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)

2. Name of Corporation

103420	Tufts Associ	iated Health Pla	ans, Inc.		
3. Street Address Principal Business O	ffice		City	State	Zip
333 Wyman S	treet	5. State of Incorporation	Waltham	MA	02254 6. SIC Code
$(781)466-940$ 7. Brief Description of the Character $\alpha$		DELAWARE ode Island			
Management (8. NAMES AND ADDRESS President Name	Company ES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHM	ENTS
Harris A. Bo	erman, M.D.		Richard Hallworth	ı	
333 Wyman S	treet State	Zip	333 Wyman Street	State	Zip
Waltham Secretary Name	MA	02254	Waltham Treasurer Name	MA	02254
Deborah Benjamin Street Address			Russell T. Kopp Street Address		
333 Wyman Stre	et State	Zip	333 Wyman Street	State	Zip
Waltham 9. NAMES AND ADDRESS Director Name	MA ES OF THE DIRECT	02254 FORS ("X" BOX FOR ATTA	Waltham CHMENT) FILL IN SPACES B Director Name	MA EFORE USING ATTACH	02254 IMENTS
Harris A. Berman, M.D. Street Address			Barbara Shattuck Dubow Street Address		
333 Wyman S	treet State	Zip	630 Fifth Avenue	State	Zip
Waltham Director Name	MA	02254	New York Director Name	NY	10111
Nancy L. Leaming Street Address			Morton A. Madoff, M.D.  Street Address Dept. of Family Medicine & Community Heal		
333 Wyman Stre	et State	Zip	136 Harrison Aver		Zip

MA 02254 Waltham 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

1. Corporate ID No.

Number of Shares

FOR SECRETARY OF STATE USE ONLY

100,000 COMM \$.01 PAR VAL

Class/Series

Par Value

ISSUED SHARES

Boston

MA

02111

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

Number of Shares

Class/Series

Par Value

9474.63

\$0.01

40

Class B/Common

\$0.01

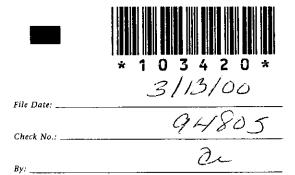
943.85

Class C/Common

Class A/Common

\$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> Harris A. Berman, M.D</u> Print or Type Name of Officer

President

Title of Officer