

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103420		2. Name of Corporation Tufts Associated Health Plans, Inc.			
3. Street Address Principal Business Office 333 Wyman Street			City Waltham	State MA	Zip 02451
4. Business Phone No. (781)466-9400		5. State of Incorporation DELAWARE			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGEMENT COMPANY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy L. Leaming			Vice President Name J. Andy Hilbert		
Street Address 333 Wyman Street			Street Address 333 Wyman Street		
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451
Secretary Name (Acting) Lois D. Cornell			Treasurer Name Roland Price		
Street Address 333 Wyman Street			Street Address 333 Wyman Street		
City Waltham	State MA	Zip 02451	City Waltham	State MA	Zip 02451
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Green, M.D.			Director Name Nancy L. Leaming		
Street Address 131 ORNAC, John Cuming Building			Street Address 333 Wyman Street		
City Concord	State MA	Zip 01742	City Waltham	State MA	Zip 02451
Director Name Barbara Shattuck Kohn			Director Name Davey Scoon		
Street Address 630 Fifth Avenue			Street Address 302 Lafayette Center		
City New York	State NY	Zip 10111	City Kennebunk	State ME	Zip 04043
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$.01 PAR VALUE			9158.08	Class A/Common	\$0.01
			39	Class B/Common	\$0.01
			0	Class C/Common	\$0.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



103420

103420

File Date 2-23-05

Check No. 145428

By: 2

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Signature of Officer

Roland Price

Print or Type Name of Officer

Treasurer

Title of Officer

TUFTS ASSOCIATED HEALTH PLANS, INC.
BOARD OF DIRECTORS
ID#103420

Paul Kasuba, M.D.

521 Mt. Auburn Street
Watertown, MA 02172

Eileen C. Shapiro

20 University Road
Cambridge, MA 02138

Robert Spellman

89 Far Reach Road
Westwood, MA 02090