

Assured Guaranty Inc. (AG) Disclosure Requirements

The Obligor(s) shall provide immediate notification to Assured Guaranty Inc. (AG) and the Bond and Master Trustee(s) of a name change of any obligor on the AG 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 AG, 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		

	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

Section 2 - Supplemental Data

Insert Name of Hospital Obligor or Obligated Group Below

Market Share Percentage of Inpatient Admissions		
	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
1	Market Share Percentage PSA (Attach separately for each member of the Obligated Group.)	
2	Market Share Percentage SSA (Attach separately for each member of the Obligated Group.)	

Percentage of Gross revenues by Payor Source (inpatient and outpatient combined - acute care only)

Source of Revenues by Percentage (Total for Obligated Group)		
	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
	gross / net (please circle one)	gross / net (please circle one)
3	Medicare	
4	Medicare Managed Care	
5	Medicaid	
6	Medicaid Managed Care	
7	Blue Cross Indemnity	
8	Blue Cross Managed Care	
9	Commercial Indemnity	
10	Commercial Managed Care	
11	Self Pay	
12	Other	
	TOTAL	100%

Labor		
	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
13	Nurses (FTEs)	
14	Nurse Turnover Rate (List %)	
15	Nurse Vacancy Rate (List %)	
16	Temporary and Agency Staff (including nurse FTEs)	
17	Number of Employed Physicians (FTEs)	
18	Total Paid FTEs	
19	Total Gain or Loss of Employed Physicians (List \$ and attach method of calculation.)	
20	Are Bond debt service reserves funded to requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>(If answer to above question is no, please attach explanation)</i>	

***Other Specialty Care (e.g. psychiatric and/or rehabilitation, Insert description below)**

Additional Disclosure Requirements: Notice to AGM/AGC of the following events with 45 days of the related event:

(If any of the following are applicable, please attach pertinent information on a separate page.)

- 21 Disclosure obligations set forth in the related bond documents.
- 22 Federal, state and local law enforcement and regulatory enforcement investigations that could have a material adverse financial impact.
- 23 Change in name of obligated entity; change in sponsorship or control of obligated entity. **Please attach copies of revised UCCs.**
- 24 Change in CEO, CFO, COO.
- 25 A letter from your organization summarizing the letters of your various counsel concerning material litigation (if any) and containing a schedule of all material pending litigation or investigation.

Please attach:

- 26 UCC renewals.
- 27 Auditor's Management Letter.
- 28 A certificate from your organization regarding insurance coverage with respect to its property and operations.

Name of person completing this form	Telephone	Email Address