

THE HOSPITAL OF CENTRAL CONNECTICUT
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	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	Lucille Janatka
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 -
D.	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	Lucille Janatka
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 -
E.	AFFILIATE NAME	CENTRAL CT SENIOR HEALTH SERVICES
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	Ssouthington
6	State	Connecticut
7	Zip Code	06489 -
8	CEO Name	Lucille Janatka
9	CEO Title	President
10	CT Agent Name	Lucille Janatka
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 -
F.	AFFILIATE NAME	CHS INSURANCE LIMITED
1	Affiliate Description	Reinsurance
2	Affiliate type of service	Insurance
3	Tax Status	For Profit
4	Street Address	F.B. Perry Building, 40 Church
5	Town	Hamilton
6	State	Bermuda

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
7	Zip Code	-
8	CEO Name	Elliot Joseph
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
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 -
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		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		HARTFORD HEALTHCARE AT HOME, INC.
1	Affiliate Description	PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	103 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Ellen D. Rothberg
9	CEO Title	President
10	CT Agent Name	Winship Services Corporation
11	CT Agent Company	Winship Services 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
J.	AFFILIATE NAME	HARTFORD HEALTHCARE PHYSICIANCARE INC.
1	Affiliate Description	Practice medicine and provide healthcare services to the public as a medical foundation
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	1290 Silas Deane 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 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 -
K.	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
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 - 1919

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
L.	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 -
M.	AFFILIATE NAME	MIDSTATE MEDICAL CENTER
1	Affiliate Description	HOSPITAL
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	435 Lewis Ave
5	Town	Meriden
6	State	Connecticut
7	Zip Code	06451 -
8	CEO Name	Lucille Janatka
9	CEO Title	President and CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
N.	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

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3469
O.	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 -
P.	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 -
Q.	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 integrations 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 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
8	CEO Name	Kent Stahl, M
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
R.	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 -
S.	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 -

* 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 9/30/2013
A . THE HOSPITAL OF CENTRAL CONNECTICUT			
1		Unrestricted	\$194,567,882
2		Temporarily Restricted by Donor	\$24,361,771
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$22,781,910
5		Intercompany Eliminations	\$0
		Total:	\$241,711,563
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	\$814,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$814,000
E . CENTRAL CT HEALTH ALLIANCE			
1		Unrestricted	\$8,115,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$8,115,000
F . CENTRAL CT SENIOR HEALTH SERVICES			
1		Unrestricted	\$3,745,023
2		Temporarily Restricted by Donor	\$64,973
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$5,193
5		Intercompany Eliminations	\$0
		Total:	\$3,815,189
G . 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

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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
H.	COMMUNITY MENTAL HEALTH AFFILIATES		
1		Unrestricted	\$1,538,000
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$86,000
		Total:	\$1,624,000
I.	GRAND INDEMNITY COMPANY, LTD		
1		Unrestricted	\$19,746,446
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$5,267,875)
		Total:	\$14,478,571
J.	HARTFORD HEALTHCARE AT HOME, 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
K.	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
L.	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
		Total:	\$0
M.	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
N.	MIDSTATE MEDICAL 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

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2013
O .	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
P .	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
Q .	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
R .	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
S .	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
T .	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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$275,740,198
	Intercompany Eliminations		(\$5,181,875)
	Total of all Affiliates	Fund Balance:	\$270,558,323

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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:	9/30/2012	\$34,694,427
1		Audit fees	09/30/2013	\$42,210
2		Certifications	09/30/2013	\$38,533
3		CHEFA Series A&C	09/30/2013	(\$12,687)
4		Consulting	09/30/2013	(\$46,662)
5		IT Support Services	09/30/2013	\$16,201
6		Management Fees	09/30/2013	\$636,643
7		Mercer Consulting	09/30/2013	\$122,325
8		Medical Supplies	09/30/2013	\$39,877
9		Towers Watson	09/30/2013	(\$710,971)
10		Unity Program	09/30/2013	\$190,119
11		Vendor Rebates	09/30/2013	\$306,092
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$35,316,107
B. BRADLEY HEALTH SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
C. CENCONN SERVICES, INC.				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$25,593
1		Invoices paid by HCC-NBG on behalf of CSI	09/30/2013	\$11,080
2		Services provided by HCC-NBG for CSI	09/30/2013	\$1,813
3		HCC PR deduction for rent due to CSI	09/30/2013	(\$7,566)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$30,920
D. CENTRAL CT HEALTH ALLIANCE				
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$2,106,655
1		Invoices paid by HCC-NBG on behalf of CCHA	09/30/2013	\$3,187
2		Reimbursement of Expenses	09/30/2013	(\$273,344)
3		Services provided by HCC-NBG for CCHA	09/30/2013	\$75
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,836,573
E. CENTRAL CT SENIOR HEALTH SERVICES				

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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
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
F.	CHS INSURANCE LIMITED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Dental Plan	09/30/2013	(\$1,275,118)
2		Medical Plan	09/30/2013	\$6,070,091
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$4,794,973
G.	COMMUNITY MENTAL HEALTH AFFILIATES			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$1)
1		Reimbursement of Expenses	09/30/2013	(\$149,664)
2		Space provided by HCC-NBG for CMHA	09/30/2013	\$149,664
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$1)
H.	GRAND INDEMNITY COMPANY, LTD			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Professional Services	09/30/2013	(\$351,708)
2		Reimbursement of expenses/services	09/30/2013	\$239,324
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$112,384)
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Physical Therapist Fees	09/30/2013	\$35,914
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$35,914
L.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$33,410)
1		Professional Services	09/30/2013	(\$2,993,736)
2		Reimbursement of expenses/services	09/30/2013	\$2,947,079
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$80,067)
M.	MIDSTATE MEDICAL CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
1		Bariatric Program	09/30/2013	\$17,044
2		Diabeties Program	09/30/2013	\$1,797
3		Due to MidState Medical Ctr	09/30/2013	(\$42,903)
4		Genetic Counselor	09/30/2013	\$24,228
5		Medical Director Fees	09/30/2013	(\$8,072)
6		Sonograph	09/30/2013	(\$23,345)
7		Ultrasound Tech	09/30/2013	\$40,419
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$9,168
N.	MRI OF FARMINGTON AVENUE LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
O.	MULBERRY GARDENS OF SOUTHTON, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$238
1		Invoices paid by HCC-NBG on behalf of Muberry Gardens	09/30/2013	\$538
2		Reclass wrong account used	09/30/2013	(\$238)
3		Reimbursement of Expenses	09/30/2013	(\$538)
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP			

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$56,404)
1		Services provided by HCC-NBG for NB MRI Lp	09/30/2013	\$264,809
2		Contract labor for MRI of Southington from NBMRILP	09/30/2013	(\$636,632)
3		Reimbursement of expenses/services	09/30/2013	(\$260,472)
4		Invoices paid by HCC-NBG on behalf or owed to NB MRILP	09/30/2013	\$620,287
		Ending Unconsolidated Intercompany Balance:	9/30/2013	(\$68,412)
Q.	PRACTICE CENTRAL, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
R.	SOUTHINGTON CARE CENTER			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	(\$4,463)
1		Invoices paid by HCC-NBG on behalf of SCC	09/30/2013	\$22,648
2		Sale of Patient/Office Supplies	09/30/2013	\$805
3		Reimbursement of Expenses	09/30/2013	(\$47,937)
4		Condo fee and property taxes	09/30/2013	\$5,701
5		Contract Labor provided to SCC by HCC	09/30/2013	\$33,542
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$10,296
S.	THE ORCHARDS AT SOUTHINGTON			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
			Grand Total:	\$41,773,087

**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	10/01/2012	\$14,728,730
A.	HARTFORD HEALTH CARE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
B.	BRADLEY HEALTH SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
C.	GENCONN SERVICES, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
D.	CENTRAL CT HEALTH ALLIANCE				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
E.	CENTRAL CT SENIOR HEALTH SERVICES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
F.	CHS INSURANCE LIMITED				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
G.	COMMUNITY MENTAL HEALTH AFFILIATES				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
H.	GRAND INDEMNITY COMPANY, LTD				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
J.	HARTFORD HEALTHCARE PHYSICIANCARE INC.				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
K.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
			Nothing to Report		\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2013	\$0
M.	MIDSTATE MEDICAL CENTER		Nothing to Report		\$0
			Total:	9/30/2013	\$0
N.	MRI OF FARMINGTON AVENUE LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
O.	MULBERRY GARDENS OF SOUTHINGTON, LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP		Nothing to Report		\$0
			Total:	9/30/2013	\$0
Q.	PRACTICE CENTRAL, LLC		Nothing to Report		\$0
			Total:	9/30/2013	\$0
R.	SOUTHINGTON CARE CENTER		Nothing to Report		\$0
			Total:	9/30/2013	\$0
S.	THE ORCHARDS AT SOUTHINGTON		Nothing to Report		\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$14,728,730

THE HOSPITAL OF CENTRAL CONNECTICUT
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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. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
B. BRADLEY HEALTH SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
C. CENCONN SERVICES, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
D. CENTRAL CT HEALTH ALLIANCE			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
E. CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
F. CHS INSURANCE LIMITED			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
G. COMMUNITY MENTAL HEALTH AFFILIATES			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
H. GRAND INDEMNITY COMPANY, LTD			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
I. HARTFORD HEALTHCARE AT HOME, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
J. HARTFORD HEALTHCARE PHYSICIANCARE INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
K. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
L. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
M. MIDSTATE MEDICAL CENTER			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
N. MRI OF FARMINGTON AVENUE LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
O. MULBERRY GARDENS OF SOUTHLINGTON, LLC			

THE HOSPITAL OF CENTRAL CONNECTICUT

ANNUAL REPORTING

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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
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
Q.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
R.	SOUTHINGTON CARE CENTER		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
S.	THE ORCHARDS AT SOUTHINGTON		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2013
	Grand Total:	\$0	9/30/2013

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 CT HEALTH ALLIANCE			
0	Nothing to Report	\$0	0
	Total:	\$0	
E. CENTRAL CT SENIOR HEALTH SERVICES			
0	Nothing to Report	\$0	0
	Total:	\$0	
F. CHS INSURANCE LIMITED			
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 HEALTHCARE AT HOME, INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
J. HARTFORD HEALTHCARE PHYSICIANCARE INC.			
0	Nothing to Report	\$0	0
	Total:	\$0	
K. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	0

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
	Total:	\$0	
L.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	MIDSTATE MEDICAL CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	MRI OF FARMINGTON AVENUE LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	MULBERRY GARDENS OF SOUTHWINGTON, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	NEW BRITAIN MRI LIMITED PARTNERSHIP		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	PRACTICE CENTRAL, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	SOUTHWINGTON CARE CENTER		
0	Nothing to Report	\$0	0
	Total:	\$0	
S.	THE ORCHARDS AT SOUTHWINGTON		
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 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	\$885,006.80	\$1,015,278.76	\$130,271.96	15%
1	Donations	\$2,644.05	\$3,171.01	\$526.96	20%
2	Income	\$21,407.18	\$88,027.17	\$66,619.99	311%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$106,220.73	\$30,914.11	(\$75,306.62)	-71%
	Ending Balance	\$1,015,278.76	\$1,137,391.05	\$122,112.29	12%
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 ANNUAL REPORTING FISCAL YEAR 2013 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>)	Amount
1. Number of Applications for Hospital Bed Funds		1,973
Grand Total		\$0.00

THE HOSPITAL OF CENTRAL CONNECTICUT					
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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.				
	General Free Bed Fund	\$790,901.68	\$64,261.22	\$0.00	\$64,261.22
	Childrens Free Bed Fund	\$170,328.09	\$13,911.53	\$0.00	\$13,911.53
	Quigley Memorial Fund	\$114,347.12	\$9,339.29	\$0.00	\$9,339.29
	Rosahn Memorial	\$61,814.18	\$5,050.55	\$0.00	\$5,050.55
	Total Bed Funds :	\$1,137,391.07	\$92,562.59	\$0.00	\$92,562.59

**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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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	5.54%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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.	6.07%
B	Collection Agent	

**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
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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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.	3.57%
C	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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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.	8.87%

**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
D	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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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.	7.46%
E	Collection Agent	
1	Collection Agent Name	Merchants Association Collection Division, Inc.
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 \$24.99 4.Acct bal is < than \$25,000 5.Acct bal > than \$25,000 must have appropriate admin 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.	1.71%

**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

**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	\$786,037	\$213,317	\$999,354
2.	Executive Vice President and CMO	\$681,651	\$167,528	\$849,179
3.	Chief ER Physician	\$541,076	\$122,398	\$663,474
4.	Director Surgical Oncology	\$504,815	\$140,306	\$645,121
5.	Vice President Human Resources	\$577,684	\$66,761	\$644,445
6.	Hospitalist	\$550,374	\$48,354	\$598,728
7.	Chief of Medicine	\$474,418	\$81,047	\$555,465
8.	Neurosurgeon	\$515,384	\$26,834	\$542,218
9.	Chief of Psychiatry	\$385,252	\$113,310	\$498,562
10.	Chief of Cardiology	\$425,110	\$38,065	\$463,175
	Grand Total:	\$5,441,801	\$1,017,920	\$6,459,721

**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 (Directl y 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	\$386,341	\$150,244	\$536,585
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 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
E . CENTRAL CT SENIOR HEALTH SERVICES				
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	\$33,542	\$0	\$33,542
F . 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
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 HEALTHCARE AT HOME, 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
J . 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
K . 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
L . 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
M . MIDSTATE MEDICAL 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

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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 (Directl y or Indirectly) ^C	TOTAL
N . 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
O . 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
P . 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	\$0	\$0	\$0
Q . 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	\$75,938	\$17,969	\$93,907
R . 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
S . 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

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
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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

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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	990	1,973	983	99%
2.	Number of Approved Applicants	501	1,080	579	116%
3.	Total Charges (A)	\$6,791,581	\$16,310,702	\$9,519,121	140%
	Average Charges	\$13,556	\$15,103	\$1,546	11%
4.	Ratio of Cost to Charges (RCC)	0.427021	0.438225	0.011204	3%
	Total Cost	\$2,900,148	\$7,147,757	\$4,247,610	146%
	Average Cost	\$5,789	\$6,618	\$830	14%
5.	Charity Care - Inpatient Charges	\$1,545,993	\$3,019,515	\$1,473,522	95%
6.	Charity Care - Outpatient Emergency Department Charges	3,768,729	10,144,199	6,375,470	169%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	1,476,859	3,146,988	1,670,129	113%
	Total Charges (A)	\$6,791,581	\$16,310,702	\$9,519,121	140%
8.	Charity Care - Number of Patient Days	3,167	2,684	(483)	-15%
9.	Charity Care - Number of Discharges	568	503	(65)	-11%
10.	Charity Care - Number of Outpatient ED Visits	4,217	9,192	4,975	118%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,587	4,138	1,551	60%
(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	990	1,973	983	99%
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)	0.427021	0.438225	0.011204	3%
	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.					

THE HOSPITAL OF CENTRAL CONNECTICUT
ANNUAL REPORTING
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL
(1)
(2)
(3)
(4)
(5)
(6)
<u>LINE</u>
<u>DESCRIPTION</u>
<u>FY 2012</u>
<u>FY 2013</u>
<u>AMOUNT</u>
<u>AMOUNT</u>
<u>DIFFERENCE</u>
<u>DIFFERENCE</u>

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