)                         |
| LINE  | AFFILIATE NAME                      | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| 8   |                                     | Professional Services                                 | 09/30/2010       | (\$592,162)                 |
| 9   |                                     | Intercompany Accounts Payable                         | 09/30/2010       | \$15,124                    |
| 10  |                                     | Payments for Services                                 | 09/30/2010       | (\$771,306)                 |
|   |                                     | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$2,295,997</b>          |
| <b>H.</b>   | <b>JEFFERSON HOUSE</b>              |   |                  |                             |
|   |                                     | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$479,344</b>            |
| 1   |                                     | Fringe Benefits                                       | 09/30/2010       | \$4,138,819                 |
| 2   |                                     | Personnel Services                                    | 09/30/2010       | \$182,547                   |
| 3   |                                     | Insurance   | 09/30/2010       | \$35,186                    |
| 4   |                                     | Store Room Services                                   | 09/30/2010       | \$20,417                    |
| 5   |                                     | Print Shop Services                                   | 09/30/2010       | \$597                       |
| 6   |                                     | Laundry   | 09/30/2010       | \$93,952                    |
| 7   |                                     | Payment for Services                                  | 09/30/2010       | (\$5,539,960)               |
|   |                                     | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>(\$589,098)</b>          |
| <b>I.</b>   | <b>MERIDEN IMAGING CENTER, INC.</b> |   |                  |                             |
|   |                                     | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$0</b>                  |
|   |                                     | Nothing to Report                                     |                  | \$0                         |
|   |                                     | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$0</b>                  |
| <b>J.</b>   | <b>MIDSTATE MEDICAL CENTER</b>      |   |                  |                             |
|   |                                     | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$1,034,126</b>          |
| 1   |                                     | Laundry   | 09/30/2010       | \$633,145                   |
| 2   |                                     | Library Services                                      | 09/30/2010       | \$160,399                   |
| 3   |                                     | Print Shop Services                                   | 09/30/2010       | \$56,572                    |
| 4   |                                     | Mail Room Services                                    | 09/30/2010       | \$75,850                    |
| 5   |                                     | Personnel Services                                    | 09/30/2010       | \$1,976,726                 |
| 6   |                                     | IS Data Services                                      | 09/30/2010       | \$5,319,161                 |
| 7   |                                     | Patient Accounting Services                           | 09/30/2010       | \$1,853,306                 |
| 8   |                                     | Infectious Disease Services                           | 09/30/2010       | \$284,918                   |
| 9   |                                     | Materials Mgmt Services                               | 09/30/2010       | \$106,924                   |
| 10  |                                     | Pharmacy Services                                     | 09/30/2010       | \$95,543                    |
| 11  |                                     | Supplies  | 09/30/2010       | \$2,848,045                 |
| 12  |                                     | Payments for Services                                 | 09/30/2010       | (\$13,250,164)              |
| 13  |                                     | Radiation Oncology Services                           | 09/30/2010       | \$4,230                     |
|   |                                     | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$1,198,781</b>          |

| HARTFORD HOSPITAL   |                                   |   |                  |                             |
|---|-----------------------------------|---|------------------|-----------------------------|
| ANNUAL REPORTING  |                                   |   |                  |                             |
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| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS |                                   |   |                  |                             |
| (1)   | (2)                               | (3)   | (4)              | (5)                         |
| LINE  | AFFILIATE NAME                    | DESCRIPTION OF TRANSFER                               | DATE             | TRANSFER TO / FROM HOSPITAL |
| <b>K.</b>   | <b>MIDSTATE MSO, LLC</b>          |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$0</b>                  |
|   |                                   | Nothing to Report                                     |                  | \$0                         |
|   |                                   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$0</b>                  |
| <b>L.</b>   | <b>NATCHAUG HOSPITAL</b>          |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$69,254</b>             |
| 1   |                                   | IS Data Services                                      | 09/30/2010       | \$149,128                   |
| 2   |                                   | Purchased Services                                    | 09/30/2010       | \$6,551                     |
| 3   |                                   | Bank Fee  | 09/30/2010       | \$1,977                     |
| 4   |                                   | Payments for Services                                 | 09/30/2010       | (\$116,583)                 |
|   |                                   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$110,327</b>            |
| <b>M.</b>   | <b>RUSHFORD CENTER, INC.</b>      |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$34,015</b>             |
| 1   |                                   | Purchased Services                                    | 09/30/2010       | \$284                       |
| 2   |                                   | IS Data Services                                      | 09/30/2010       | \$123,975                   |
| 3   |                                   | Payments for Services                                 | 09/30/2010       | (\$114,726)                 |
|   |                                   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$43,548</b>             |
| <b>N.</b>   | <b>THE INSTITUTE OF LIVING</b>    |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>(\$8,638,974)</b>        |
| 1   |                                   | Rent  | 09/30/2010       | (\$239,236)                 |
| 2   |                                   | Intercompany Accounts Payable                         | 09/30/2010       | \$28,748                    |
| 3   |                                   | Pay Down of Intercompany Balances                     | 09/30/2010       | \$8,777,070                 |
|   |                                   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>(\$72,392)</b>           |
| <b>O.</b>   | <b>VNA HEALTH CARE, INC.</b>      |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$487,500</b>            |
| 1   |                                   | Purchased Services                                    | 09/30/2010       | \$1,260                     |
| 2   |                                   | IS Data Services                                      | 09/30/2010       | \$222,582                   |
| 3   |                                   | Payments for Services                                 | 09/30/2010       | (\$33,253)                  |
|   |                                   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b> | <b>\$678,089</b>            |
| <b>P.</b>   | <b>VNA HEALTH RESOURCES, INC.</b> |   |                  |                             |
|   |                                   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b> | <b>\$0</b>                  |

| HARTFORD HOSPITAL   |   |   |                     |                             |
|---|---|---|---------------------|-----------------------------|
| ANNUAL REPORTING  |   |   |                     |                             |
| FISCAL YEAR 2010  |   |   |                     |                             |
| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS |   |   |                     |                             |
| (1)   | (2)   | (3)   | (4)                 | (5)                         |
| LINE  | AFFILIATE NAME  | DESCRIPTION OF TRANSFER                               | DATE                | TRANSFER TO / FROM HOSPITAL |
|   |   | Nothing to Report                                     |                     | \$0                         |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b>    | <b>\$0</b>                  |
| <b>Q.</b>   | <b>WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b>        |   |                     |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b>    | <b>\$0</b>                  |
| 1   |   | BioMedical Contracted Svc                             | 09/30/2010          | \$227,069                   |
| 2   |   | Payments for Services                                 | 09/30/2010          | (\$179,573)                 |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b>    | <b>\$47,496</b>             |
| <b>R.</b>   | <b>WINDHAM HEALTH SERVICES, INC.</b>                            |   |                     |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b>    | <b>\$0</b>                  |
|   |   | Nothing to Report                                     |                     | \$0                         |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b>    | <b>\$0</b>                  |
| <b>S.</b>   | <b>WINDHAM HOSPITAL FOUNDATION, INC.</b>                        |   |                     |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b>    | <b>\$0</b>                  |
|   |   | Nothing to Report                                     |                     | \$0                         |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b>    | <b>\$0</b>                  |
| <b>T.</b>   | <b>WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.</b> |   |                     |                             |
|   |   | <b>Beginning Unconsolidated Intercompany Balance:</b> | <b>9/30/2009</b>    | <b>\$0</b>                  |
|   |   | Nothing to Report                                     |                     | \$0                         |
|   |   | <b>Ending Unconsolidated Intercompany Balance:</b>    | <b>9/30/2010</b>    | <b>\$0</b>                  |
|   |   |   | <b>Grand Total:</b> | <b>\$38,778,356</b>         |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS |  |                                     |  |                   |                      |
|---|--|-------------------------------------|--|-------------------|----------------------|
| (1)   | (2)  | (3)                                 | (4)  | (5)               | (6)                  |
| LINE  | AFFILIATE TRANSFERRING FUNDS               | AFFILIATE RECEIVING FUNDS           | DESCRIPTION OF TRANSFER                              | DATE              | AMOUNT               |
|   |  |                                     | <b>Beginning Unconsolidated Intercompany Balance</b> | <b>10/01/2009</b> | <b>\$122,576,887</b> |
| <b>A.</b>   | <b>HARTFORD HEALTH CARE CORPORATION</b>    |                                     |  |                   |                      |
| 1   |  | H.H.M.O.B. CORPORATION              | Loan Advances  | 09/30/2010        | \$1,000,000          |
| 2   |  | IMMEDIATE MEDICAL CARE CENTER, INC. | Equity Transfers                                     | 09/30/2010        | \$3,570,527          |
|   |  |                                     | <b>Total:</b>  | <b>9/30/2010</b>  | <b>\$4,570,527</b>   |
| <b>B.</b>   | <b>CHS INSURANCE LIMITED</b>               |                                     |  |                   |                      |
| 1   |  | MIDSTATE MEDICAL CENTER             | Personnel Services                                   | 09/30/2010        | \$44,472             |
|   |  |                                     | <b>Total:</b>  | <b>9/30/2010</b>  | <b>\$44,472</b>      |
| <b>C.</b>   | <b>CLINICAL LABORATORY PARTNERS, LLC</b>   |                                     |  |                   |                      |
| 1   |  | HARTFORD HEALTH CARE CORPORATION    | Intercompany Accounts Payable                        | 09/30/2010        | \$260,203            |
| 2   |  | HARTFORD HEALTH CARE CORPORATION    | Management Contribution                              | 09/30/2010        | \$719,120            |
| 3   |  | HARTFORD HEALTH CARE CORPORATION    | Loan Payments  | 09/30/2010        | \$2,625,000          |
| 4   |  | HARTFORD HEALTH CARE CORPORATION    | Workers Compensation                                 | 09/30/2010        | \$131,235            |
| 5   |  | H.H.M.O.B. CORPORATION              | Parking Space Rentals                                | 09/30/2010        | \$4,770              |
| 6   |  | H.H.M.O.B. CORPORATION              | Rent   | 09/30/2010        | \$87,951             |
| 7   |  | IMMEDIATE MEDICAL CARE CENTER, INC. | Intercompany Accounts Payable                        | 09/30/2010        | \$33,534             |
| 8   |  | EASTERN REHABILITATION NETWORK, LLC | Intercompany Accounts Payable                        | 09/30/2010        | \$2,267              |
|   |  |                                     | <b>Total:</b>  | <b>9/30/2010</b>  | <b>\$3,864,080</b>   |
| <b>D.</b>   | <b>EASTERN REHABILITATION NETWORK, LLC</b> |                                     |  |                   |                      |
| 1   |  | HARTFORD HEALTH CARE CORPORATION    | Management Contribution                              | 09/30/2010        | \$209,905            |
| 2   |  | HARTFORD HEALTH CARE CORPORATION    | Loan Payments  | 09/30/2010        | \$75,000             |
| 3   |  | HARTFORD HEALTH CARE CORPORATION    | Intercompany Accounts Payable                        | 09/30/2010        | \$23,529             |
| 4   |  | H.H.M.O.B. CORPORATION              | Rent   | 09/30/2010        | \$639                |
|   |  |                                     | <b>Total:</b>  | <b>9/30/2010</b>  | <b>\$309,073</b>     |
| <b>E.</b>   | <b>H.H.M.O.B. CORPORATION</b>              |                                     |  |                   |                      |
| 1   |  | HARTFORD HEALTH CARE CORPORATION    | Interest   | 09/30/2010        | \$120,539            |
| 2   |  | HARTFORD HEALTH CARE CORPORATION    | Loan Payments  | 09/30/2010        | \$2,235,359          |
| 3   |  | HARTFORD HEALTH CARE CORPORATION    | Management Contribution                              | 09/30/2010        | \$95,498             |
| 4   |  | HARTFORD HEALTH CARE CORPORATION    | Intercompany Accounts Payable                        | 09/30/2010        | \$2,570              |
| 5   |  | THE INSTITUTE OF LIVING             | Rent   | 09/30/2010        | \$18,352             |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS |   |   |                                |            |             |
|---|---|---|--------------------------------|------------|-------------|
| (1)   | (2)   | (3)   | (4)                            | (5)        | (6)         |
| LINE  | AFFILIATE TRANSFERRING FUNDS                    | AFFILIATE RECEIVING FUNDS                         | DESCRIPTION OF TRANSFER        | DATE       | AMOUNT      |
|   |   |   | Total:                         | 9/30/2010  | \$2,472,318 |
| <b>F.</b>   | <b>HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b> |   |                                |            |             |
|   |   |   | Nothing to Report              |            | \$0         |
|   |   |   | Total:                         | 9/30/2010  | \$0         |
| <b>G.</b>   | <b>IMMEDIATE MEDICAL CARE CENTER, INC.</b>      |   |                                |            |             |
| 1   |   | HARTFORD HEALTH CARE CORPORATION                  | Management Contribution        | 09/30/2010 | \$251,024   |
| 2   |   | HARTFORD HEALTH CARE CORPORATION                  | Intercompany Accounts Payable  | 09/30/2010 | \$35,506    |
| 3   |   | EASTERN REHABILITATION NETWORK, LLC               | Intercompany Accounts Payable  | 09/30/2010 | \$14        |
| 4   |   | EASTERN REHABILITATION NETWORK, LLC               | Rehabilitation Services        | 09/30/2010 | \$5,330     |
| 5   |   | CLINICAL LABORATORY PARTNERS, LLC                 | Lab Services                   | 09/30/2010 | \$33,491    |
| 6   |   | THE INSTITUTE OF LIVING                           | Rent                           | 09/30/2010 | \$103,508   |
| 7   |   | WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED | Rent                           | 09/30/2010 | \$90,843    |
| 8   |   | WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED | Intercompany Accounts Payable  | 09/30/2010 | \$3,174     |
|   |   |   | Total:                         | 9/30/2010  | \$522,890   |
| <b>H.</b>   | <b>JEFFERSON HOUSE</b>                          |   |                                |            |             |
| 1   |   | HARTFORD HEALTH CARE CORPORATION                  | Management Contribution        | 09/30/2010 | \$142,419   |
| 2   |   | EASTERN REHABILITATION NETWORK, LLC               | Rehabilitation Services        | 09/30/2010 | \$296,229   |
| 3   |   | CLINICAL LABORATORY PARTNERS, LLC                 | Lab Services                   | 09/30/2010 | \$38,463    |
|   |   |   | Total:                         | 9/30/2010  | \$477,111   |
| <b>I.</b>   | <b>MERIDEN IMAGING CENTER, INC.</b>             |   |                                |            |             |
|   |   |   | Nothing to Report              |            | \$0         |
|   |   |   | Total:                         | 9/30/2010  | \$0         |
| <b>J.</b>   | <b>MIDSTATE MEDICAL CENTER</b>                  |   |                                |            |             |
| 1   |   | HARTFORD HEALTH CARE CORPORATION                  | Management Contribution        | 09/30/2010 | \$2,426,994 |
| 2   |   | CHS INSURANCE LIMITED                             | Insurance                      | 09/30/2010 | \$4,965,075 |
| 3   |   | CLINICAL LABORATORY PARTNERS, LLC                 | Personnel Services             | 09/30/2010 | \$3,154,766 |
| 4   |   | CLINICAL LABORATORY PARTNERS, LLC                 | Lab Services                   | 09/30/2010 | \$1,356,403 |
| 5   |   | EASTERN REHABILITATION NETWORK, LLC               | Rehabilitation Services        | 09/30/2010 | \$764,054   |
| 6   |   | MIDSTATE MSO, LLC                                 | Investment                     | 09/30/2010 | \$1,200,000 |
| 7   |   | RUSHFORD CENTER, INC.                             | Personnel and Program Services | 09/30/2010 | \$1,000,405 |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS |                                   |   |                               |            |              |
|---|-----------------------------------|---|-------------------------------|------------|--------------|
| (1)   | (2)                               | (3)   | (4)                           | (5)        | (6)          |
| LINE  | AFFILIATE TRANSFERRING FUNDS      | AFFILIATE RECEIVING FUNDS                         | DESCRIPTION OF TRANSFER       | DATE       | AMOUNT       |
|   |                                   |   | Total:                        | 9/30/2010  | \$14,867,697 |
| <b>K.</b>   | <b>MIDSTATE MSO, LLC</b>          |   |                               |            |              |
|   |                                   |   | Nothing to Report             |            | \$0          |
|   |                                   |   | Total:                        | 9/30/2010  | \$0          |
| <b>L.</b>   | <b>NATCHAUG HOSPITAL</b>          |   |                               |            |              |
| 1   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Personnel Services            | 09/30/2010 | \$489,564    |
| 2   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Interest                      | 09/30/2010 | \$21,778     |
| 3   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Loan Payments                 | 09/30/2010 | \$125,300    |
| 4   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Mangement Contribution        | 09/30/2010 | \$401,666    |
| 5   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Intercompany Accounts Payable | 09/30/2010 | \$12,459     |
| 6   |                                   | CLINICAL LABORATORY PARTNERS, LLC                 | Lab Services                  | 09/30/2010 | \$20,229     |
| 7   |                                   | WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED | Lab Services                  | 09/30/2010 | \$233,129    |
| 8   |                                   | WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED | Intercompany Accounts Payable | 09/30/2010 | \$1,478      |
|   |                                   |   | Total:                        | 9/30/2010  | \$1,305,603  |
| <b>M.</b>   | <b>RUSHFORD CENTER, INC.</b>      |   |                               |            |              |
| 1   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Mangement Contribution        | 09/30/2010 | \$282,410    |
|   |                                   |   | Total:                        | 9/30/2010  | \$282,410    |
| <b>N.</b>   | <b>THE INSTITUTE OF LIVING</b>    |   |                               |            |              |
|   |                                   |   | Nothing to Report             |            | \$0          |
|   |                                   |   | Total:                        | 9/30/2010  | \$0          |
| <b>O.</b>   | <b>VNA HEALTH CARE, INC.</b>      |   |                               |            |              |
| 1   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Interest                      | 09/30/2010 | \$10,118     |
| 2   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Loan Payments                 | 09/30/2010 | \$9,280      |
| 3   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Mangement Contribution        | 09/30/2010 | \$372,389    |
| 4   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Workers Compensation          | 09/30/2010 | \$433,922    |
| 5   |                                   | HARTFORD HEALTH CARE CORPORATION                  | Intercompany Accounts Payable | 09/30/2010 | \$31,110     |
| 6   |                                   | EASTERN REHABILITATION NETWORK, LLC               | Rehabilitation Services       | 09/30/2010 | \$3,865,628  |
|   |                                   |   | Total:                        | 9/30/2010  | \$4,722,447  |
| <b>P.</b>   | <b>VNA HEALTH RESOURCES, INC.</b> |   |                               |            |              |
|   |                                   |   | Nothing to Report             |            | \$0          |



| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010                                   |  |            |                  |
|---|--|------------|------------------|
| REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL |  |            |                  |
| (1)   | (2)  | (3)        | (4)              |
| LINE  | AFFILIATE NAME &<br>DESCRIPTION OF EXPENDITURE | AMOUNT     | DATE             |
| <b>A. HARTFORD HEALTH CARE CORPORATION</b>  |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>B. CHS INSURANCE LIMITED</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>C. CLINICAL LABORATORY PARTNERS, LLC</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>D. EASTERN REHABILITATION NETWORK, LLC</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>E. H.H.M.O.B. CORPORATION</b>  |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>F. HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b>  |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>G. IMMEDIATE MEDICAL CARE CENTER, INC.</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>H. JEFFERSON HOUSE</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>I. MERIDEN IMAGING CENTER, INC.</b>  |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>J. MIDSTATE MEDICAL CENTER</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>K. MIDSTATE MSO, LLC</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>L. NATCHAUG HOSPITAL</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>M. RUSHFORD CENTER, INC.</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>N. THE INSTITUTE OF LIVING</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>O. VNA HEALTH CARE, INC.</b>   |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>P. VNA HEALTH RESOURCES, INC.</b>  |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |
| <b>Q. WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b>                                 |  |            |                  |
| 0   | Nothing to Report                              | \$0        |                  |
|   | <b>Total:</b>                                  | <b>\$0</b> | <b>9/30/2010</b> |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010                                   |                            |            |                  |
|---|----------------------------|------------|------------------|
| REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL |                            |            |                  |
| (1)   | (2)                        | (3)        | (4)              |
| LINE  | DESCRIPTION OF EXPENDITURE | AMOUNT     | DATE             |
| <b>R. WINDHAM HEALTH SERVICES, INC.</b>   |                            |            |                  |
| 0   | Nothing to Report          | \$0        |                  |
|   | <b>Total:</b>              | <b>\$0</b> | <b>9/30/2010</b> |
| <b>S. WINDHAM HOSPITAL FOUNDATION, INC.</b>   |                            |            |                  |
| 0   | Nothing to Report          | \$0        |                  |
|   | <b>Total:</b>              | <b>\$0</b> | <b>9/30/2010</b> |
| <b>T. WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.</b>                          |                            |            |                  |
| 0   | Nothing to Report          | \$0        |                  |
|   | <b>Total:</b>              | <b>\$0</b> | <b>9/30/2010</b> |
|   | <b>Grand Total:</b>        | <b>\$0</b> | <b>9/30/2010</b> |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010   |  |            |               |
|---|--|------------|---------------|
| REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS |  |            |               |
| (1)   | (2)  | (3)        | (4)           |
| LINE  | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT     | TERM IN YEARS |
| <b>A. HARTFORD HEALTH CARE CORPORATION</b>  |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>B. CHS INSURANCE LIMITED</b>   |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>C. CLINICAL LABORATORY PARTNERS, LLC</b>   |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>D. EASTERN REHABILITATION NETWORK, LLC</b>   |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>E. H.H.M.O.B. CORPORATION</b>  |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>F. HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b>  |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>G. IMMEDIATE MEDICAL CARE CENTER, INC.</b>   |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>H. JEFFERSON HOUSE</b>   |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>I. MERIDEN IMAGING CENTER, INC.</b>  |  |            |               |
| 0   | Nothing to Report  | \$0        | 0             |
| <b>Total:</b>   |  | <b>\$0</b> |               |
| <b>J. MIDSTATE MEDICAL CENTER</b>   |  |            |               |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010   |  |                     |               |
|---|--|---------------------|---------------|
| REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS |  |                     |               |
| (1)   | (2)  | (3)                 | (4)           |
| LINE  | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT   | AMOUNT              | TERM IN YEARS |
| 1   | Guarantee of loan payable to the State of Connecticut Health and Educational Facilities Authority.<br>Current unpaid principal as of 9/30/10 is \$38,480,000 | \$69,785,000        | 20            |
| 2   | Guarantee of loan payable to the State of Connecticut Health and Educational Facilities Authority.<br>Current unpaid principal as of 9/30/10 is \$500,000    | \$500,000           | 15            |
| 3   | Guarantee of loan payable to the State of Connecticut Health and Educational Facilities Authority.<br>Current unpaid principal as of 9/30/10 is \$13,935,000 | \$13,935,000        | 21            |
| 4   | Guarantee of Interest Rate Swap  | \$5,824,000         | 1             |
| <b>Total:</b>   |  | <b>\$90,044,000</b> |               |
| <b>K. MIDSTATE MSO, LLC</b>   |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>L. NATCHAUG HOSPITAL</b>   |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>M. RUSHFORD CENTER, INC.</b>   |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>N. THE INSTITUTE OF LIVING</b>   |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>O. VNA HEALTH CARE, INC.</b>   |  |                     |               |
| 1   | Guarantee of line of credit payable to bank  | \$4,000,000         | 1             |
| <b>Total:</b>   |  | <b>\$4,000,000</b>  |               |
| <b>P. VNA HEALTH RESOURCES, INC.</b>  |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>Q. WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b>   |  |                     |               |
| 1   | Guarantee of Termination Value of Interest Rate Swap   | \$3,185,500         | 1             |
| <b>Total:</b>   |  | <b>\$3,185,500</b>  |               |
| <b>R. WINDHAM HEALTH SERVICES, INC.</b>   |  |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
| <b>Total:</b>   |  | <b>\$0</b>          |               |
| <b>S. WINDHAM HOSPITAL FOUNDATION, INC.</b>   |  |                     |               |

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| REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS |  |                     |               |
| (1)   | (2)  | (3)                 | (4)           |
| LINE  | AFFILIATE NAME &<br>DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT              | TERM IN YEARS |
| 0   | Nothing to Report  | \$0                 | 0             |
|   | <b>Total:</b>  | <b>\$0</b>          |               |
| T.  | WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.             |                     |               |
| 0   | Nothing to Report  | \$0                 | 0             |
|   | <b>Total:</b>  | <b>\$0</b>          |               |
|   | <b>Grand Total:</b>  | <b>\$97,229,500</b> |               |
|   |  |                     |               |
|   |  |                     |               |

| HARTFORD HOSPITAL<br>ANNUAL REPORTING<br>FISCAL YEAR 2010<br>REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR<br>INDIGENT CARE AND FREE BEDS |                             |                        |                        |                         |              |
|--|-----------------------------|------------------------|------------------------|-------------------------|--------------|
| (1)  | (2)                         | (3)                    | (4)                    | (5)                     | (6)          |
| LINE   | DESCRIPTION                 | FY 2009<br>ACTUAL      | FY 2010<br>ACTUAL      | AMOUNT<br>DIFFERENCE    | % DIFFERENCE |
| <b>A. Indigent Care</b>  |                             |                        |                        |                         |              |
|  | <b>Beginning Balance</b>    | <b>\$0.00</b>          | <b>\$0.00</b>          | <b>\$0.00</b>           | <b>0%</b>    |
| 1  | Donations                   | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 2  | Income                      | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 3  | Expenditures                | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 4  | Unrealized Gains and Losses | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
|  | <b>Ending Balance</b>       | <b>\$0.00</b>          | <b>\$0.00</b>          | <b>\$0.00</b>           | <b>0%</b>    |
| 5  | Projected Interest Income   | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| <b>B. Free Beds</b>  |                             |                        |                        |                         |              |
|  | <b>Beginning Balance</b>    | <b>\$46,661,628.00</b> | <b>\$36,872,845.00</b> | <b>(\$9,788,783.00)</b> | <b>-21%</b>  |
| 1  | Donations                   | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 2  | Income                      | (\$7,658,887.00)       | \$870,205.00           | \$8,529,092.00          | -111%        |
| 3  | Expenditures                | \$4,040,134.00         | \$2,245,584.00         | (\$1,794,550.00)        | -44%         |
| 4  | Unrealized Gains and Losses | \$1,910,238.00         | \$2,308,772.00         | \$398,534.00            | 21%          |
|  | <b>Ending Balance</b>       | <b>\$36,872,845.00</b> | <b>\$37,806,238.00</b> | <b>\$933,393.00</b>     | <b>3%</b>    |
| 5  | Projected Interest Income   | \$1,474,914.00         | \$1,512,249.52         | \$37,335.52             | 3%           |
| <b>C. Other</b>  |                             |                        |                        |                         |              |
|  | <b>Beginning Balance</b>    | <b>\$0.00</b>          | <b>\$0.00</b>          | <b>\$0.00</b>           | <b>0%</b>    |
| 1  | Donations                   | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 2  | Income                      | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 3  | Expenditures                | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
| 4  | Unrealized Gains and Losses | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |
|  | <b>Ending Balance</b>       | <b>\$0.00</b>          | <b>\$0.00</b>          | <b>\$0.00</b>           | <b>0%</b>    |
| 5  | Projected Interest Income   | \$0.00                 | \$0.00                 | \$0.00                  | 0%           |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |  |                |
| A. Patient Activity   |  |                |
| (1)   | (2)  | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)      | Amount         |
| 1.Number of Applications for Hospital Bed Funds                                   |  | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |  | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |  | \$2,245,584.30 |
| 1   | BENNETT, ALICE HOWARD FREE BED FUND        | \$50.00        |
| 2   | SANBORN, WILLIAM FREE BED FUND             | \$12,345.69    |
| 3   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD | \$611.04       |
| 4   | HUNGERFORD, NEWMAN FUND 2                  | \$547.92       |
| 5   | STATE GRANT                                | \$4,679.43     |
| 6   | STATE GRANT                                | \$2,005.47     |
| 7   | BURPEE, ADDIE W. FUND                      | \$13,424.22    |
| 7   | CLARK, SUSAN S. FREE BED FUND              | \$15,108.72    |
| 7   | GOODWIN, JAMES REV. DR. FREE BED FUND      | \$14,977.14    |
| 8   | THOMPSON, GERT UWO FREE BED FUND           | \$426.22       |
| 9   | WILCOX, FRAND L. FREE BED FD               | \$700.58       |
| 10  | STATE GRANT                                | \$2,673.96     |
| 11  | STATE GRANT                                | \$12,032.82    |
| 12  | STATE GRANT                                | \$6,016.23     |
| 13  | BRAINARD, AMAZIAN FUND                     | \$40,686.80    |
| 14  | PERKINS, GERTRUDE S. FREE BED FD.          | \$505.52       |
| 15  | STATE GRANT                                | \$2,005.47     |
| 16  | TUTTLE, MILES A. FREE BED FD               | \$1,188.87     |
| 17  | GOODWIN, FRANCIS MARY FREE BED FUND        | \$250.00       |
| 18  | STATE GRANT                                | \$6,684.70     |
| 19  | GOODWIN, FRANCIS MARY FREE BED FUND        | \$106.74       |
| 20  | ENSIGN, JOSEPH R. MARY FREE BED FUND       | \$226.04       |
| 21  | EMMA LANE                                  | \$4,568.18     |
| 22  | ENSIGN, JOSEPH R. MARY FREE BED FUND       | \$3,241.21     |
| 23  | STATE GRANT                                | \$4,679.43     |
| 24  | STATE GRANT                                | \$4,679.29     |
| 25  | TUTTLE, MILES A. FREE BED FD               | \$82.00        |
| 26  | STATE GRANT                                | \$3,342.35     |
| 27  | GOODWIN, FRANCIS MARY FREE BED FUND        | \$322.00       |
| 28  | STATE GRANT                                | \$4,679.29     |
| 29  | BLISS, FRED                                | \$58,263.44    |
| 29  | BRITTON, FRANCES WOOD FREE BED FUND        | \$9,408.04     |
| 30  | BENNETT, ALICE HOWARD FREE BED FUND        | \$1,000.00     |
| 31  | HUNGERFORD, NEWMAN FUND 2                  | \$8,250.10     |
| 32  | GOODWIN, FRANCIS MARY FREE BED FUND        | \$200.00       |
| 33  | MCLEAN, JULIETTE FREE BED FD.              | \$800.00       |
| 34  | STATE GRANT                                | \$668.47       |
| 35  | STATE GRANT                                | \$1,336.94     |
| 36  | STATE GRANT                                | \$4,010.94     |
| 37  | STATE GRANT                                | \$2,673.96     |
| 38  | BLISS, FRED                                | \$12,253.66    |
| 39  | KOLAKOWSKI, HENRY                          | \$4,428.00     |
| 40  | STATE GRANT                                | \$2,005.47     |
| 41  | TUTTLE, MILES A. FREE BED FD               | \$2,821.68     |
| 42  | BENNETT, ALICE HOWARD FREE BED FUND        | \$2,478.59     |
| 43  | BENNETT, ALICE HOWARD FREE BED FUND        | \$391.56       |
| 44  | STATE GRANT                                | \$13,369.80    |
| 45  | STATE GRANT                                | \$668.49       |
| 46  | HALL, GEORGE FUND 1                        | \$264.00       |
| 46  | HART, EMMA MAY FUND                        | \$609.53       |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |  |                |
| A. Patient Activity   |  |                |
| (1)   | (2)  | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)            | Amount         |
| 1. Number of Applications for Hospital Bed Funds                                  |  | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |  | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |  | \$2,245,584.30 |
| 46  | NORTHAN, CHARLES H. FD                           | \$18.15        |
| 47  | BACON, WILLIAM T. FREE BED FD                    | \$271.11       |
| 48  | BACON, WILLIAM T. FREE BED FD                    | \$2,567.30     |
| 49  | POTTER, CAMILLA JILLSON FREE BED FD.             | \$34.07        |
| 50  | GOODWIN, FRANCIS MARY FREE BED FUND              | \$560.23       |
| 51  | STATE GRANT                                      | \$4,679.43     |
| 52  | HUNGERFORD, NEWMAN FUND 2                        | \$26,692.15    |
| 53  | CLARK, JULIA FILMAN FUND                         | \$4,918.24     |
| 54  | BENNETT, ALICE HOWARD FREE BED FUND              | \$150.00       |
| 55  | BENNETT, ALICE HOWARD FREE BED FUND              | \$150.00       |
| 56  | STATE GRANT                                      | \$4,010.94     |
| 57  | BENNETT, ALICE HOWARD FREE BED FUND              | \$3,509.14     |
| 58  | ALLEN, LUCY FREE BED FUND                        | \$1,264.88     |
| 58  | MCCRAY, WILLIAM B FUND                           | \$1,496.36     |
| 59  | POTTER, CAMILLA JILLSON FREE BED FD.             | \$600.00       |
| 60  | POTTER, CAMILLA JILLSON FREE BED FD.             | \$25.00        |
| 61  | PERKINS, GERTRUDE S. FREE BED FD.                | \$100.00       |
| 62  | BENNETT, ALICE HOWARD FREE BED FUND              | \$50.00        |
| 63  | KOLAKOWSKI, HENRY                                | \$857.00       |
| 64  | GRANBERRY, STEPHEN H. REV. FBF                   | \$19,701.86    |
| 64  | LEVERTH M. BRAINARD                              | \$11,332.60    |
| 65  | ENSIGN, JOSEPH R. MARY FREE BED FUND             | \$100.00       |
| 66  | ENSIGN, JOSEPH R. MARY FREE BED FUND             | \$350.00       |
| 67  | POTTER, CAMILLA JILLSON FREE BED FD.             | \$1,731.85     |
| 68  | KOHN, HENRY I/M/ O RICHARD C. KOHN FREE BED FUND | \$14,366.47    |
| 69  | WINCHELL SMITH                                   | \$41,844.46    |
| 70  | STATE GRANT                                      | \$14,038.29    |
| 71  | HUNGERFORD, NEWMAN FUND 2                        | \$100.00       |
| 72  | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD       | \$513.63       |
| 72  | CUTLER, RUTHER BRAINARD FD                       | \$0.00         |
| 73  | HOOKER, EDWARD WILLIAMS FREE BED FUND            | \$15,257.63    |
| 74  | BENNETT, ALICE HOWARD FREE BED FUND              | \$365.84       |
| 75  | PERKINS, GERTRUDE S. FREE BED FD.                | \$424.00       |
| 76  | STATE GRANT                                      | \$4,010.94     |
| 77  | GOODWIN, FRANCIS MARY FREE BED FUND              | \$793.21       |
| 78  | GOODWIN, FRANCIS MARY FREE BED FUND              | \$2,000.00     |
| 79  | CUTLER, RUTHER BRAINARD FD                       | \$11,792.72    |
| 80  | STATE GRANT                                      | \$8,690.37     |
| 81  | STATE GRANT                                      | \$4,679.43     |
| 82  | PHELPS, CHARLES ELSIE SYKES FREE BED FUND        | \$17,718.37    |
| 83  | BENNETT, ALICE HOWARD FREE BED FUND              | \$145.38       |
| 84  | BENNETT, ALICE HOWARD FREE BED FUND              | \$1,148.76     |
| 85  | HUNGERFORD, NEWMAN FUND 2                        | \$596.48       |
| 86  | HUNGERFORD, NEWMAN FUND 2                        | \$110.00       |
| 87  | PERKINS, GERTRUDE S. FREE BED FD.                | \$100.00       |
| 88  | BENNETT, ALICE HOWARD FREE BED FUND              | \$383.53       |
| 89  | TUTTLE, MILES A. FREE BED FD                     | \$413.61       |
| 90  | STATE GRANT                                      | \$2,005.41     |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |   |                |
| A. Patient Activity   |   |                |
| (1)   | (2)   | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)           | Amount         |
| 1.Number of Applications for Hospital Bed Funds                                   |   | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |   | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |   | \$2,245,584.30 |
| 91  | BENNETT, ALICE HOWARD FREE BED FUND             | \$3,255.58     |
| 92  | HALL, GEORGE FUND 2                             | \$82.82        |
| 93  | STATE GRANT                                     | \$6,016.41     |
| 94  | STATE GRANT                                     | \$5,347.76     |
| 95  | GOODWIN, FRANCIS MARY FREE BED FUND             | \$3,107.68     |
| 96  | GOODWIN, FRANCIS MARY FREE BED FUND             | \$2,455.45     |
| 97  | STATE GRANT                                     | \$3,342.45     |
| 98  | CUTLER, RALPH W. FREE BED FD                    | \$23,280.21    |
| 99  | HICKMOTT, EDWARD P. FREE BED FD                 | \$6,343.62     |
| 99  | PORTER, ELISA STORRS FREE BED FD                | \$6,343.62     |
| 99  | REIS, M. KATHERINE FREE BED FD                  | \$1,319.25     |
| 100   | STATE GRANT                                     | \$3,342.45     |
| 101   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD      | \$737.50       |
| 102   | BACON, WILLIAM T. FREE BED FD                   | \$441.02       |
| 103   | ANDREW, SILLIAN FREE BED FUND                   | \$29,946.52    |
| 103   | AVERY_WELCHER FREE BED FUND                     | \$12,345.09    |
| 103   | CROSBY,C. W. FREEBED FD.UWO MATTHEW G. THOMPSON | \$23,349.22    |
| 103   | DR. GORDON RUSSELL"                             | \$32,531.05    |
| 103   | GOODWIN, FRANCIS MARY FREE BED FUND             | \$22,899.71    |
| 103   | HALL, MARGARET J. FREE BED FUND                 | \$12,341.25    |
| 103   | HITCHOCK, HENRY P. MRS. FREE BED FUND           | \$41,219.75    |
| 103   | LOUIS TERRY                                     | \$20,910.34    |
| 103   | MANNING, AUGUSTA M. FREE BED FUND               | \$12,245.49    |
| 103   | MCLEAN, JULIETTE FREE BED FD.                   | \$61,198.30    |
| 103   | RUSSELL, MARY I. B. FUND                        | \$48,494.27    |
| 103   | RUSSELL, W., C. ADA G. FREE BED FD.             | \$33,896.25    |
| 104   | MCLEAN, JULIETTE FREE BED FD.                   | \$2,467.78     |
| 105   | BENNETT, ALICE HOWARD FREE BED FUND             | \$756.94       |
| 106   | BENNETT, ALICE HOWARD FREE BED FUND             | \$282.19       |
| 107   | FISHER, ANNA FREE BED FUND                      | \$13,584.93    |
| 108   | BENNETT, ALICE HOWARD FREE BED FUND             | \$300.00       |
| 109   | HUNGERFORD, NEWMAN FUND 2                       | \$1,324.13     |
| 110   | BENNETT, ALICE HOWARD FREE BED FUND             | (\$423.29)     |
| 111   | STATE GRANT                                     | \$6,684.82     |
| 112   | BENNETT, ALICE HOWARD FREE BED FUND             | \$75.00        |
| 113   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD      | \$2,090.00     |
| 114   | THOMAS WOOD                                     | \$14,746.53    |
| 115   | BENNETT, ALICE HOWARD FREE BED FUND             | \$1,286.15     |
| 116   | HUNGERFORD, NEWMAN FUND 2                       | (\$19.56)      |
| 117   | CROSBY,C. W. FREEBED FD.UWO MATTHEW G. THOMPSON | \$25,904.29    |
| 118   | POTTER, CAMILLA JILLSON FREE BED FD.            | \$965.00       |
| 119   | BENNETT, ALICE HOWARD FREE BED FUND             | \$253.29       |
| 120   | DILLON, EDWARD FUND                             | \$0.00         |
| 121   | WILCOX, FRAND L. FREE BED FD                    | \$50.00        |
| 122   | MCLEAN, JULIETTE FREE BED FD.                   | \$3,243.39     |
| 123   | BLISS, FRED                                     | \$31,886.30    |
| 124   | GOODWIN, FRANCIS MARY FREE BED FUND             | \$225.00       |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |   |                |
| A. Patient Activity   |   |                |
| (1)   | (2)   | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)           | Amount         |
| 1.Number of Applications for Hospital Bed Funds                                   |   | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |   | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |   | \$2,245,584.30 |
| 125   | POTTER, CAMILLA JILLSON FREE BED FD.            | \$1,857.95     |
| 126   | STATE GRANT                                     | \$14,706.78    |
| 127   | STATE GRANT                                     | \$2,005.41     |
| 128   | HILLS, COOLIDGE J, FD                           | (\$319.52)     |
| 129   | STATE GRANT                                     | \$4,010.94     |
| 130   | PERKINS, GERTRUDE S. FREE BED FD.               | \$50.00        |
| 131   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD      | \$75.00        |
| 132   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD      | \$480.00       |
| 133   | STATE GRANT                                     | \$8,690.37     |
| 134   | BACON, WILLIAM T. FREE BED FD                   | \$370.35       |
| 135   | HART, EMMA MAY FUND                             | (\$93.60)      |
| 136   | STATE GRANT                                     | \$2,005.47     |
| 137   | HUNGERFORD, NEWMAN FUND 2                       | \$416.98       |
| 138   | HUNGERFORD, NEWMAN FUND 2                       | \$284.76       |
| 139   | STATE GRANT                                     | \$3,342.45     |
| 140   | TERRY SMITH                                     | \$785.18       |
| 141   | POTTER, CAMILLA JILLSON FREE BED FD.            | \$653.53       |
| 142   | STATE GRANT                                     | \$4,679.43     |
| 143   | STATE GRANT                                     | \$3,342.45     |
| 144   | TUTTLE, MILES A. FREE BED FD                    | \$100.00       |
| 145   | STATE GRANT                                     | \$4,679.43     |
| 146   | BENNETT, ALICE HOWARD FREE BED FUND             | \$1,880.90     |
| 147   | BLISS, GRACE                                    | \$22,092.28    |
| 148   | BLISS, GRACE                                    | \$704.00       |
| 149   | ALLEN, MAJORIE H. FREE BED FUND                 | \$1,363.81     |
| 149   | HART, EDITH MAY FREE BED FUND                   | \$1,665.25     |
| 149   | PARSON, ELIA L. FD.                             | \$968.17       |
| 149   | SMITH, ELLEN T. FREE BED FD.                    | \$1,383.98     |
| 149   | STARR, MARTHA K. UWO FLORANCE CROFUT            | \$1,010.65     |
| 149   | TAINOR, ALICE FREE BED FUND                     | \$280.27       |
| 149   | TUTTLE, SARAH FREE BED FD UWO JANE TUTTLE       | \$153.33       |
| 149   | WATKINSON, ELLEN M. TRUST FD                    | \$210.23       |
| 149   | WHAPLES, MARY A. FD                             | \$39.19        |
| 149   | WILLIAMS, EUGENE PHILLIPS FD                    | \$174.10       |
| 149   | WILSON, HATTIE JOHNSON FREE BED FD              | (\$512.54)     |
| 149   | WOH , KATTIE FREE BED FD                        | \$862.75       |
| 149   | WRIGHT, HENRY T. FD                             | \$350.35       |
| 150   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD      | \$50.00        |
| 151   | STATE GRANT                                     | \$1,336.98     |
| 152   | CROSBY,C. W. FREEBED FD.UWO MATTHEW G. THOMPSON | \$2,542.30     |
| 153   | TERRY SMITH                                     | \$5,561.63     |
| 154   | WILCOX, FRAND L. FREE BED FD                    | \$878.72       |
| 155   | BENNETT, ALICE HOWARD FREE BED FUND             | \$271.11       |
| 156   | MCLEAN, JULIETTE FREE BED FD.                   | \$20,671.58    |
| 157   | WILLIAMS, ELIZABETH W. FREE BED                 | \$14,707.49    |
| 158   | BACON, WILLIAM T. FREE BED FD                   | \$966.97       |
| 159   | STATE GRANT                                     | \$4,679.43     |
| 160   | STATE GRANT                                     | \$4,010.94     |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |  |                |
| A. Patient Activity   |  |                |
| (1)   | (2)  | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)        | Amount         |
| 1.Number of Applications for Hospital Bed Funds                                   |  | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |  | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |  | \$2,245,584.30 |
| 161   | GAY, GEORGE A. FUND IN CARE OF GOODWIN, LUCY | \$18,555.74    |
| 162   | ENSIGN, JOSEPH R. MARY FREE BED FUND         | \$17,438.21    |
| 163   | TERRY SMITH                                  | \$596.78       |
| 164   | STATE GRANT                                  | \$2,673.96     |
| 165   | PERKINS, GERTRUDE S. FREE BED FD.            | \$50.00        |
| 166   | STATE GRANT                                  | \$2,009.47     |
| 167   | MCLEAN, JULIETTE FREE BED FD.                | \$373.45       |
| 168   | BLISS, FRED                                  | \$6,105.65     |
| 169   | HUNGERFORD, NEWMAN FUND 2                    | \$1,136.18     |
| 170   | HUNGERFORD, NEWMAN FUND 2                    | \$175.39       |
| 171   | ENSIGN, JOSEPH R. MARY FREE BED FUND         | \$1,000.00     |
| 172   | POTTER, CAMILLA JILLSON FREE BED FD.         | \$29,521.54    |
| 172   | PRENTICE, SAMUEL O. FREE BED FD              | \$24,682.49    |
| 173   | STATE GRANT                                  | \$16,043.76    |
| 174   | CLARK, SUSAN S. FREE BED FUND                | \$50.00        |
| 175   | TUTTLE, MILES A. FREE BED FD                 | \$590.47       |
| 176   | TUTTLE, MILES A. FREE BED FD                 | \$992.98       |
| 177   | BALLERSTEIN, RAPHAEL JULIA FREE BED FD       | \$1,089.69     |
| 177   | BROWN, FREDERICK S. ALMERA D. FUND           | \$15,395.62    |
| 177   | DAY, CALVIN FREE BED FD                      | \$3,979.08     |
| 177   | DILLON, EDWARD FUND                          | \$2,659.28     |
| 177   | HILLYER, DRAYTON O. FD                       | \$3,507.48     |
| 177   | LEVERTH M. BRAINARD                          | \$14,017.28    |
| 178   | STATE GRANT                                  | \$8,021.64     |
| 179   | PERKINS, GERTRUDE S. FREE BED FD.            | \$303.50       |
| 180   | MCLEAN, JULIETTE FREE BED FD.                | \$551.70       |
| 181   | HUNGERFORD, NEWMAN FUND 2                    | \$500.00       |
| 182   | FRANCIS BERSFORD MARSH                       | \$19,745.98    |
| 182   | GOODWIN, DANIEL M. FREE BED FUND             | \$4,768.18     |
| 182   | MARY STEWART BERSFORD"                       | \$17,018.28    |
| 182   | RUSSELL, ADA G. FD.                          | \$9,877.38     |
| 183   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD   | \$323.81       |
| 183   | CUTLER, RUTHER BRAINARD FD                   | \$0.00         |
| 184   | GOODWIN, FRANCIS MARY FREE BED FUND          | \$915.46       |
| 185   | GOODWIN, FRANCIS MARY FREE BED FUND          | \$131.80       |
| 186   | BLISS, FRED                                  | \$14,665.45    |
| 187   | HUNGERFORD, NEWMAN FUND 2                    | \$626.97       |
| 188   | WINCHELL SMITH                               | \$148,096.59   |
| 189   | STATE GRANT                                  | \$12,701.31    |
| 190   | STATE GRANT                                  | \$19,386.21    |
| 191   | STATE GRANT                                  | \$3,342.45     |
| 192   | STATE GRANT                                  | \$3,342.45     |
| 193   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD   | \$150.00       |
| 194   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD   | \$224.16       |
| 195   | BARNEY, LAURA D. FREE BED FUND               | \$16,788.32    |
| 195   | THOMPSON, GERT UWO FREE BED FUND             | \$614.65       |
| 196   | GAY, GEORGE A. FUND IN CARE OF GOODWIN, LUCY | \$4,109.77     |

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| A. Patient Activity   |  |                |
| (1)   | (2)  | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)      | Amount         |
| 1.Number of Applications for Hospital Bed Funds                                   |  | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |  | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |  | \$2,245,584.30 |
| 196   | TUTTLE, MILES A. FREE BED FD               | \$27,478.74    |
| 197   | BENNETT, ALICE HOWARD FREE BED FUND        | \$180.00       |
| 198   | BENNETT, ALICE HOWARD FREE BED FUND        | \$1,420.00     |
| 199   | BENNETT, ALICE HOWARD FREE BED FUND        | \$620.00       |
| 200   | STATE GRANT                                | \$22,060.17    |
| 201   | BERESFORD,SAMUEL BARWICK FREE BED FUND     | \$12,341.25    |
| 201   | CHENEY, BROTHERS FREE BED FUND             | \$11,887.91    |
| 201   | PERKINS, GERTRUDE S. FREE BED FD.          | \$5,940.39     |
| 202   | HUNGERFORD, NEWMAN FUND 2                  | \$475.08       |
| 203   | HUNGERFORD, NEWMAN FUND 2                  | \$1,345.82     |
| 204   | BLISS, FRED                                | \$11,843.26    |
| 205   | HUNGERFORD, NEWMAN FUND 2                  | \$1,500.00     |
| 206   | STATE GRANT                                | \$9,358.86     |
| 207   | KENEY, FUND                                | \$2,244.66     |
| 208   | POTTER, CAMILLA JILLSON FREE BED FD.       | \$4,097.02     |
| 209   | HUNGERFORD, NEWMAN FUND 1                  | \$175.68       |
| 210   | HALL, HARRIET FUND                         | \$31,925.09    |
| 211   | GOODWIN, FRANCIS MARY FREE BED FUND        | \$1,006.34     |
| 212   | CUTLER, RUTHER BRAINARD FD                 | \$17,347.59    |
| 212   | HUNGERFORD, NEWMAN FUND 2                  | \$33,962.97    |
| 212   | JEWELL, CHARLES A. FREE BED FUND           | \$18,694.47    |
| 213   | BENNETT, ALICE HOWARD FREE BED FUND        | \$1,079.03     |
| 214   | BENNETT, ALICE HOWARD FREE BED FUND        | \$144.76       |
| 215   | WILCOX, FRAND L. FREE BED FD               | \$788.30       |
| 216   | GOODWIN, FRANCIS MARY FREE BED FUND        | \$392.32       |
| 217   | TUTTLE, MILES A. FREE BED FD               | \$1,500.00     |
| 218   | STATE GRANT                                | \$2,673.96     |
| 219   | TERRY SMITH                                | \$4,719.94     |
| 220   | ENSIGN, JOSEPH R. MARY FREE BED FUND       | \$45,141.46    |
| 221   | PHELPS, CHARLES ELSIE SYKES FREE BED FUND  | \$3,677.16     |
| 222   | NORTHAN, CHARLES H. FD                     | \$157.53       |
| 223   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD | \$20,904.67    |
| 224   | HUNGERFORD, NEWMAN FUND 2                  | \$4,741.00     |
| 225   | TUTTLE, WILLIAM FREE BED UTCWO JANE TUTTLE | \$2,686.31     |
| 226   | EMMA LANE                                  | \$10,608.44    |
| 227   | BRAINERD,LYMAN D. LUCY M. FREE BED FUND    | \$2,142.00     |
| 228   | EMMA LANE                                  | \$20,377.22    |
| 229   | BREWSTER, ALICE STEPHEN FREE BED FUND      | \$5,210.66     |
| 229   | COOK, CHARLES B. FREE BED FUND             | \$3,444.46     |
| 229   | HALL, GEORGE FUND 2                        | \$381.74       |
| 229   | HILLS, FREDERICK W. FD                     | \$998.33       |
| 229   | PORTER, CAROLIN E.FREE BED FUND            | \$1,803.82     |
| 229   | ROBERTS, ELVIRA EVANS FREE BED FD          | \$631.63       |
| 229   | TERRY, ISHAM FREE BED FUND                 | \$5,089.83     |
| 229   | TUTTLE, WILLIAM E.FREE BED UWO JANE TUTTLE | \$7,433.58     |
| 229   | HALL, GEORGE FUND 2                        | \$360.00       |

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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL               |   |                |
| A. Patient Activity   |   |                |
| (1)   | (2)   | (3)            |
| Patient   | Name of Hospital Bed Fund (FULL NAME)             | Amount         |
| 1. Number of Applications for Hospital Bed Funds                                  |   | 265            |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants                       |   | 252            |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F |   | \$2,245,584.30 |
| 230   | GOODWIN, MARY E. LINCOLN                          | \$280.50       |
| 231   | HUNGERFORD, NEWMAN FUND 2                         | \$260.00       |
| 232   | HUNGERFORD, NEWMAN FUND 2                         | \$131.25       |
| 233   | HUNGERFORD, NEWMAN FUND 2                         | \$100.00       |
| 234   | HUNGERFORD, NEWMAN FUND 2                         | \$88.99        |
| 235   | BENNETT, ALICE HOWARD FREE BED FUND               | \$333.00       |
| 236   | HUNGERFORD, NEWMAN FUND 2                         | \$137.00       |
| 237   | POTTER, CAMILLA JILLSON FREE BED FD.              | \$88.06        |
| 238   | POTTER, CAMILLA JILLSON FREE BED FD.              | \$60.00        |
| 239   | POTTER, CAMILLA JILLSON FREE BED FD.              | \$310.00       |
| 240   | HUNGERFORD, NEWMAN FUND 2                         | \$2,149.33     |
| 241   | ENSIGN, JOSEPH R. MARY FREE BED FUND              | \$6,362.08     |
| 242   | PERKINS, GERTRUDE S. FREE BED FD.                 | \$50.00        |
| 243   | BLISS, FRED                                       | \$44,754.90    |
| 244   | BLISS, GRACE                                      | \$92,473.54    |
| 245   | GOODWIN, FRANCIS MARY FREE BED FUND               | \$1,256.99     |
| 246   | CROSBY, C. W. FREEBED FD. UWO MATTHEW G. THOMPSON | \$32,457.21    |
| 247   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD        | \$36,253.28    |
| 248   | HUNGERFORD, NEWMAN FUND 2                         | \$32,492.10    |
| 249   | GOODWIN, MARY E. LINCOLN                          | \$25.00        |
| 250   | BENNETT, ALICE HOWARD FREE BED FUND               | \$1,155.12     |
| 251   | HILLS, COOLIDGE J, FD                             | \$20.92        |
| 252   | HUNGERFORD, NEWMAN FUND 2                         | \$4,179.00     |
| Grand Total   |   | \$2,245,584.30 |

| HARTFORD HOSPITAL   |  |                  |                 |                     |                    |
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL |  |                  |                 |                     |                    |
| B. BED FUND ACTIVITY  |  |                  |                 |                     |                    |
| (1)   | (2)  | (3)              | (4)             | (5)                 | (6)                |
| Line  | Name of Hospital Bed Fund  | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3)   | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each |                  |                 |                     |                    |
| (4)   | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.       |                  |                 |                     |                    |
| (5)   | Actual Dollar Amount of Earnings reinvested as Principal, if any.  |                  |                 |                     |                    |
| (6)   | Actual Dollar Amount of Earnings available for Patient Care.   |                  |                 |                     |                    |
|   | RUSSELL, MARY I. B. FUND   | \$1,454,480.21   | (\$164,005.40)  | (\$213,756.36)      | \$48,494.27        |
|   | DILLON, EDWARD FUND  | \$53,333.69      | \$670.06        | \$654.44            | (\$2,061.58)       |
|   | FISHER, ANNA FREE BED FUND   | \$281,198.67     | \$2,694.89      | (\$7,572.85)        | \$0.00             |
|   | HALL, GEORGE FUND 1  | \$24,437.63      | \$295.59        | \$288.70            | \$0.00             |
|   | HALL, GEORGE FUND 2  | \$76,366.24      | \$923.72        | \$902.20            | \$0.00             |
|   | HALL, HARRIET FUND   | \$660,818.75     | \$6,333.04      | (\$17,796.24)       | \$0.00             |
|   | HART, EDITH MAY FREE BED FUND  | \$0.00           | \$314.44        | \$307.11            | \$0.00             |
|   | HART, EMMA MAY FUND  | \$47,948.81      | \$582.76        | \$569.29            | \$0.00             |
|   | LOUIS TERRY  | \$3,502.88       | \$3,502.88      | \$0.00              | \$3,502.88         |
|   | CHANDLER, KATHRYN RICHARDS FUND  | \$55,217.37      | \$336.86        | (\$946.63)          | \$20,066.85        |
|   | CHENEY, BROTHERS FREE BED FUND   | \$43,136.05      | (\$252.43)      | (\$1,869.80)        | \$0.00             |
|   | CHILDRENS FUND   | \$30,183.58      | \$182.04        | (\$511.48)          | \$11,190.71        |
|   | CORBIN, FRANK W. FD  | \$65,777.00      | \$402.22        | (\$1,135.94)        | \$23,597.11        |
|   | DICKISON, L.A. FUND  | \$55,990.38      | \$341.81        | (\$960.45)          | \$20,325.67        |
|   | DUNHAM, SARA R. FUND   | \$273,244.95     | \$1,684.33      | (\$4,733.04)        | \$97,495.07        |
|   | HART, FERDINAND AUSTIN FREE BED FUND   | \$51,721.97      | \$314.44        | (\$525.17)          | (\$271.43)         |
|   | HILLS, ALBERTUS S. FD  | \$1,300.06       | \$11.51         | (\$32.34)           | \$99.21            |
|   | KENEY, FUND  | \$207,890.86     | \$2,514.62      | \$2,456.03          | \$0.00             |
|   | PERKINS, LUCY ADAMS FD   | \$107,563.05     | \$196.54        | \$191.96            | \$91,314.84        |
|   | POND, CHARLES F. FREE BED FD.  | \$13,057.49      | \$153.28        | \$149.71            | \$384.28           |
|   | RICHARDS, EDITH KERR MEMORIAL FD   | \$55,423.80      | \$336.86        | (\$946.63)          | \$20,273.32        |
|   | TUTTLE, JANE FREE BED FD. FOR NURSES ETC   | \$214,595.96     | \$1,822.11      | (\$924.79)          | \$0.00             |
|   | AVERY_WELCHER FREE BED FUND  | \$175,804.48     | \$1,684.84      | (\$4,734.52)        | \$0.00             |
|   | BERESFORD,SAMUEL BARWICK FREE BED FUND   | \$175,749.88     | \$1,684.33      | (\$4,733.04)        | \$0.00             |
|   | BRAINARD,C NEWTON ELSIE B  | \$57,471.22      | \$0.00          | \$0.00              | \$57,471.22        |
|   | HELEN STERLING BRAINARD FREE BED FUND FOR CHILDREN   | \$441,925.23     | \$2,694.89      | (\$7,572.85)        | \$160,726.73       |
|   | LEVERTH M. BRAINARD  | (\$30,272.47)    | (\$14,918.07)   | (\$16,513.42)       | (\$30,272.47)      |
|   | HICKMOTT, EDWARD P. FREE BED FD  | \$67,821.82      | (\$414.56)      | (\$2,975.92)        | (\$465.07)         |
|   | HUNGERFORD, NEWMAN FUND 1  | \$16,248.21      | \$196.54        | \$191.96            | \$0.00             |
|   | MCCRAY,WILLIAM B FUND  | \$138,591.12     | \$1,676.37      | \$1,637.31          | \$0.00             |
|   | NORTHAN, CHARLES H. FD   | \$16,248.21      | \$196.54        | \$191.96            | \$0.00             |
|   | PARSON, ELIA L. FD.  | \$14,621.63      | \$149.73        | (\$375.03)          | \$41.88            |
|   | PEABODY, EMILY FREE BED FD   | \$7,340.93       | \$124.57        | \$123.18            | \$77.32            |
|   | PHELPS, CHARLES ELSIE SYKES FREE BED FUND  | \$351,499.30     | \$3,368.64      | (\$9,466.08)        | \$0.00             |
|   | PEMBER, JULIA RIPLEY FREE BED FUNDUWO CHANCEY PEMBER   | \$17,459.81      | \$15.88         | (\$556.24)          | \$2,035.96         |
|   | PORTER, ELISA STORRS FREE BED FD   | \$67,821.57      | (\$414.56)      | (\$2,975.91)        | (\$465.08)         |
|   | REIS, M. KATHERINE FREE BED FD   | \$122,229.90     | \$1,478.49      | \$1,444.04          | \$0.00             |

| HARTFORD HOSPITAL   |  |                  |                 |                     |                    |
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL |  |                  |                 |                     |                    |
| B. BED FUND ACTIVITY  |  |                  |                 |                     |                    |
| (1)   | (2)  | (3)              | (4)             | (5)                 | (6)                |
| Line  | Name of Hospital Bed Fund                        | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
|   | ROBERTS, ELVIRA EVANS FREE BED FD                | \$58,493.12      | \$707.53        | \$691.04            | \$0.00             |
|   | SANBORN, WILLIAM FREE BED FUND                   | \$218,721.68     | \$1,431.89      | (\$6,603.15)        | (\$163.88)         |
|   | SMITH, ELLEN T. FREE BED FD.                     | \$24,892.97      | \$314.44        | \$307.11            | (\$1,103.71)       |
|   | TERRY SMITH                                      | \$153,836.79     | \$70,740.20     | \$0.00              | \$153,836.79       |
|   | TAINOR, ALICE FREE BED FUND                      | \$25,996.68      | \$314.44        | \$307.11            | \$0.00             |
|   | THOMPSON, GERT UWO FREE BED FUND                 | \$34,327.54      | \$415.22        | \$405.55            | \$0.00             |
|   | THOMSON, JAMES M. FD                             | \$57,528.26      | (\$198.78)      | (\$2,044.22)        | \$8,157.47         |
|   | TUTTLE, WILLIAM FREE BED UTCWO JANE TUTTLE       | \$13,591.73      | \$422.41        | \$1,980.91          | \$1,117.97         |
|   | TUTTLE, SARAH FREE BED FD UWO JANE TUTTLE        | \$14,224.98      | \$172.04        | \$168.03            | \$0.00             |
|   | TUTTLE, WILLIAM E.FREE BED UWO JANE TUTTLE       | \$153,866.20     | \$1,474.59      | (\$4,143.71)        | \$0.00             |
|   | WHAPLES, MARY A. FD                              | \$3,601.13       | \$43.56         | \$42.55             | \$0.00             |
|   | WATKINSON, ELLEN M. TRUST FD                     | \$19,498.02      | \$235.85        | \$230.36            | \$0.00             |
|   | WILLIAMS, EUGENE PHILLIPS FD                     | \$16,163.44      | \$195.51        | \$190.95            | \$0.00             |
|   | ENSIGN, JOSEPH R. MARY FREE BED FUND             | \$1,551,450.54   | \$14,925.27     | (\$41,689.13)       | \$1,047.81         |
|   | FOX, MOSES FREE BED FUND                         | \$1,457,173.39   | \$8,421.60      | (\$23,665.20)       | \$579,025.11       |
|   | GOODWIN, DANIEL M. FREE BED FUND                 | \$75,742.33      | \$725.88        | (\$2,039.80)        | \$0.00             |
|   | GOODWIN, FRANCIS MARY FREE BED FUND              | \$281,198.82     | \$2,694.89      | (\$7,572.87)        | \$0.00             |
|   | GOODWIN, JAMES REV. DR. FREE BED FUND            | \$281,173.82     | \$2,694.89      | (\$7,597.87)        | \$0.00             |
|   | GAY, GEORGE A. FUND IN CARE OF GOODWIN, LUCY     | \$374,028.54     | \$3,587.99      | (\$10,442.51)       | \$0.00             |
|   | GOODWIN, MARY E. LINCOLN                         | \$494,344.13     | \$5,115.40      | (\$10,885.60)       | \$0.00             |
|   | GRANBERRY,STEPHEN H. REV. FBF                    | \$89,921.74      | (\$451.57)      | (\$3,818.44)        | \$0.00             |
|   | HALL, MARGARET J. FREE BED FUND                  | \$175,749.78     | \$1,684.33      | (\$4,733.03)        | \$0.00             |
|   | HILLS, COOLIDGE J, FD                            | \$1,329,935.08   | \$11,931.52     | (\$33,528.30)       | \$84,945.27        |
|   | HITCHOCK, HENRY P. MRS. FREE BED FUND            | \$587,003.63     | \$5,625.61      | (\$15,808.36)       | \$0.00             |
|   | HOOVER, EDWARD WILLIAMS FREE BED FUND            | \$208,480.41     | (\$302.39)      | (\$8,047.30)        | \$372.54           |
|   | HUNGERFORD, NEWMAN FUND 2                        | \$702,998.40     | \$6,737.27      | (\$18,932.16)       | \$0.00             |
|   | NEWMAN HUNGERFOOD FUND # 3                       | \$2,160,547.33   | \$19,556.53     | (\$54,955.12)       | \$119,926.92       |
|   | JEWELL, CHARLES A. FREE BED FUND                 | \$266,225.02     | \$2,551.40      | (\$7,169.60)        | \$0.00             |
|   | KOHN, HENRY I/M/ O RICHARD C. KOHN FREE BED FUND | \$204,590.62     | \$1,960.72      | (\$5,509.74)        | \$0.00             |
|   | MCLEAN, JULIETTE FREE BED FD.                    | \$1,848,447.64   | \$17,781.50     | (\$49,716.29)       | \$0.00             |
|   | PERKINS, GERTRUDE S. FREE BED FD.                | \$49,107.99      | \$470.63        | (\$1,322.51)        | \$0.00             |
|   | POTTER, CAMILLA JILLSON FREE BED FD.             | \$833,707.76     | \$7,984.07      | (\$22,435.79)       | \$611.53           |
|   | PRENTICE, SAMUEL O. FREE BED FD                  | \$351,499.30     | \$3,368.64      | (\$9,466.08)        | \$0.00             |
|   | RUSSELL, W., C. ADA G. FREE BED FD.              | \$494,218.68     | \$4,736.40      | (\$13,309.61)       | \$0.00             |
|   | DR. GORDON RUSSELL                               | \$0.00           | \$793.94        | \$0.00              | \$0.00             |
|   | SMITH, OLIVER C. DR.FD # 2                       | \$20,664.43      | \$176.60        | (\$496.25)          | \$2,237.37         |
|   | TUTTLE, MILES A. FREE BED FD                     | \$355,126.66     | \$3,403.41      | (\$9,563.76)        | \$0.00             |
|   | WATERMAN, NATHAN M. FREE BED FD                  | \$33,374.81      | (\$135.26)      | (\$1,205.33)        | \$4,781.42         |

| HARTFORD HOSPITAL   |   |                  |                 |                     |                    |
|---|---|------------------|-----------------|---------------------|--------------------|
| ANNUAL REPORTING  |   |                  |                 |                     |                    |
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL |   |                  |                 |                     |                    |
| B. BED FUND ACTIVITY  |   |                  |                 |                     |                    |
| (1)   | (2)   | (3)              | (4)             | (5)                 | (6)                |
| Line  | Name of Hospital Bed Fund                             | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
|   | WILCOX, FRAND L. FREE BED FD                          | \$173,325.02     | \$1,594.63      | (\$4,481.02)        | \$6,933.66         |
|   | WINCHELL SMITH  | (\$89,561.01)    | \$51,554.01     | \$0.00              | (\$89,561.01)      |
|   | BLISS, FRED   | (\$23,764.35)    | \$96,235.68     | \$0.00              | (\$23,764.35)      |
|   | BLISS, GRACE  | \$24,192.40      | \$84,192.40     | \$0.00              | \$24,192.40        |
|   | BACON, WILLIAM T. FREE BED FD                         | \$180,186.80     | \$1,684.33      | (\$4,733.04)        | \$4,436.92         |
|   | BALLERSTEIN, RAPHAEL JULIA<br>FREE BED FD             | \$11,670.70      | (\$70.64)       | (\$511.33)          | (\$79.67)          |
|   | BRAINARD, LEVERETT MARY FREE<br>BED FUND              | \$117,427.21     | (\$20,764.37)   | (\$22,359.72)       | \$32,374.56        |
|   | BROWN, FREDERICK S. ALMERA D.<br>FUND                 | \$172,977.32     | (\$793.95)      | (\$7,304.75)        | (\$1,047.63)       |
|   | CLARK, JULIA FILMAN FUND                              | \$101,811.19     | \$975.72        | (\$2,741.83)        | \$0.00             |
|   | DAY, CALVIN FREE BED FD                               | \$42,847.23      | (\$252.43)      | (\$1,869.80)        | (\$288.82)         |
|   | HILLYER, DRAYTON O. FD                                | \$160,727.27     | \$1,965.35      | \$1,919.55          | (\$1,753.74)       |
|   | WILLIAM, ELY FREE BED FUND                            | \$54,836.09      | (\$291.59)      | (\$2,185.68)        | \$4,313.12         |
|   | FARRELL, T. R. FREE BED FUND                          | \$10,534.28      | \$126.05        | \$123.12            | \$112.99           |
|   | COOK, CHARLES B. FREE BED FUND                        | \$49,051.99      | \$470.08        | (\$1,321.01)        | \$0.00             |
|   | CROSBY, C. W. FREE BED FD. UWO<br>MATTHEW G. THOMPSON | \$1,743,947.29   | \$16,713.31     | (\$46,965.54)       | \$0.00             |
|   | CUTLER, RALPH W. FREE BED FD                          | \$351,499.30     | \$3,368.64      | (\$9,466.08)        | \$0.00             |
|   | CUTLER, RUTHER BRAINARD FD                            | \$419,178.38     | \$4,017.26      | (\$11,288.71)       | \$0.00             |
|   | EMMA LANE   | \$0.00           | \$11,280.80     | \$0.00              | \$0.00             |
|   | HILLS, FREDERICK W. FD                                | \$92,451.82      | \$1,118.28      | \$1,092.22          | \$0.00             |
|   | BRITTON, FRANCES WOOD FREE<br>BED FUND                | \$194,744.22     | \$1,866.34      | (\$5,244.58)        | \$0.00             |
|   | STARR, MARTHA K. UWO<br>FLORANCE CROFUT               | \$88,072.32      | \$971.09        | \$944.60            | \$0.00             |
|   | ALLEN, MAJORIE H. FREE BED<br>FUND                    | \$19,022.97      | \$24.03         | (\$682.83)          | (\$58.57)          |
|   | PORTER, CAROLIN E. FREE BED<br>FUND                   | \$163,888.29     | \$1,605.34      | \$1,558.00          | \$0.00             |
|   | MILLER, CHARLES B. FREE BED FD.                       | \$51,166.31      | \$550.33        | \$535.49            | \$1,592.62         |
|   | TERRY, ISHAM FREE BED FUND                            | \$105,351.31     | \$1,009.67      | (\$2,837.15)        | \$0.00             |
|   | WILLIAMS, ELIZABETH W. FREE BED                       | \$421,375.27     | \$3,086.32      | \$2,891.54          | \$0.00             |
|   | STATE GRANT   | \$0.00           | \$304,165.53    | \$0.00              | \$0.00             |
|   | HARTFORD ARCHDEACONRY<br>CHILDRENS LOT FUND           | \$336,565.43     | \$2,053.89      | (\$5,771.61)        | \$122,251.56       |
|   | JUNIOR LEAGUE OF HARTFORD<br>FREE BED FUND            | \$340,271.24     | \$2,021.17      | (\$5,679.67)        | \$129,371.66       |
|   | MANNING, AUGUSTA M. FREE BED<br>FUND                  | \$312,696.70     | \$2,970.60      | (\$8,347.60)        | \$2,729.53         |
|   | FRANCIS BERSFORD MARSH                                | \$0.00           | \$396.97        | \$0.00              | \$0.00             |
|   | MILLER, ELLA R. FREE BED FD.                          | \$60,534.86      | \$496.53        | (\$1,395.30)        | \$8,724.15         |
|   | PERKINS, GEORGE C. MRS. FREE<br>BED FD                | \$972,056.13     | \$6,063.54      | (\$17,038.93)       | \$339,358.25       |
|   | ROOT, JUDSON H. FREE BED FD                           | \$410,686.54     | \$3,368.64      | (\$9,466.08)        | \$59,187.24        |
|   | RUSSELL, ADA G. FD.                                   | \$140,662.13     | \$1,348.06      | (\$3,788.10)        | \$0.00             |
|   | WILSON, HATTIE JOHNSON FREE<br>BED FD                 | \$16,936.43      | \$196.54        | \$191.96            | \$688.22           |
|   | WOH, KATTIE FREE BED FD                               | \$15,522.24      | \$196.08        | \$191.51            | (\$688.22)         |
|   | WRIGHT, HENRY T. FD                                   | \$32,496.41      | \$393.08        | \$383.93            | \$0.00             |
|   | ANDREW, SILLIAN FREE BED FUND                         | \$619,868.38     | \$5,940.61      | (\$16,693.40)       | \$0.00             |
|   | BARNEY, LAURA D. FREE BED FUND                        | \$64,992.77      | \$786.15        | \$767.83            | \$0.00             |
|   | BENNETT, ALICE HOWARD FREE<br>BED FUND                | \$1,411,245.35   | \$12,875.48     | (\$36,180.87)       | \$67,758.59        |
|   | MARY STEWART BERSFORD                                 | \$0.00           | \$396.97        | \$0.00              | \$0.00             |

| HARTFORD HOSPITAL   |  |                        |                     |                       |                       |
|---|--|------------------------|---------------------|-----------------------|-----------------------|
| ANNUAL REPORTING  |  |                        |                     |                       |                       |
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL |  |                        |                     |                       |                       |
| B. BED FUND ACTIVITY  |  |                        |                     |                       |                       |
| (1)   | (2)  | (3)                    | (4)                 | (5)                   | (6)                   |
| Line  | Name of Hospital Bed Fund                  | FMV of Principal       | Actual Earnings     | Earnings Reinvested   | Earnings Available    |
|   | BRAINARD, LYMAN D. LUCY M. FREE BED FUND   | \$640,416.85           | \$4,759.95          | (\$13,375.82)         | \$143,739.89          |
|   | BREWSTER, ALICE STEPHEN FREE BED FUND      | \$29,907.78            | (\$145.31)          | (\$1,271.69)          | (\$185.34)            |
|   | CLARK, SUSAN S. FREE BED FUND              | \$175,749.78           | \$1,684.33          | (\$4,733.03)          | \$0.00                |
|   | CONE, MARTHA ISHAM IMO LILLIAN FREE BED FD | \$869,563.76           | \$8,333.55          | (\$23,417.89)         | \$0.00                |
|   | BRAYTON, HOWARD FUND                       | \$4,995,137.88         | \$41,703.66         | \$40,023.58           | \$301,131.39          |
|   | BROWN, JOHN D. FUND                        | \$446,579.68           | \$2,694.89          | (\$7,572.86)          | \$165,381.14          |
|   | BURPEE, ADDIE W. FUND                      | \$155,950.04           | \$1,494.57          | (\$4,199.82)          | \$0.00                |
|   | HARRIET M. BUNDY                           | (\$4,886.41)           | \$10,832.16         | \$0.00                | (\$4,886.46)          |
|   | BRAINARD, AMAZIAN FUND                     | \$241,629.44           | \$2,315.68          | (\$6,507.23)          | \$0.00                |
|   | ALLEN, LUCY FREE BED FUND                  | \$26,187.28            | \$250.98            | (\$705.22)            | \$0.00                |
|   | MURPHY, DANIEL W.                          | \$37,504.60            | \$0.00              | \$0.00                | \$37,504.60           |
|   | W.A. KELLEY FREE BED FUND                  | \$0.00                 | \$0.00              | \$0.00                | \$0.00                |
|   | SILVERSTEIN-RITTER PTU FUND                | \$7.21                 | \$0.00              | \$0.00                | \$7.21                |
|   | CARR FAMILY PLANNING PTU                   | \$0.00                 | \$0.00              | \$0.00                | \$0.00                |
|   | CARR FREE BED FUND                         | \$0.00                 | \$0.00              | \$0.00                | \$0.00                |
|   | SAMUEL CHEIFFETZ AND TILLIE CHEIFFETZ      | \$0.00                 | \$0.00              | \$0.00                | \$0.00                |
|   | DOROTHY WHITNEY FUND                       | \$116,929.08           | \$0.00              | \$0.00                | \$116,929.08          |
|   | KOLAKOWSKI, HENRY                          | \$3,915.00             | \$0.00              | \$0.00                | \$3,915.00            |
|   | WELLS, HORACE                              | \$9,710.00             | \$0.00              | \$0.00                | \$9,710.00            |
|   | HH FREE BED                                | \$132,583.26           | \$112,425.46        | \$0.00                | \$132,583.26          |
|   | THOMAS WOOD                                | \$2,659.12             | \$16,659.12         | \$0.00                | \$2,659.12            |
|   | HH NOM/GOODWIN MARY E LINCOLN              | \$115,995.32           | \$100.00            | \$0.00                | \$115,995.32          |
|   | <b>Total Bed Funds :</b>                   | <b>\$37,806,237.53</b> | <b>\$868,203.53</b> | <b>(\$904,399.82)</b> | <b>\$3,189,621.97</b> |

**HARTFORD HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1)   | (2)   | (3)   |
|---|---|---|
| LINE  | DESCRIPTION   | COLLECTION INFORMATION  |
| <b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b> |   |   |
| A.  | Hospital's processes and policies for assigning a debt to a Collection Agent  | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| B.  | Hospital's processes and policies for compensating a Collection Agent for services rendered   | All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.                    |
| C.  | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents   | 10.70%  |
| <b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>      |   |   |
| <b>Collection Agent</b>                               |   |   |
| 1   | Collection Agent Name   | Century Financial Services  |
| 2   | Collection Agent Type   | Collection Agency   |
| 3   | Related / Not Related Entity  | Not Related   |
| 4   | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when the dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| 5   | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.        | All collection agency and law firm billing to the hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed to the hospital as they occur.                    |

**HARTFORD HOSPITAL  
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FISCAL YEAR 2010**

**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1)  | (2)   | (3)   |
|------|---|---|
| LINE | DESCRIPTION   | COLLECTION INFORMATION  |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 11.20%  |
|      | <b>Collection Agent</b>   |   |
| 1    | Collection Agent Name   | Connecticut Credit  |
| 2    | Collection Agent Type   | Collection Agency   |
| 3    | Related / Not Related Entity  | Not Related   |
| 4    | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when teh dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |
| 5    | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.        | All collection agency and law firm billing tot he hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed tot he hospital as they occur.                    |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.   | 11.60%  |
|      | <b>Collection Agent</b>   |   |
| 1    | Collection Agent Name   | Nair & Levin  |
| 2    | Collection Agent Type   | Attorney  |
| 3    | Related / Not Related Entity  | Not Related   |
| 4    | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency and law firm accounts are sent by alpha split weekly. Transfer to agencies/law firm done electronically. Accounts are sent when teh dunning cycle has been completed unsuccessfully and/or when all the internal collection efforts have been exhausted |

**HARTFORD HOSPITAL  
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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1)  | (2)  | (3)  |
|------|--|--|
| LINE | DESCRIPTION  | COLLECTION INFORMATION   |
| 5    | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | All collection agency and law firm billing tot he hospital occurs the month after the payments are received. Payment to the agencies and law firm is based upon a percentage of the amount collected. Legal fees are billed tot he hospital as they occur. |
| 6    | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.  | 9.80%  |
|      |  |  |

**HARTFORD HOSPITAL  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

| <b>LINE</b> | <b>POSITION TITLE</b>                           | <b>SALARY</b>      | <b>FRINGE BENEFITS</b> | <b>TOTAL</b>       |
|-------------|---|--------------------|------------------------|--------------------|
| 1.          | Director of Arrhythmia Center                   | \$377,946          | \$1,522,313            | \$1,900,259        |
| 2.          | President and CEO                               | \$1,491,876        | \$238,833              | \$1,730,709        |
| 3.          | President and CEO (former)                      | \$1,127,961        | \$48,505               | \$1,176,466        |
| 4.          | VP, Academic Affairs                            | \$598,275          | \$241,729              | \$840,004          |
| 5.          | VP, Psychiatry                                  | \$540,863          | \$185,628              | \$726,491          |
| 6.          | Executive VP and COO                            | \$650,417          | \$68,227               | \$718,644          |
| 7.          | Director of Cardiology                          | \$499,580          | \$171,564              | \$671,144          |
| 8.          | Executive VP and CFO                            | \$598,498          | \$44,120               | \$642,618          |
| 9.          | Director of Surgery                             | \$549,243          | \$88,384               | \$637,627          |
| 10.         | Director of Emergency Medicine & Trauma Service | \$558,173          | \$43,702               | \$601,875          |
|             | <b>Grand Total:</b>                             | <b>\$6,992,832</b> | <b>\$2,653,005</b>     | <b>\$9,645,837</b> |

**HARTFORD HOSPITAL  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1)  | (2)  | (3)   | (4)  | (5)          |
|--|--|---|--|--------------|
| LINE   | DESCRIPTION  | SALARIES (Directly<br>or Indirectly) <sup>C</sup> | FRINGE BENEFITS <sup>A</sup><br>(Directly or<br>Indirectly) <sup>C</sup> | TOTAL        |
| <b>A . HARTFORD HEALTH CARE CORPORATION</b>                  |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$4,838,911                                       | \$1,218,664  | \$6,057,575  |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>B . CHS INSURANCE LIMITED</b>                             |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$376,372   | \$98,143   | \$474,515    |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>C . CLINICAL LABORATORY PARTNERS, LLC</b>                 |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$361,999   | \$82,293   | \$444,292    |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>D . EASTERN REHABILITATION NETWORK, LLC</b>               |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$8,728,612                                       | \$1,882,501  | \$10,611,113 |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>E . H.H.M.O.B. CORPORATION</b>                            |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$490,559   | \$127,538  | \$618,097    |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>F . HARTFORD - MIDDLESEX CLINICAL SYSTEM LLC</b>          |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>G . IMMEDIATE MEDICAL CARE CENTER, INC.</b>               |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$201,389   | \$52,108   | \$253,497    |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>H . JEFFERSON HOUSE</b>                                   |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$143,710   | \$38,837   | \$182,547    |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>I . MERIDEN IMAGING CENTER, INC.</b>                      |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>J . MIDSTATE MEDICAL CENTER</b>                           |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$1,616,995                                       | \$359,731  | \$1,976,726  |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>K . MIDSTATE MSO, LLC</b>                                 |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>L . NATCHAUG HOSPITAL</b>                                 |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>M . RUSHFORD CENTER, INC.</b>                             |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>N . THE INSTITUTE OF LIVING</b>                           |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>O . VNA HEALTH CARE, INC.</b>                             |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>P . VNA HEALTH RESOURCES, INC.</b>                        |  |   |  |              |
| 1  | Paid by the Entity Listed Above to Hospital Employees(B)     | \$0   | \$0  | \$0          |
| 2  | Paid by the Hospital to Employees of the Entity Listed Above | \$0   | \$0  | \$0          |
| <b>Q . WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED</b> |  |   |  |              |

**HARTFORD HOSPITAL  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1)        | (2)   | (3)  | (4)  | (5)   |
|------------|---|--|--|-------|
| LINE       | DESCRIPTION   | SALARIES (Directly or Indirectly) <sup>C</sup> | FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup> | TOTAL |
| 1          | Paid by the Entity Listed Above to Hospital Employees(B)        | \$0  | \$0  | \$0   |
| 2          | Paid by the Hospital to Employees of the Entity Listed Above    | \$0  | \$0  | \$0   |
| <b>R .</b> | <b>WINDHAM HEALTH SERVICES, INC.</b>                            |  |  |       |
| 1          | Paid by the Entity Listed Above to Hospital Employees(B)        | \$0  | \$0  | \$0   |
| 2          | Paid by the Hospital to Employees of the Entity Listed Above    | \$0  | \$0  | \$0   |
| <b>S .</b> | <b>WINDHAM HOSPITAL FOUNDATION, INC.</b>                        |  |  |       |
| 1          | Paid by the Entity Listed Above to Hospital Employees(B)        | \$0  | \$0  | \$0   |
| 2          | Paid by the Hospital to Employees of the Entity Listed Above    | \$0  | \$0  | \$0   |
| <b>T .</b> | <b>WINDHAM PROFESSIONAL OFFICE CONDOMINIUM ASSOCIATES, INC.</b> |  |  |       |
| 1          | Paid by the Entity Listed Above to Hospital Employees(B)        | \$0  | \$0  | \$0   |
| 2          | Paid by the Hospital to Employees of the Entity Listed Above    | \$0  | \$0  | \$0   |

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**HARTFORD HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2010  
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

| (1)      | (2)  | (3)            |
|----------|--|----------------|
| LINE     | DESCRIPTION  | ACTUAL FY 2010 |
| <b>A</b> | <b>Transfer of Assets or Operations</b>  |                |
| 1.       | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A            |
| 2.       | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.  | N/A            |
| 3.       | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.   | N/A            |
| 4.       | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.  | N/A            |
| 5.       | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.   | \$0            |

| HARTFORD HOSPITAL  |   |                     |                     |                      |             |
|--|---|---------------------|---------------------|----------------------|-------------|
| ANNUAL REPORTING   |   |                     |                     |                      |             |
| FISCAL YEAR 2010   |   |                     |                     |                      |             |
| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL  |   |                     |                     |                      |             |
| (1)  | (2)   | (3)                 | (4)                 | (5)                  | (6)         |
|  |   | FY 2009             | FY 2010             | AMOUNT               | %           |
| LINE   | DESCRIPTION   | AMOUNT              | AMOUNT              | DIFFERENCE           | DIFFERENCE  |
| <b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>                                       |   |                     |                     |                      |             |
| 1.   | Number of Applicants  | 12,382              | 11,269              | (1,113)              | -9%         |
| 2.   | Number of Approved Applicants                                   | 11,763              | 10,706              | (1,057)              | -9%         |
| 3.   | Total Charges (A)   | \$30,242,441        | \$29,803,690        | (\$438,751)          | -1%         |
|  | <b>Average Charges</b>  | <b>\$2,571</b>      | <b>\$2,784</b>      | <b>\$213</b>         | <b>8%</b>   |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0.478729            | 0.448659            | (0.030070)           | -6%         |
|  | <b>Total Cost</b>   | <b>\$14,477,934</b> | <b>\$13,371,694</b> | <b>(\$1,106,240)</b> | <b>-8%</b>  |
|  | <b>Average Cost</b>   | <b>\$1,231</b>      | <b>\$1,249</b>      | <b>\$18</b>          | <b>1%</b>   |
| 5.   | Charity Care - Inpatient Charges                                | \$17,382,838        | \$18,738,877        | \$1,356,039          | 8%          |
| 6.   | Charity Care - Outpatient Emergency Department Charges          | 4,706,326           | 3,926,387           | (779,939)            | -17%        |
| 7.   | Charity Care - Outpatient Charges (Excludes ED Charges)         | 8,153,277           | 7,138,426           | (1,014,851)          | -12%        |
|  | <b>Total Charges (A)</b>  | <b>\$30,242,441</b> | <b>\$29,803,690</b> | <b>(\$438,751)</b>   | <b>-1%</b>  |
| 8.   | Charity Care - Number of Patient Days                           | 2,139               | 2,876               | 737                  | 34%         |
| 9.   | Charity Care - Number of Discharges                             | 437                 | 459                 | 22                   | 5%          |
| 10.  | Charity Care - Number of Outpatient ED Visits                   | 7,139               | 7,345               | 206                  | 3%          |
| 11.  | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 11,953              | 11,943              | (10)                 | 0%          |
| <b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b> |   |                     |                     |                      |             |
| <b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>   |   |                     |                     |                      |             |
| 1.   | Number of Applicants  | 1,059               | 265                 | (794)                | -75%        |
| 2.   | Number of Approved Applicants                                   | 1,006               | 252                 | (754)                | -75%        |
| 3.   | Total Charges (B)   | \$4,040,134         | \$2,245,584         | (\$1,794,550)        | -44%        |
|  | <b>Average Charges</b>  | <b>\$4,016</b>      | <b>\$8,911</b>      | <b>\$4,895</b>       | <b>122%</b> |
| 4.   | Ratio of Cost to Charges (RCC)                                  | 0.478729            | 0.448659            | (0.030070)           | -6%         |
|  | <b>Total Cost</b>   | <b>\$1,934,129</b>  | <b>\$1,007,501</b>  | <b>(\$926,628)</b>   | <b>-48%</b> |
|  | <b>Average Cost</b>   | <b>\$1,923</b>      | <b>\$3,998</b>      | <b>\$2,075</b>       | <b>108%</b> |
| 5.   | Bed Funds - Inpatient Charges                                   | \$3,213,298         | \$1,911,869         | (\$1,301,429)        | -41%        |
| 6.   | Bed Funds - Outpatient Emergency Department Charges             | 346,484             | 94,787              | (251,697)            | -73%        |
| 7.   | Bed Funds - Outpatient Charges (Excludes ED Charges)            | 480,352             | 238,928             | (241,424)            | -50%        |
|  | <b>Total Charges (B)</b>  | <b>\$4,040,134</b>  | <b>\$2,245,584</b>  | <b>(\$1,794,550)</b> | <b>-44%</b> |
| 8.   | Bed Funds - Number of Patient Days                              | 816                 | 418                 | (398)                | -49%        |
| 9.   | Bed Funds - Number of Discharges                                | 135                 | 56                  | (79)                 | -59%        |
| 10.  | Bed Funds - Number of Outpatient ED Visits                      | 272                 | 75                  | (197)                | -72%        |
| 11.  | Bed Funds - Number of Outpatient Visits (Excludes ED Visits)    | 394                 | 111                 | (283)                | -72%        |
| <b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>          |   |                     |                     |                      |             |