



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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 City State Zip
333 Wyman Street Waltham MA 02254
4. Business Phone No. 5. State of Incorporation
(781)466-9400 DELAWARE
6. SIC Code
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
Harris A. Berman, M.D.	Richard Hallworth
Street Address	Street Address
333 Wyman Street	333 Wyman Street
City State Zip	City State Zip
Waltham MA 02254	Waltham MA 02254
Secretary Name	Treasurer Name
Deborah Benjamin	Russell T. Kopp
Street Address	Street Address
333 Wyman Street	333 Wyman Street
City State Zip	City State Zip
Waltham MA 02254	Waltham MA 02254

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

Director Name	Director Name
Harris A. Berman, M.D.	Barbara Shattuck Dubow
Street Address	Street Address
333 Wyman Street	630 Fifth Avenue
City State Zip	City State Zip
Waltham MA 02254	New York NY 10111
Director Name	Director Name
Nancy L. Leaming	Morton A. Madoff, M.D.
Street Address	Street Address
333 Wyman Street	Dept. of Family Medicine & Community Health
City State Zip	City State Zip
Waltham MA 02254	136 Harrison Avenue
	City State Zip
	Boston MA 02111

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100,000 COMM \$.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
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



* 1 0 3 4 2 0 *

3/13/00

File Date: _____

Check No.: _____

By: _____

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 of Officer Harris A. Berman Date 3/3/00

Print or Type Name of Officer Harris A. Berman, M.D.

Title of Officer President