

**United States Bankruptcy Court  
District of Connecticut**

In re New Haven Health Care, Inc., Case No. \_\_\_\_\_  
Debtor Chapter 11

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed or subject to setoff</i>	<i>Amount of claim [if secured also state value of security]</i>
West Rock Associates 34 Level Street New Haven, CT 06515				<b>\$894,739.00</b>
Omnicare, Inc. / Value Health C/O Kevin Stallo 1600 Rivercenter II 100 East River Center Boulevard Covington, KY 41011				<b>\$351,863.00</b>
State of CT Dept. of Social Services C/O Gary Richter 25 Sigourney Street Hartford, CT 06160				<b>\$350,000.00</b>
State of CT Dept. of Revenue Services C/O Ronald R. Dirienzo 25 Sigourney Street Hartford, CT 06106				<b>\$206,395.00</b>
The Nurse Network C/O David M DiNeno 2415 Boston Post Road Guilford, CT 06437				<b>\$186,204.00</b>
Direct Energy P.O. Box 1659 New York, NY 10008-1659				<b>\$87,445.00</b>

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Premier Maintenance, Inc. C/O Michael Diamond P.O. Box 392 Milford, CT 06460-0392				<b>\$85,502.00</b>
United Illuminating P.O. Box 9230 Chelsea, MA 02150				<b>\$80,236.00</b>
Health Cap P.O. Box 2946 Ann Arbor, MI 48106				<b>\$57,374.00</b>
Anthony Pinto/Allen Jackson Loan C/O Anthony Pinto 34 Level Street New Haven, CT 06515				<b>\$50,000.00</b>
Maxin Healthcare Services 12558 Collections Center Drive Chicago, IL 60693				<b>\$44,166.00</b>
Mckeesson Medical One Post Street San Francisco, CA 94104				<b>\$43,119.00</b>

B4 (Official Form 4) (12/07)4 -Cont.

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Knightbridge - First Commerce Mortgage Dept. Suite 310 155B Avenue Lake Oswego, OR 97034				<b>\$40,000.00</b>
UHY Advisors 555 Long Wharf Drive 12th Floor New Haven, CT 06511				<b>\$40,000.00</b>
ADP - Tax Credit Fee C/O Liz Wilson 2205 Enterprise Drive, Suite C Florence, SC 29501				<b>\$39,942.00</b>
Therapy Resource Management 275 Martine Street Suite 110 Fall River, MA 02723				<b>\$30,678.00</b>
Southern CT Gas P.O. Box 1999 Augusta, ME 04332-1999				<b>\$30,000.00</b>
PMA Insurance Group P.O. Box 8500 Philadelphia, PA 19178-9831				<b>\$26,397.00</b>

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Water Pollution Control P.O. Box 1610 New Haven, CT 06506				\$24,219.00
Geriatric Medical P.O. Box 6027 Chelsea, MA 02150-6027				\$24,212.00

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, Anthony Pinto, Vice President of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 12/31/09

Signature: /s/ Anthony Pinto

**Anthony Pinto ,Vice President**  
(Print Name and Title)

Penalty for making a false statement or concealing property. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C §§ 152 and 3571.