



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED 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) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Harris A. Berman, M.D.</b> Street Address <b>333 Wyman Street</b> City <b>Waltham</b> State <b>MA</b> Zip <b>02451</b>	Vice President Name <b>Richard Hallworth</b> Street Address <b>333 Wyman Street</b> City <b>Waltham</b> State <b>MA</b> Zip <b>02451</b>
Secretary Name <b>Deborah Benjamin</b> Street Address <b>333 Wyman Street</b> City <b>Waltham</b> State <b>MA</b> Zip <b>02451</b>	Treasurer Name <b>Russell T. Kopp</b> Street Address <b>333 Wyman Street</b> City <b>Waltham</b> State <b>MA</b> Zip <b>02451</b>

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

Director Name <b>Harris A. Berman, M.D.</b> Street Address <b>333 Wyman Street</b> City <b>Waltham</b> State <b>MA</b> Zip <b>02451</b>	Director Name <b>Barbara Shattuck</b> Street Address <b>630 Fifth Avenue</b> City <b>New York</b> State <b>NY</b> Zip <b>10111</b>
Director Name <b>David Green, M.D.</b> Street Address <b>John Cuming Bldg., ORNAC</b> City <b>Concord</b> State <b>MA</b> Zip <b>01742</b>	Director Name <b>Davey Scoon</b> Street Address <b>One SunLife Executive Park</b> City <b>Wellesley</b> State <b>MA</b> Zip <b>02481</b>

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

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**100,000 COMM \$0.01 PAR VAL**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**9474.63 Class A/Common \$0.01**  
**40 Class B/Common \$0.01**  
**928.85 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: 3-1-02

Check No.: 116056

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.

Deborah Benjamin 2/28/02  
 Signature of Officer Date

Deborah Benjamin  
 Print or Type Name of Officer

Secretary  
 Title of Officer

**TUFTS ASSOCIATED HEALTH PLANS, INC.**  
**BOARD OF DIRECTORS**

**Charles F. Johnson**

15 Dana Avenue  
Winchester, MA 01890

**Paul Kasuba, M.D.**

521 Mt. Auburn Street  
Watertown, MA 02172

**Walter J. Salmon**

64 Winter Street  
Lincoln, MA 01773

**Eileen C. Shapiro**

20 University Road  
Cambridge, MA 02138