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

*Corporations Division*
*100 North Main Street. Providence, RI 02903-1335*
*401-222-3040*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED 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 | | | |

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 |
|---|---|---|---|---|
| Harris A. Berman, M.D. | 333 Wyman Street | Waltham | MA | 02451 |
| **Vice President Name** | **Street Address** | **City** | **State** | **Zip** |
| Richard Hallworth | 333 Wyman Street | Waltham | MA | 02451 |
| **Secretary Name** | **Street Address** | **City** | **State** | **Zip** |
| Deborah Benjamin | 333 Wyman Street | Waltham | MA | 02154 |
| **Treasurer Name** | **Street Address** | **City** | **State** | **Zip** |
| Russell T. Kopp | 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 |
|---|---|---|---|---|
| Harris A. Berman, M.D. | 333 Wyman Street | Waltham | MA | 02451 |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| Barbara Shattuck Dubow | 630 Fifth Avenue | New York | NY | 10111 |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| Nancy L. Leaming | 333 Wyman Street | Waltham | MA | 02154 |
| **Director Name** | **Street Address** | **City** | **State** | **Zip** |
| Davey Scoon | One Sun Life Executive Park | Wellesley | MA | 02481 |

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

| AUTHORIZED SHARES | | |
|---|---|---|
| Number of Shares | Class/Series | Par Value |
| 100,000 | Common | $0.01 |

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 |
| 943.85 | 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

[redacted]

[redacted]

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 7/10/01
*Signature of Officer* *Date*

Deborah Benjamin
*Print or Type Name of Officer*

[redacted] Secretary
*Title of Officer*

File Date: 7/17/01

Check No.: 107298

By: GDM

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*Form 630 12/00*