

MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2013
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|---|---------------------------------|---------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. AFFILIATE NAME MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | |
| 1 | Affiliate Description | PARENT CORP |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 435 LEWIS AVENUE |
| 5 | Town | MERIDEN |
| 6 | State | Connecticut |
| 7 | Zip Code | 06451 - |
| 8 | CEO Name | Lucille Janatka |
| 9 | CEO Title | President |
| 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 - |
| B. AFFILIATE NAME CHS INSURANCE LIMITED | | |
| 1 | Affiliate Description | Reinsurance |
| 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 | - |
| 8 | CEO Name | Elliot Joseph |
| 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 - |
| C. AFFILIATE NAME CLINICAL LAB PARTNERS | | |
| 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 |
| 10 | CT Agent Name | Winship Service Corp. |
| 11 | CT Agent Company | Winship Service Corp. |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 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 - |
| | | |
| D. | AFFILIATE NAME | HARTFORD HEALTH CARE CORP |
| 1 | Affiliate Description | PARENT CORPORATION |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 80 SEYMOUR ST |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06102 - |
| 8 | CEO Name | Elliot Joseph |
| 9 | CEO Title | President andCEO |
| 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 - |
| | | |
| E. | AFFILIATE NAME | HARTFORD HEALTHCARE PHYSICIANCARE INC |
| 1 | Affiliate Description | Practice medicine and provide healthcare services to the public |
| 2 | Affiliate type of service | Foundation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 1290 Silas Dean Highway |
| 5 | Town | Wethersfield |
| 6 | State | Connecticut |
| 7 | Zip Code | 06109 - |
| 8 | CEO Name | James Watkins Jr |
| 9 | CEO Title | President |
| 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 - 1919 |
| | | |
| F. | AFFILIATE NAME | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC |
| 1 | Affiliate Description | REHABILITATION SERVICES |
| 2 | Affiliate type of service | Rehabilitation Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 181 PATRICIA GENOVA DRIVE |
| 5 | Town | Newington |
| 6 | State | Connecticut |

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| (1) | (2) | (3) |
|--|---------------------------------|---|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 7 | Zip Code | 06111 - |
| 8 | CEO Name | Rita Parisi |
| 9 | CEO Title | Pres & 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 - |
| G. 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 | Stuart Markewicz |
| 9 | CEO Title | President |
| 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 - |
| H. AFFILIATE NAME MERIDEN IMAGING CENTER, INC | | |
| 1 | Affiliate Description | IMAGING SERVICES |
| 2 | Affiliate type of service | Imaging Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 435 LEWIS AVE |
| 5 | Town | Meriden |
| 6 | State | Connecticut |
| 7 | Zip Code | 06451 - |
| 8 | CEO Name | GARY DEE, MD |
| 9 | CEO Title | PRESIDENT |
| 10 | CT Agent Name | Michael Kurs, Esq. |
| 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 - |
| I. AFFILIATE NAME MIDSTATE MSO, LLC | | |
| 1 | Affiliate Description | MANAGEMENT SERVICES ORGANIZATION TO SERVICE PHYSICIANS PRACTICES. |

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| (1) | (2) | (3) |
|-----------|---------------------------------|--|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 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 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 | PRACTICE CENTRAL, LLC |
| 1 | Affiliate Description | Facilitate the adoption of electronic health systems by physician practices in CT for effective data sharing and clinical integration resulting in better coordinated care |
| 2 | Affiliate type of service | For Profit Services (Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 85 Seymour Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06102 - |
| 8 | CEO Name | Kent Stahl, MD |
| 9 | CEO Title | Managing Director |
| 10 | CT Agent Name | Winship Services Corp |
| 11 | CT Agent Company | Winship Services 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 - 1919 |
| | | |
| K. | AFFILIATE NAME | RUSHFORD CENTER, INC. |
| 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 |
| 10 | CT Agent Name | Richard W Tomc, Esq. |
| 11 | CT Agent Company | Richard W Tomc and 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 - |
| | | |

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| (1) | (2) | (3) |
|------|---------------------------------|-------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| L. | AFFILIATE NAME | THE HOSPITAL OF CENTRAL CONNECTICUT |
| 1 | Affiliate Description | Hospital |
| 2 | Affiliate type of service | Hospital |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 100 Grand St |
| 5 | Town | New Britain |
| 6 | State | Connecticut |
| 7 | Zip Code | 06050 - |
| 8 | CEO Name | Lucille Janatka |
| 9 | CEO Title | President |
| 10 | CT Agent Name | The Hospital of Central CT |
| 11 | CT Agent Company | Elizabeth Sclaff, Esq. |
| 12 | CT Agent Company Street Address | 100 Grand St |
| 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

**MIDSTATE MEDICAL CENTER
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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 9/30/2013 |
| A . MIDSTATE MEDICAL CENTER | | | |
| 1 | | Unrestricted | \$96,806,371 |
| 2 | | Temporarily Restricted by Donor | \$2,047,687 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$14,731,968 |
| 5 | | Intercompany Eliminations | (\$2,999,397) |
| | | Total: | \$110,586,629 |
| B . MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| 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 . CHS INSURANCE LIMITED | | | |
| 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 . CLINICAL LAB PARTNERS | | | |
| 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 |
| E . HARTFORD HEALTH CARE CORP | | | |
| 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 . HARTFORD HEALTHCARE PHYSICIANCARE 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 |
| G . HARTFORD HEALTHCARE REHABILITATION NETWORK, 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 |

**MIDSTATE MEDICAL CENTER
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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 9/30/2013 |
| | | Total: | \$0 |
| H . | 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 |
| I . | MERIDEN IMAGING CENTER, INC | | |
| 1 | | Unrestricted | \$2,075,702 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$2,075,702 |
| J . | MIDSTATE MSO, 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 |
| K . | PRACTICE CENTRAL, 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 . | RUSHFORD CENTER, 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 |
| M . | THE HOSPITAL 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: | \$115,661,728 |
| | Intercompany Eliminations | | (\$2,999,397) |
| | Total of all Affiliates | Fund Balance: | \$112,662,331 |

**MIDSTATE MEDICAL CENTER
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 |
| A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| 1 | | Nothing to report | 09/30/2013 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| B. CHS INSURANCE LIMITED | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$13,903,320 |
| 1 | | Hospital buys malpractice insurance premiums | 09/30/2013 | (\$2,403,885) |
| 2 | | Payments | 09/30/2013 | \$2,403,885 |
| 3 | | CHS buys support staff | 09/30/2013 | \$75,362 |
| 4 | | Payments | 09/30/2013 | (\$85,182) |
| 5 | | Investment | 09/30/2013 | \$6,570,276 |
| 6 | | Distribution | 09/30/2013 | (\$20,463,776) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| C. CLINICAL LAB PARTNERS | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$2,939 |
| 1 | | Rental Of Space | 09/30/2013 | \$68,561 |
| 2 | | Payments | 09/30/2013 | (\$60,021) |
| 3 | | CLP provides testing services | 09/30/2013 | \$1,796,135 |
| 4 | | Payments | 09/30/2013 | (\$1,796,135) |
| 5 | | Hospital buys support staff | 09/30/2013 | (\$3,335,950) |
| 6 | | Payments | 09/30/2013 | \$3,335,950 |
| 7 | | CLP buys Stat testing services | 09/30/2013 | (\$91,379) |
| 8 | | Payments | 09/30/2013 | \$91,379 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$11,479 |
| D. HARTFORD HEALTH CARE CORP | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | (\$87,184,849) |
| 1 | | Hospital pays monthly dues to parent | 09/30/2013 | (\$3,179,898) |
| 2 | | Hospital pays various invoice allocation to parent | 09/30/2013 | (\$1,544,780) |
| 3 | | Hospital pays monthly interest to parent | 09/30/2013 | (\$4,119,648) |
| 4 | | Hospital pays intercompany loan payment to parent | 09/30/2013 | \$223,194 |
| 5 | | Equity transfer | 09/30/2013 | (\$6,409,206) |
| 6 | | Payments for Services | 09/30/2013 | \$15,044,129 |
| 7 | | Intercompany Accounts Payable | 09/30/2013 | \$2,287,478 |

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| (1) | (2) | (3) | (4) | (5) |
|-----------|--|--|------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | (\$84,883,580) |
| E. | HARTFORD HEALTHCARE PHYSICIANCARE INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| 1 | | Rent | 09/30/2013 | \$481,947 |
| 2 | | Intercompany Accounts Payable | 09/30/2013 | \$48,967 |
| 3 | | Payments | 09/30/2013 | (\$484,147) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$46,767 |
| F. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$925 |
| 1 | | Hospital buys Rehabilitation services from ERN | 09/30/2013 | (\$1,305,507) |
| 2 | | Payments | 09/30/2013 | \$1,305,507 |
| 3 | | Rent | 09/30/2013 | \$10,924 |
| 4 | | Payments | 09/30/2013 | (\$10,034) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$1,815 |
| G. | HARTFORD HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | (\$1,124,660) |
| 1 | | Hospital buys Laundry service from HH | 09/30/2013 | (\$605,380) |
| 2 | | Hospital buys Library Service from HH | 09/30/2013 | (\$188,648) |
| 3 | | Hospital buys PA service from HH | 09/30/2013 | (\$4,285,044) |
| 4 | | Hospital buys Supplies from HH | 09/30/2013 | (\$3,243,881) |
| 5 | | Hospital buys Data services from HH | 09/30/2013 | (\$4,188,654) |
| 6 | | Hospital buys various personel from HH | 09/30/2013 | (\$2,513,568) |
| 7 | | Hospital buys Infectious Disease from HH | 09/30/2013 | (\$283,994) |
| 8 | | Hospital buys Laboratory service from HH | 09/30/2013 | (\$103,684) |
| 9 | | Payment for Services | 09/30/2013 | \$15,151,316 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | (\$1,386,197) |
| H. | MERIDEN IMAGING CENTER, INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| 1 | | Nothing to report | 09/30/2013 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| I. | MIDSTATE MSO, LLC | | | |

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| (1) | (2) | (3) | (4) | (5) |
|------|---|--|---------------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| 1 | | Hospital Invests in MidState MSO LLC | 09/30/2013 | \$1,600,000 |
| 2 | | Payments | 09/30/2013 | (\$1,600,000) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$0 |
| | J. PRACTICE CENTRAL, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$217,049 |
| 1 | | Practice Central buys support staff from Midstate | 09/30/2013 | \$111,856 |
| 2 | | Payments | 09/30/2013 | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$328,905 |
| | K. RUSHFORD CENTER, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$2,016 |
| 1 | | IS Data Services | 09/30/2013 | \$11,248 |
| 2 | | Payments | 09/30/2013 | (\$6,720) |
| 3 | | Hospital buys support staff and Program support from Rushfor | 09/30/2013 | (\$1,107,152) |
| 4 | | Payments | 09/30/2013 | \$1,107,152 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | \$6,544 |
| | L. THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2012 | \$0 |
| 1 | | Services | 09/30/2013 | \$164,277 |
| 2 | | Reimbursement of services | 09/30/2013 | (\$173,445) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2013 | (\$9,168) |
| | | | Grand Total: | (\$85,883,435) |

**MIDSTATE MEDICAL CENTER
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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 | 10/01/2012 | \$0 |
| A. | MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| B. | CHS INSURANCE LIMITED | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| C. | CLINICAL LAB PARTNERS | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| D. | HARTFORD HEALTH CARE CORP | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| E. | HARTFORD HEALTHCARE PHYSICIANCARE INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| F. | HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| G. | HARTFORD HOSPITAL | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| H. | MERIDEN IMAGING CENTER, INC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| I. | MIDSTATE MSO, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| J. | PRACTICE CENTRAL, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| K. | RUSHFORD CENTER, INC. | | | | |
| | | | Nothing to Report | | \$0 |

**MIDSTATE MEDICAL CENTER
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FISCAL YEAR 2013
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: | 9/30/2013 | \$0 |
| L. | THE HOSPITAL OF CENTRAL CONNECTICUT | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2013 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2013 | \$0 |

MIDSTATE MEDICAL CENTER
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

| (1) LINE | (2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | (3) AMOUNT | (4) DATE |
|---|---|---------------|------------------|
| A. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| B. CHS INSURANCE LIMITED | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| C. CLINICAL LAB PARTNERS | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| D. HARTFORD HEALTH CARE CORP | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| E. HARTFORD HEALTHCARE PHYSICIANCARE INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| F. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| G. HARTFORD HOSPITAL | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| H. MERIDEN IMAGING CENTER, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| I. MIDSTATE MSO, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| J. PRACTICE CENTRAL, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| K. RUSHFORD CENTER, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| L. THE HOSPITAL OF CENTRAL CONNECTICUT | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2013 |
| | Grand Total: | \$0 | 9/30/2013 |

**MIDSTATE MEDICAL CENTER
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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. MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. CHS INSURANCE LIMITED | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. CLINICAL LAB PARTNERS | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. HARTFORD HEALTH CARE CORP | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. HARTFORD HEALTHCARE PHYSICIANCARE INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| F. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| G. HARTFORD HOSPITAL | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| H. MERIDEN IMAGING CENTER, INC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| I. MIDSTATE MSO, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| J. PRACTICE CENTRAL, LLC | | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| K. RUSHFORD CENTER, INC. | | | |
| 0 | Nothing to Report | \$0 | 0 |

MIDSTATE MEDICAL CENTER
 ANNUAL REPORTING
 FISCAL YEAR 2013

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 |
| | Total: | \$0 | |
| L. | THE HOSPITAL OF CENTRAL CONNECTICUT | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2013
REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

| (1) | (2) | (3) | (4) | (5) | (6) |
|--------------------------|-----------------------------|-----------------------|-----------------------|--------------------|--------------|
| LINE | DESCRIPTION | FY 2012 ACTUAL | FY 2013 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 | \$1,009,055.00 | \$1,018,331.00 | \$9,276.00 | 1% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$80,476.00 | \$95,279.00 | \$14,803.00 | 18% |
| 3 | Expenditures | \$80,476.00 | \$95,279.00 | \$14,803.00 | 18% |
| 4 | Unrealized Gains and Losses | \$9,276.00 | \$78,431.00 | \$69,155.00 | 746% |
| | Ending Balance | \$1,018,331.00 | \$1,096,762.00 | \$78,431.00 | 8% |
| 5 | Projected Interest Income | \$75,000.00 | \$90,000.00 | \$15,000.00 | 20% |
| 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% |

| MIDSTATE MEDICAL CENTER | | |
|---|--|--------------------|
| ANNUAL REPORTING | | |
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| REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| <u>Patient</u> | Name of Hospital Bed Fund (<u>FULL NAME</u>) | <u>Amount</u> |
| 1. Number of Applications for Hospital Bed Funds | | 6 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 4 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed Funds: | | \$95,279.00 |
| 1 | FB-Pooled | \$5,279.00 |
| 2 | FB-Henry Stockder | \$16,085.06 |
| 3 | FB-Henry Stockder | \$53,914.94 |
| 4 | FB-Henry Stockder | \$20,000.00 |
| | Grand Total | \$95,279.00 |

| MIDSTATE MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2013 REPORT 17B - 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 Hospital Bed | | | | |
| (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. | | | | |
| | Henry H Stockder(Held by Trustee) | \$1,096,762.00 | \$90,000.00 | \$0.00 | \$0.00 |
| | Kate A.L. Chapin | \$3,000.00 | \$132.00 | \$0.00 | \$0.00 |
| | Hester A Curtiss | \$20,000.00 | \$885.00 | \$0.00 | \$0.00 |
| | Martha E Fales | \$5,000.00 | \$221.00 | \$0.00 | \$0.00 |
| | Hospital Endowed Bed Fund | \$5,000.00 | \$221.00 | \$0.00 | \$0.00 |
| | Ladies Endowed Bed Fund | \$5,000.00 | \$221.00 | \$0.00 | \$0.00 |
| | Blance Hixson Smith | \$25,000.00 | \$1,107.00 | \$0.00 | \$0.00 |
| | Henry H Stockder | \$10,000.00 | \$443.00 | \$0.00 | \$0.00 |
| | Benjamin W Collins | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Hester A Curtiss | \$10,000.00 | \$443.00 | \$0.00 | \$0.00 |
| | Martha Couch Doolittle | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Fenner | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Mattie P Foote | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Founders Room | \$7,045.00 | \$312.00 | \$0.00 | \$0.00 |
| | Charles F & G Gay Linsley | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Arthur E Miller | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | WR & KS Mosher | \$5,000.00 | \$221.00 | \$0.00 | \$0.00 |
| | Caroline Louise Nagel | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Margaret A Schenck | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Henery H Stockder-Swan Room | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Nettie C Wilcox | \$2,000.00 | \$89.00 | \$0.00 | \$0.00 |
| | Minnie E Zschirpe | \$4,167.00 | \$183.00 | \$0.00 | \$0.00 |
| | Total Bed Funds : | \$1,215,974.00 | \$95,279.00 | \$0.00 | \$0.00 |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
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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 | 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 | 7.52% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| A 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. | 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. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 6.99% |
| B Collection Agent | | |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1) | (2) | (3) |
|----------|---|--|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| 1 | Collection Agent Name | EOS CCA |
| 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. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 7.77% |
| | | |
| C | Collection Agent | |
| 1 | Collection Agent Name | Sherlog Solutions |
| 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. | Secondary agency accounts are sent electronically after efforts have been exhausted by primary agency. |
| 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. |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 1.73% |
| | | |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
FISCAL YEAR 2013
REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

| (1) | (2) | (3) |
|------|-------------|------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
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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 | \$691,509 | \$251,709 | \$943,218 |
| 2. | Chief Medical Officer | \$394,734 | \$143,683 | \$538,417 |
| 3. | Hospitalist | \$330,082 | \$120,150 | \$450,232 |
| 4. | Vice President Operations | \$306,967 | \$111,736 | \$418,703 |
| 5. | Hospitalist | \$281,463 | \$102,453 | \$383,916 |
| 6. | Hospitalist | \$273,425 | \$99,527 | \$372,952 |
| 7. | Hospitalist | \$268,117 | \$97,595 | \$365,712 |
| 8. | Hospitalist | \$263,225 | \$95,814 | \$359,039 |
| 9. | Hospitalist | \$255,413 | \$92,970 | \$348,383 |
| 10. | Hospitalist | \$254,957 | \$92,804 | \$347,761 |
| | Grand Total: | \$3,319,892 | \$1,208,441 | \$4,528,333 |

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
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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 . MIDSTATE MEDICAL CENTER AND SUBSIDIARIES | | | | |
| 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 . CHS INSURANCE LIMITED | | | | |
| 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 . CLINICAL LAB PARTNERS | | | | |
| 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 . HARTFORD HEALTH CARE CORP | | | | |
| 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 |
| E . HARTFORD HEALTHCARE PHYSICIANCARE 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 |
| F . HARTFORD HEALTHCARE REHABILITATION NETWORK, 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 |
| G . 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 |
| H . MERIDEN IMAGING CENTER, 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 |
| I . MIDSTATE MSO, 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 |
| J . PRACTICE CENTRAL, 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 . RUSHFORD CENTER, 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 |
| L . THE HOSPITAL 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.

**MIDSTATE MEDICAL CENTER
ANNUAL REPORTING
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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 2013 |
| 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 |

MIDSTATE MEDICAL CENTER

ANNUAL REPORTING

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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

| (1) | (2) | (3) | (4) | (5) | (6) |
|--|---|--------------------|--------------------|----------------------|-----------------|
| LINE | DESCRIPTION | FY 2012 AMOUNT | FY 2013 AMOUNT | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 3,601 | 6,890 | 3,289 | 91% |
| 2. | Number of Approved Applicants | 3,421 | 6,546 | 3,125 | 91% |
| 3. | Total Charges (A) | \$4,233,596 | \$7,131,143 | \$2,897,547 | 68% |
| | Average Charges | \$1,238 | \$1,089 | (\$148) | -12% |
| 4. | Ratio of Cost to Charges (RCC) | 0.465012 | 0.436359 | (0.028653) | -6% |
| | Total Cost | \$1,968,673 | \$3,111,738 | \$1,143,065 | 58% |
| | Average Cost | \$575 | \$475 | (\$100) | -17% |
| 5. | Charity Care - Inpatient Charges | \$1,394,433 | \$1,787,698 | \$393,265 | 28% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 1,782,883 | 3,716,293 | 1,933,410 | 108% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 1,056,280 | 1,627,152 | 570,872 | 54% |
| | Total Charges (A) | \$4,233,596 | \$7,131,143 | \$2,897,547 | 68% |
| 8. | Charity Care - Number of Patient Days | 576 | 760 | 184 | 32% |
| 9. | Charity Care - Number of Discharges | 372 | 483 | 111 | 30% |
| 10. | Charity Care - Number of Outpatient ED Visits | 3,596 | 6,870 | 3,274 | 91% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 1,233 | 2,072 | 839 | 68% |
| (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 | 6 | 6 | - | 0% |
| 2. | Number of Approved Applicants | 4 | 4 | - | 0% |
| 3. | Total Charges (B) | \$80,476 | \$95,279 | \$14,803 | 18% |
| | Average Charges | \$20,119 | \$23,820 | \$3,701 | 18% |
| 4. | Ratio of Cost to Charges (RCC) | 0.465012 | 0.436359 | (0.028653) | -6% |
| | Total Cost | \$37,422 | \$41,576 | \$4,154 | 11% |
| | Average Cost | \$9,356 | \$10,394 | \$1,038 | 11% |
| 5. | Bed Funds - Inpatient Charges | \$80,476 | \$95,279 | \$14,803 | 18% |
| 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) | \$80,476 | \$95,279 | \$14,803 | 18% |
| 8. | Bed Funds - Number of Patient Days | 22 | 23 | 1 | 5% |
| 9. | Bed Funds - Number of Discharges | 4 | 4 | 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. | | | | | |

MIDSTATE MEDICAL CENTER**ANNUAL REPORTING****FISCAL YEAR 2013****REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

| (1) | (2) | (3) | (4) | (5) | (6) |
|-------------|--------------------|---------------|---------------|-------------------|-------------------|
| | | FY 2012 | FY 2013 | AMOUNT | % |
| <u>LINE</u> | <u>DESCRIPTION</u> | <u>AMOUNT</u> | <u>AMOUNT</u> | <u>DIFFERENCE</u> | <u>DIFFERENCE</u> |
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