



**Public Utilities  
Commission**

**Annual Report to the Commission  
for Competitive Retail Electric  
Service**

AGGREGATOR  
GOVERNMENTAL AGGREGATOR  
POWER MARKETER

RETAIL ELECTRIC GENERATION PROVIDER  
 POWER BROKER

Certification No. 11-347E

**Annual Report for the Year ending December 31, 2012  
of  
HOSPITAL ENERGY SERVICES LLC**

Address:

110 Riverview Dr  
Guilford, CT 06437

Website URL:

[www.hospitalenergy.com](http://www.hospitalenergy.com)

Filed by:

**Mark Mininberg**  
**(203) 668-3522**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2012 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

<b>Customer Class</b>	<b>Sales (kWh)</b>	<b>Earnings(\$)</b>
Residential	0	\$0
Commercial	60,000,000	\$60,000
Industrial	0	\$0
Other	0	\$0
<b>Total</b>	<b>60,000,000</b>	<b>\$60,000</b>

Instructions:

This information is used for PUCO annual assessment purposes pursuant to Section 4905.10, Revised Code. The reporting company shall report its intrastate gross earnings for the provision of retail services (e.g. Retail Electric Generation, Broker, Marketer, Governmental Aggregator) for which it is subject to certification by the PUCO under Section 4928, Revised Code. In addition, power providers please provide all corresponding sales of kilowatt hours of electricity. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

The reporting company shall maintain supporting and/or subsidiary records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Docketing Contact Information**

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mark@hospitalenergy.com

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Email

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Mark Mininberg

President

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Name

Title

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110 Riverview Dr Guilford, CT 06437

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Address

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(203) 668-3522

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Phone Number (including Area Code)

**Fiscal Contact Information**

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mark@hospitalenergy.com

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Email

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Mark Mininberg

President

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Name

Title

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110 Riverview Dr Guilford, CT 06437

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Address

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(203) 668-3522

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Phone Number (including Area Code)



Public Utilities Commission

Affidavit for the Filing of the Annual Report of a Regulated Entity

REQUIRED VERIFICATION:

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: Connecticut
County of: New Haven

Affiant's Name: Mark Mininberg
Affiant's Title: President
Reporting Entity: Hospital Energy

OATH:

The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

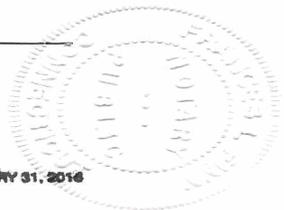
If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: Mark Mininberg
Filer's Title: President
Filer's Company: Hospital Energy Services, LLC

(Signature of Affiant)

Sworn and subscribed before me this 26 day of April, 2013
Signature of Notary
Print name of Notary: Frances L. Finn
My commission expires on: 01-31-16

FRANCES L. FINN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES JANUARY 31, 2016



DECLARATION OF FILER:

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

(Signature of Filer)

