Filing Fee: \$20.00

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AUGUST 26, 2005



Form No. 9

Revised 6/97

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH, BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.1-12 or 7-1.1-107 of the General Laws, 1956, as amended, the undersigned corporation submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Rhode Island:

1.	The name of the corporation is: <u>Tufts Associated Health Plans, Inc.</u>
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	235 Promenade Street, Providence, RI 02908
3.	The address of the NEW registered office is:
	123 Dyer Street, Providence, RI 02903
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	Tufts Health Plan, Beth Honan
5.	The name of the NEW registered agent is: CT Corporation System
6. 7.	The change of address of the registered office, or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the filing of this statement,