

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

## つんへつ

PROFIT CORP Filing Period: Januar)			FOR TH	E YEAR	
ORM MUST BE TYPED OR PRIN	TED IN BLACK)				
Corporate ID No	2 Name of Cornoral	tion			

103420 Tufts Associated Health Plans, Inc. 3. Street Address Principal Business Office City State Zip02451 Waltham MA 333 Wyman Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code DELAWARE 781-466-9400

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 Vice President Name Jon Kingsdale Nancy L. Leaming Street Address Street Address 333 Wyman Street 333 Wyman Street ZipCity State Zip City State 02451 02451 Waltham MA Waltham MA Treasurer Name Secretary Name J. Andy Hilbert Deborah Benjamin Street Address Street Address 333 Wyman Street 333 Wyman Street Zip City State ZipCity State 02451 02451 MA Waltham. Waltham MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Nancy L. Leaming

David Green, M.D.

Street Address

John Cuming Bldg., ORNAC

Zip01742 Concord MΑ

Director Name

Barbara Shattuck Kohn

Street Address

630 Fifth Avenue

State

10111 NY New York

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

AUTHORIZED SHARES

Class/Series Number of Shares

Par Value

100,000 COMM \$.01 PAR VALUE

Street Address

333 Wyman Street City

State

MA

Waltham

Director Name

Davey Scoon

Street Address

160 Pine Street

City

02030 MA Dover

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Date

Zip

02451

9474.63

Class A/Common

\$0.01

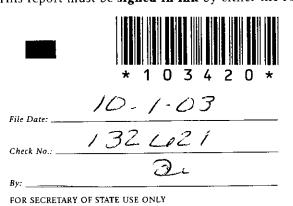
40

Class B/Common Class C/Common \$0.01

868.59

\$0.01

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



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.

<u>Deborah Benjamin</u>

Secretary, Vice President & Deputy General

Title of Officer **5** 

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