

**SUPPLEMENT TO  
THE OFFICIAL STATEMENT  
DATED AUGUST 6, 2014 FOR  
THE STATE OF CONNECTICUT GENERAL OBLIGATION BONDS  
CONSISTING OF  
\$300,000,000 GENERAL OBLIGATION BONDS (2014 SERIES E)  
\$200,000,000 TAXABLE GENERAL OBLIGATION BONDS (2014 SERIES A)  
AND  
\$10,590,000 TAXABLE GENERAL OBLIGATION REFUNDING BONDS (2014 SERIES B)**

**Supplement Dated August 25, 2014**

The information in this Supplement is subject to change without notice, and investors should not assume that there have been no other changes in the affairs of the State since the date of the Official Statement. The above-referenced Official Statement is hereby supplemented to add the following information under the heading **STATE GENERAL FUND** on *Page III-31 of Part III Annual Information Statement of the State of Connecticut as supplemented by the Part II Information Supplement of the State of Connecticut dated August 6, 2014.*

In the monthly report of the Office of Policy and Management dated August 20, 2014, the Secretary of OPM stated that OPM is closely monitoring federal review of Medicaid reimbursements for a variety of programs and services provided by the departments of Social Services, Developmental Services, and Mental Health and Addiction Services. OPM and these agencies are actively engaged with the federal government in addressing issues relating to claiming methodologies and allowable costs and have indicated that they anticipate resolution before the end of Fiscal Year 2015. In particular, the State draws reimbursements for Medicaid expenditures on a current basis, and the State and the federal Department of Health and Human Services, through its Centers for Medicare & Medicaid Services (“CMS”), reconcile expenditures and reimbursements in a subsequent quarter. Recently, CMS notified the State that it is deferring certain claims including \$249.2 million in reimbursement to the State for the period January 1, 2014 through March 31, 2014 and is requiring the State to further document the allowability of claims submitted for services provided individuals as part of the Medicaid expansion under the federal Affordable Care Act. Pending resolution, CMS has withheld such amount from the State’s reimbursements. The State, with CMS approval, moved forward with a partial Medicaid expansion in 2010. The State believes that because the types of claims which are the subject of this deferral were reimbursed in the past at 50%, under the new Medicaid regulations, such claims are now eligible for reimbursement at 100% and has since provided additional documentation to CMS to support the claims. While the deferral applies only to the claims covering the referenced three-month period, the State continues to provide services to the expansion population and anticipates submitting similar claims for these services for future periods as well. If CMS determines in the reconciliation process that the State has drawn more in a period than it was entitled to, CMS could offset future reimbursements. Even though the State believes that such claims are fully allowable under the various Medicaid regulations, no assurances can be given that such matter will resolve favorably for the State and will not have an impact on the final results of the operations of the State or the State’s available cash position. Currently, the State’s available cash remains adequate to meet its obligations.

*This Supplement is an integral part of the August 6, 2014 Official Statement. Investors should read this Supplement together with the August 6, 2014 Official Statement to obtain information essential to making an informed investment decision.*