



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

4. Business Phone No.

781-456-9400

5. State of Incorporation

DELAWARE

City

Waltham

State

MA

Zip

02451

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Nancy L. Leaming

Jon Kingsdale

Street Address

Street Address

333 Wyman Street

333 Wyman Street

City

City

Waltham

State

Waltham

State

MA

Zip

02451

Secretary Name

Treasurer Name

Deborah Benjamin

J. Andy Hilbert

Street Address

Street Address

333 Wyman Street

333 Wyman Street

City

City

Waltham

State

Waltham

State

MA

Zip

02451

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

David Green, M.D.

Nancy L. Leaming

Street Address

Street Address

John Cuming Bldg., ORNAC

333 Wyman Street

City

City

Concord

State

Waltham

State

MA

Zip

02451

Director Name

Director Name

Barbara Shattuck Kohn

Davey Scoon

Street Address

Street Address

630 Fifth Avenue

160 Pine Street

City

City

New York

State

Dover

State

MA

Zip

02030

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100,000 COMM \$0.01 PAR VALUE

9474.63

Class A/Common \$0.01

40

Class B/Common \$0.01

868.59

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: 10-1-03

Check No.: 132421

By: [Signature]

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]  
Signature of Officer Date

Deborah Benjamin

Print or Type Name of Officer

Secretary, Vice President & Deputy General

Title of Officer

Counsel

Form 630 12/02

**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, 5<sup>th</sup> Floor  
New York, NY 10005

**Eileen C. Shapiro**

20 University Road  
Cambridge, MA 02138

**Kathleen E. Walsh**

400 Technology Square  
Cambridge, MA 02139