

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2012
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
A. AFFILIATE NAME		
HARTFORD HEALTH CARE CORPORATION		
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	One State Street, Suite 19
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
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. AFFILIATE NAME		
BRADLEY HEALTH SERVICES, INC.		
1	Affiliate Description	Mammography Services
2	Affiliate type of service	Women's Health Services
3	Tax Status	Not for Profit
4	Street Address	81 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Clarence Silvia
9	CEO Title	President/CEO
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
C. AFFILIATE NAME		
CENCONN SERVICES, INC.		
1	Affiliate Description	The corporation performs various functions that support the other affiliates. 100% owned by Central CT Health Alliance.
2	Affiliate type of service	Affiliate Support Services
3	Tax Status	For Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
D. AFFILIATE NAME		
CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC		
1	Affiliate Description	Provide occupational physical therapy services. For profit partnership, 50% owned by CCHA Health Corp. and 50% by HOCC (New Britain Campus)
2	Affiliate type of service	Rehabilitation Facility
3	Tax Status	For Profit

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
4	Street Address	15 Massirio Drive
5	Town	Berlin
6	State	Connecticut
7	Zip Code	06037 -
8	CEO Name	Steven D. Hanks, MD
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
E. AFFILIATE NAME		
		CENTRAL CT HEALTH ALLIANCE
1	Affiliate Description	Organized for the purpose of benefiting, carrying out the purpose of, and upholding, promoting and furthering the welfare programs and activities of Hartford Health Care Corporation and other affiliates.
2	Affiliate type of service	Managed Services Org. (MSO)
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	President/CEO
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
F. AFFILIATE NAME		
		CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHLINGTON CARE CENTER
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	President
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
G. AFFILIATE NAME		
		COMMUNITY MENTAL HEALTH AFFILIATES
1	Affiliate Description	Develop, provide and promote an effective system of service delivery for behavioral health through a network of integrated unified services located in one or more community facilities.
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	270 John Downey Drive
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06051 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Raymond Gorman
9	CEO Title	Executive Director
10	CT Agent Name	Guion, Stevens & Rybak, LLP
11	CT Agent Company	Guion, Stevens & Rybak, LLP
12	CT Agent Company Street Address	93 West Street
13	CT Agent Town	Litchfield
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06759 -
H. AFFILIATE NAME		
	AFFILIATE NAME	GRAND INDEMNITY COMPANY, LTD
1	Affiliate Description	Captive
2	Affiliate type of service	Insurance
3	Tax Status	Not for Profit
4	Street Address	F.B. Perry Building, 40 Church Street
5	Town	Hamilton
6	State	Bermuda
7	Zip Code	HM - FX
8	CEO Name	John S. Manning
9	CEO Title	President
10	CT Agent Name	Michael Maglaras
11	CT Agent Company	Michael Maglaras & Co
12	CT Agent Company Street Address	F.B. Perry Building, 40 Church Street
13	CT Agent Town	Hamilton
14	CT Agent State	Bermuda
15	CT Agent Zip Code	HM - FX
I. AFFILIATE NAME		
	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 SEYMOUR ST
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Jeffrey Flaks
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corp.
11	CT Agent Company	Winship Service Corp.
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 -
J. AFFILIATE NAME		
	AFFILIATE NAME	MEDCONN COLLECTION AGENCY LLC
1	Affiliate Description	Patient collection agency
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	Partner
10	CT Agent Name	Stephen J Anderson
11	CT Agent Company	SJ Anderson, Eisenber, Anderson, Michalik & Ly
12	CT Agent Company Street Address	136 West Main Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
K.	AFFILIATE NAME	MRI OF FARMINGTON AVENUE LLC
1	Affiliate Description	Magnetic Resonance Imaging
2	Affiliate type of service	Imaging Services
3	Tax Status	For Profit
4	Street Address	15 Quail Ridge Road
5	Town	Farmington
6	State	Connecticut
7	Zip Code	06032 -
8	CEO Name	Clarence Silvia
9	CEO Title	Partner
10	CT Agent Name	Mark Krober, Ecq.
11	CT Agent Company	Murtha, Cullina, Richter & Pinney LLP
12	CT Agent Company Street Address	City Place I, 185 Asylum Ave
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
L.	AFFILIATE NAME	MULBERRY GARDENS OF SOUTHINGTON, LLC
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	58 Mulberry Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Perry Phillips
9	CEO Title	Executive Director
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
M.	AFFILIATE NAME	NEW BRITAIN MRI LIMITED PARTNERSHIP
1	Affiliate Description	MRI Testing
2	Affiliate type of service	Imaging Services
3	Tax Status	Not for Profit
4	Street Address	100 Grand Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06050 -
8	CEO Name	Clarence Silvia
9	CEO Title	General Partner
10	CT Agent Name	Elliot B. Pollack, Esq.
11	CT Agent Company	Hoberman & Pollack
12	CT Agent Company Street Address	One State Street
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
N.	AFFILIATE NAME	NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH
1	Affiliate Description	Pre-employment physicals, drug screens, Innoculations
2	Affiliate type of service	Occupational Health
3	Tax Status	Not for Profit
4	Street Address	440 New Britain Avenue
5	Town	Plainville

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
6	State	Connecticut
7	Zip Code	06062 -
8	CEO Name	Steven D. Hanks, MD
9	CEO Title	Partner
10	CT Agent Name	Elizabeth Schlaff, esq.
11	CT Agent Company	The Hospital of Central CT
12	CT Agent Company Street Address	100 Grand street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
O. AFFILIATE NAME		
AFFILIATE NAME		SOUTHINGTON CARE CENTER
1	Affiliate Description	Long Term Care
2	Affiliate type of service	Long Term Care
3	Tax Status	Not for Profit
4	Street Address	45 Meriden Avenue
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Patricia Walden
9	CEO Title	Vice President
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
P. AFFILIATE NAME		
AFFILIATE NAME		THE ORCHARDS AT SOUTHINGTON
1	Affiliate Description	To initiate, develop, operate and maintain senior housing with assisted living services
2	Affiliate type of service	Care for the Aged
3	Tax Status	Not for Profit
4	Street Address	34 Hobart Street
5	Town	Southington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Audrey Vinci
9	CEO Title	Executive Director
10	CT Agent Name	Clarence Silvia
11	CT Agent Company	Central CT Health Alliance
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -
Q. AFFILIATE NAME		
AFFILIATE NAME		VNA OF CENTRAL CONNECTICUT
1	Affiliate Description	Operate only as a non-profit health care agency committed to the development, implementation and provision of community & home health program and services in cooperation with other health care agencies.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	205 West Main Street
5	Town	New Britain
6	State	Connecticut
7	Zip Code	06052 -
8	CEO Name	Kim Andrews
9	CEO Title	President
10	CT Agent Name	Elizabeth Schlaff, Esq.
11	CT Agent Company	The Hospital of Central CT

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	100 Grand Street
13	CT Agent Town	New Britain
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06050 -

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
A. THE HOSPITAL OF CENTRAL CONNECTICUT			
1		Unrestricted	\$110,395,000
2		Temporarily Restricted by Donor	\$20,015,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$21,793,000
5		Intercompany Eliminations	\$0
		Total:	\$152,203,000
B. HARTFORD HEALTH CARE CORPORATION			
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
		Total:	\$0
C. BRADLEY HEALTH SERVICES, INC.			
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
		Total:	\$0
D. CENCONN SERVICES, INC.			
1		Unrestricted	\$971,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$971,000
E. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC			
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
		Total:	\$0
F. CENTRAL CT HEALTH ALLIANCE			
1		Unrestricted	\$8,480,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$8,480,000
G. CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHINGTON CARE CENTER			
1		Unrestricted	\$2,564,000
2		Temporarily Restricted by Donor	\$53,000
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,000
5		Intercompany Eliminations	\$0
		Total:	\$2,622,000

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
H. COMMUNITY MENTAL HEALTH AFFILIATES			
1		Unrestricted	\$887,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$85,000
5		Intercompany Eliminations	\$0
		Total:	\$972,000
I. GRAND INDEMNITY COMPANY, LTD			
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
		Total:	\$0
J. HARTFORD HOSPITAL			
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
		Total:	\$0
K. MEDCONN COLLECTION AGENCY LLC			
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
		Total:	\$0
L. MRI OF FARMINGTON AVENUE LLC			
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
		Total:	\$0
M. MULBERRY GARDENS OF SOUTHINGTON, LLC			
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
		Total:	\$0
N. NEW BRITAIN MRI LIMITED PARTNERSHIP			
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
		Total:	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2012
	O. NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH		
1		Unrestricted	\$602,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$602,000
	P. SOUTHINGTON CARE CENTER		
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
		Total:	\$0
	Q. THE ORCHARDS AT SOUTHINGTON		
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
		Total:	\$0
	R. VNA OF CENTRAL CONNECTICUT		
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
		Total:	\$0
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$165,850,000
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$165,850,000

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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
A. HARTFORD HEALTH CARE CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$35,913,543
1		Bond Fees	09/30/2012	(\$46,189)
2		Management Fee	09/30/2012	(\$630,705)
3		Reimbursement of expenses/services	09/30/2012	(\$542,222)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$34,694,427
B. BRADLEY HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
C. CENCONN SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$19,799
1		Invoices paid by HCC-NBG on behalf of CSI	09/30/2012	\$5,794
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$25,593
D. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$4,376)
1		Payment of Expenses	09/30/2012	\$4,376
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
E. CENTRAL CT HEALTH ALLIANCE				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$2,255,682
1		Invoices paid by HCC-NBG on behalf of CCHA	09/30/2012	\$46,111
2		Reimbursement of Expenses	09/30/2012	(\$195,423)
3		Services provided by HCC-NBG for CCHA	09/30/2012	\$285
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$2,106,655
F. CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHWINGTON CARE CENTER				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
G. COMMUNITY MENTAL HEALTH AFFILIATES				
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$47,505
1		Reimbursement of Expenses	09/30/2012	(\$308,458)

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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
2		Space provided by HCC-NBG for CMHA	09/30/2012	\$225,852
3		Services provided to CMHA by HCC	09/30/2012	\$35,100
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$1)
H.	GRAND INDEMNITY COMPANY, LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
I.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
1		Management Fee	09/30/2012	\$211,462
2		Reimbursement of expennses/services	09/30/2012	(\$244,872)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$33,410)
J.	MEDCONN COLLECTION AGENCY LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
K.	MRI OF FARMINGTON AVENUE LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
L.	MULBERRY GARDENS OF SOUTHINGTON, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$1,451
1		Invoices paid by HCC-NBG on behalf of Muberry Garder	09/30/2012	\$603
2		Reimbursement of Expenses	09/30/2012	(\$1,816)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$238
M.	NEW BRITAIN MRI LIMITED PARTNERSHIP			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$71,234)
1		Services provided by HCC-NBG for NB MRI Lp	09/30/2012	\$275,177
2		Contract labor for MRI of Southington from NBMRILP	09/30/2012	(\$661,448)
3		Reimbursement of expenses/services	09/30/2012	(\$280,601)
4		Invoices paid by HCC-NBG on behalf or owed to NB MR	09/30/2012	\$681,702

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$56,404)
N.	NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$64,526
1		Invoices paid by HCC-NBG on behalf of AOH	09/30/2012	\$21,978
2		Reimbursement of Expenses	09/30/2012	(\$1,048,995)
3		Contract labor from HCC-NBG to AOH	09/30/2012	\$873,929
4		HCC Plainville rent due AOH	09/30/2012	\$236,350
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$147,788
O.	SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$3,963
1		Invoices paid by HCC-NBG on behalf of SCC	09/30/2012	\$14,918
2		Sale of Patient / Office supplies	09/30/2012	\$585
3		Reimbursement of Expenses	09/30/2012	(\$48,946)
4		Condo fee and proerty taxes	09/30/2012	(\$7,919)
5		Contract Labor provided to SCC by HCC	09/30/2012	\$32,936
		Ending Unconsolidated Intercompany Balance:	9/30/2012	(\$4,463)
P.	THE ORCHARDS AT SOUTHINGTON			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	\$1,230
1		Invoices paid by HCC-NBG on behalf of CCSC	09/30/2012	\$877
2		Reimbursement of Expenses	09/30/2012	(\$2,107)
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
Q.	VNA OF CENTRAL CONNECTICUT			
		Beginning Unconsolidated Intercompany Balance:	9/30/2011	(\$21,092)
1		Invoices paid by HCC-NBG on behalf of VNACC	09/30/2012	\$5,333
2		Reimbursement of Expenses	09/30/2012	(\$5,333)
3		Life line revenue due to VNA	09/30/2012	\$21,092
		Ending Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Grand Total:		\$36,880,423

THE HOSPITAL OF CENTRAL CONNECTICUT
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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
			Beginning Unconsolidated Intercompany Balance	10/01/2011	\$14,728,778
A.	HARTFORD HEALTH CARE CORPORATION		Nothing to Report		\$0
			Total:	9/30/2012	\$0
B.	BRADLEY HEALTH SERVICES, INC.		Nothing to Report		\$0
			Total:	9/30/2012	\$0
C.	CENCONN SERVICES, INC.				
1		CENTRAL CT HEALTH ALLIANCE	other	09/30/2012	(\$138)
			Total:	9/30/2012	(\$138)
D.	CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC		Nothing to Report		\$0
			Total:	9/30/2012	\$0
E.	CENTRAL CT HEALTH ALLIANCE		Nothing to Report		\$0
			Total:	9/30/2012	\$0
F.	CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHWINGTON CARE CENTER		Nothing to Report		\$0
			Total:	9/30/2012	\$0
G.	COMMUNITY MENTAL HEALTH AFFILIATES		Nothing to Report		\$0
			Total:	9/30/2012	\$0
H.	GRAND INDEMNITY COMPANY, LTD		Nothing to Report		\$0
			Total:	9/30/2012	\$0
I.	HARTFORD HOSPITAL		Nothing to Report		\$0

THE HOSPITAL OF CENTRAL CONNECTICUT
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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:	9/30/2012	\$0
J.	MEDCONN COLLECTION AGENCY LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
K.	MRI OF FARMINGTON AVENUE LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
L.	MULBERRY GARDENS OF SOUTHINGTON, LLC				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
M.	NEW BRITAIN MRI LIMITED PARTNERSHIP				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
N.	NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH				
1		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2012	(\$35,231)
2		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2012	\$35,321
			Total:	9/30/2012	\$90
O.	SOUTHINGTON CARE CENTER				
1		CENTRAL CT HEALTH ALLIANCE	Management Fees	09/30/2012	\$12,073
2		CENTRAL CT HEALTH ALLIANCE	Payments	09/30/2012	(\$12,073)
			Total:	9/30/2012	\$0
P.	THE ORCHARDS AT SOUTHINGTON				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0
Q.	VNA OF CENTRAL CONNECTICUT				
			Nothing to Report		\$0
			Total:	9/30/2012	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT
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 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
			Ending Unconsolidated Intercompany Balance	9/30/2012	\$14,728,730

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
A. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
B. BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
C. GENCONN SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
D. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
E. CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
F. CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHINGTON CARE CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
G. COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
H. GRAND INDEMNITY COMPANY, LTD			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
I. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
J. MEDCONN COLLECTION AGENCY LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
K. MRI OF FARMINGTON AVENUE LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
L. MULBERRY GARDENS OF SOUTHINGTON, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
M. NEW BRITAIN MRI LIMITED PARTNERSHIP			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
N. NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
O. SOUTHINGTON CARE CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
P. THE ORCHARDS AT SOUTHINGTON			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012
Q. VNA OF CENTRAL CONNECTICUT			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2012

THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
	Grand Total:	\$0	9/30/2012

THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	0
	Total:	\$0	
B. BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
C. CENCONN SERVICES, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
D. CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
E. CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	\$0	0
	Total:	\$0	
F. CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHINGTON CARE CENTER			
0	Nothing to Report	\$0	0
	Total:	\$0	
G. COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report	\$0	0
	Total:	\$0	
H. GRAND INDEMNITY COMPANY, LTD			
0	Nothing to Report	\$0	0
	Total:	\$0	
I. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	0
	Total:	\$0	
J. MEDCONN COLLECTION AGENCY LLC			
0	Nothing to Report	\$0	0
	Total:	\$0	
K. MRI OF FARMINGTON AVENUE LLC			

THE HOSPITAL OF CENTRAL CONNECTICUT
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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	MULBERRY GARDENS OF SOUTHINGTON, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	SOUTHINGTON CARE CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	VNA OF CENTRAL CONNECTICUT		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B. Free Beds					
	Beginning Balance	\$851,127.85	\$885,006.80	\$33,878.95	4%
1	Donations	\$2,763.32	\$2,644.05	(\$119.27)	-4%
2	Income	\$18,443.50	\$21,407.18	\$2,963.68	16%
3	Expenditures	\$0.23	\$0.00	(\$0.23)	-100%
4	Unrealized Gains and Losses	\$12,672.36	\$106,220.73	\$93,548.37	738%
	Ending Balance	\$885,006.80	\$1,015,278.76	\$130,271.96	15%
5	Projected Interest Income	\$20,000.00	\$20,000.00	\$0.00	0%
C. Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
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%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

THE HOSPITAL OF CENTRAL CONNECTICUT		
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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		990
2. A. Number of Patients receiving Hospital Bed Fund Grants		0
2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F		\$0.00
Grand Total		\$0.00

THE HOSPITAL OF CENTRAL CONNECTICUT					
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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.				
	General Free Bed Fund	\$705,011.45	\$14,935.07	\$0.00	\$9,870.99
	Childrens Free Bed Fund	\$152,521.69	\$3,182.99	\$0.00	\$2,136.72
	Quigley Memorial Fund	\$102,393.07	\$2,136.85	\$0.00	\$1,434.45
	Rosahn Memorial	\$55,352.55	\$1,152.28	\$0.00	\$773.60
	Total Bed Funds :	\$1,015,278.76	\$21,407.19	\$0.00	\$14,215.76

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	8.40%
II. SPECIFIC COLLECTION AGENT INFORMATION		
Collection Agent		
1	Collection Agent Name	MedConn Collection Agency
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.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.
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.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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.	7.70%
	Collection Agent	
1	Collection Agent Name	Tobin Carberry OMalley Riley
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.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.
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.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	37.30%
	Collection Agent	
1	Collection Agent Name	EOS Collection Agency of America
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.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	4.86%
	Collection Agent	
1	Collection Agent Name	Optimum Outcomes
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.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.
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.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.40%
	Collection Agent	
1	Collection Agent Name	Merchants Association Collection Dividion, Inc
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Not Related

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2012
REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.	a) Accounts are selected based on the following criteria: 1.Bal. is patients responsibility 2.Payment in full has not been received during the 4 statement cycle (120 days) 3.Acct bal is > than \$14.99 4.Acct bal is < than \$5,000 5.Acct bal > than \$5,000 must have appropriate administration approval.
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.	The hospital reimburses the collection agency a percentage of the amount collected 2.The hospital reimburses the collection agency through the monthly invoice. The invoice includes the total amount collected 3.The hospital reimburses the agency based on the fee
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	22.00%

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	President and CEO	\$778,377	\$721,169	\$1,499,546
2.	Executive Vice President and CMO	\$606,789	\$169,603	\$776,392
3.	Vice President Finance	\$537,068	\$61,398	\$598,466
4.	Chief ER Physician	\$429,749	\$121,250	\$550,999
5.	Chief of Medicine	\$417,080	\$83,467	\$500,547
6.	Hospitalist	\$447,327	\$44,201	\$491,528
7.	Director Surgical Oncology	\$444,350	\$43,231	\$487,581
8.	Chief of Psychiatry	\$369,582	\$115,104	\$484,686
9.	Medical Director BMH ED	\$404,053	\$42,994	\$447,047
10.	Medical Director NBG ED	\$367,256	\$71,163	\$438,419
	Grand Total:	\$4,801,631	\$1,473,580	\$6,275,211

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
A . HARTFORD HEALTH CARE CORPORATION				
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 . BRADLEY HEALTH SERVICES, INC.				
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
C . CENCONN SERVICES, INC.				
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
D . CENTRAL CONNECTICUT SPORTS MEDICINE CENTER, LLC				
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	\$1,284,716	\$475,169	\$1,759,885
E . CENTRAL CT HEALTH ALLIANCE				
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
F . CENTRAL CT SENIOR HEALTH SERVICES D/B/A SOUTHINGTON CARE CENTER				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$32,936	\$0	\$32,936
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . COMMUNITY MENTAL HEALTH AFFILIATES				
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
H . GRAND INDEMNITY COMPANY, LTD				
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
I . HARTFORD HOSPITAL				
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
J . MEDCONN COLLECTION AGENCY LLC				
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
K . MRI OF FARMINGTON AVENUE LLC				
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
L . MULBERRY GARDENS OF SOUTHINGTON, LLC				
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
M . NEW BRITAIN MRI LIMITED PARTNERSHIP				
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	\$551,185	\$110,879	\$662,064
N . NEW BRITAIN OCCUPATIONAL HEALTH D/B/A ALLIANCE OCCUPATIONAL HEALTH				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$713,620	\$156,879	\$870,499
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O . SOUTHINGTON CARE CENTER				
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
P . THE ORCHARDS AT SOUTHINGTON				
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

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2012
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) ^C	FRINGE BENEFITS ^A (Directly or Indirectly) ^C	TOTAL
Q .	VNA OF CENTRAL CONNECTICUT			
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.

**THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
FISCAL YEAR 2012
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 2012
A	Transfer of Assets or Operations	
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

THE HOSPITAL OF CENTRAL CONNECTICUT					
ANNUAL REPORTING					
FISCAL YEAR 2012					
REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	1,747	990	(757)	-43%
2.	Number of Approved Applicants	933	501	(432)	-46%
3.	Total Charges (A)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
	Average Charges	\$18,502	\$13,556	(\$4,946)	-27%
4.	Ratio of Cost to Charges (RCC)	0.462882	0.427021	(0.035861)	-8%
	Total Cost	\$7,990,309	\$2,900,148	(\$5,090,161)	-64%
	Average Cost	\$8,564	\$5,789	(\$2,775)	-32%
5.	Charity Care - Inpatient Charges	\$4,669,888	\$1,545,993	(\$3,123,895)	-67%
6.	Charity Care - Outpatient Emergency Department Charges	9,203,021	3,768,729	(5,434,292)	-59%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	3,389,177	1,476,859	(1,912,318)	-56%
	Total Charges (A)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
8.	Charity Care - Number of Patient Days	9,495	3,167	(6,328)	-67%
9.	Charity Care - Number of Discharges	1,896	568	(1,328)	-70%
10.	Charity Care - Number of Outpatient ED Visits	13,685	4,217	(9,468)	-69%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	9,709	2,587	(7,122)	-73%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	1,747	990	(757)	-43%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0.462882	0.427021	(0.035861)	-8%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					