STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
103420	Tufts Associated Health Plans, Inc.			
3. Street Address Principal Business Office		City	State	Zip
333 Wyman Street		Waltham	MA	02451
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(781) 466-9400	DELAWARE			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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Nancy L. Leaming	333 Wyman Street	Waltham	MA	02451

Vice President Name	Street Address	City	State	Zip
Jon Kingsdale	333 Wyman Street	Waltham	MA	02451

Secretary Name	Street Address	City	State	Zip
Deborah Benjamin	333 Wyman Street	Waltham	MA	02451

Treasurer Name	Street Address	City	State	Zip
J. Andy Hilbert	333 Wyman Street	Waltham	MA	02451

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☒ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
David Green, M.D.	John Cuming Bldg., ORNAC	Concord	MA	01742
Barbara Shattuck Kohn	630 Fifth Avenue	New York	NY	10111

Director Name	Street Address	City	State	Zip
Nancy L. Leaming	333 Wyman Street	Waltham	MA	02451
Davey Scoon	160 Pine Street	Dover	MA	02030

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100,000 COMM $.01 PAR VALUE		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
9474.63	Class A/Common	$0.01
40.00	Class B/Common	$0.01
863.59	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

* 1 0 3 4 2 0 *

File Date 2.27.04
Check No. 136198
By: LVD

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.

Deborah Benjamin — *Signature of Officer* — 2/26/04 *Date*

Deborah Benjamin
Print or Type Name of Officer

Secretary
Title of Officer

Form 630 Rev. 12/03

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

Paul Kasuba, M.D.
521 Mt. Auburn Street
Watertown, MA 02172

Ilene H. Lang
120 Wall Street, 5th Floor
New York, NY 10005

Eileen C. Shapiro
20 University Road
Cambridge, MA 02138

Kathleen E. Walsh
400 Technology Square
Cambridge, MA 02139