

AGM/AGC/MAC Disclosure Requirements

The Obligor(s) shall provide immediate notification to AGM/AGC/MAC and the Bond and Master Trustee(s) of a name change of any obligor on the AGM/AGC/MAC insured bonds (Such name change shall require the filing of a new UCC Statement).

The financial audit for the most recent fiscal year for both the Bond Obligated group (including consolidating statements) and affiliates should be submitted electronically to AGM/AGC/MAC, along with the Management Letter received from the external auditors and the following information. Also of critical importance, please submit a certificate of covenant compliance as a separate document indicating mathematically, as appropriate, compliance with the bond covenants. If there are various calculations related to separately secured debt issues, all calculations should be provided and appropriately labeled for the differing obligations and/or Obligated Groups.

Name of Hospital Obligor or Obligated Group	
City (List all if multiple locations.)	
State (List all if Multi-state system.)	

	Fiscal Year Ending: (MM/DD/YYYY)	Prior FY Ending: (MM/DD/YYYY)
1 Maximum Debt Service Amount		
2 Maximum Debt Service Year		

#	UTILIZATION - HOSPITAL OBLIGOR OR OBLIGATED GROUP	Acute Care	L/T Care	Other Specialty Care		Acute Care	L/T Care	Other Specialty Care
3	Licensed Beds							
4	Beds In Service							
5	Admissions							
6	Discharges							
7	Patient Days							
8	Observational Days							
9	Average Length of Stay							
10	Occupancy (Beds in service only.)							
11	Hospital-wide Case Mix Index							
12	Medicare Case Mix Index							
13	ER Visits							
14	Outpatient Visits at the Hospital							
15	Physician Clinic Visits							
16	Inpatient Surgical Operations							
17	Outpatient Surgical Operations							
18	Births							
19	Top 10 Physicians Admitting Percentage							
20	% Revenue attributable to top 10 Revenue - Producing Physicians							
21	Number of Active Physicians							
22	Average Age of Active Physicians							
23	Active Physicians Board Certified (List %)							

Name of person completing this form	Telephone Number	Email Address