



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|-------|---|--|--------------------|--------------------------|
| 1. Entity ID No. 142726 | | 2. Exact name of the Corporation TUFTS BENEFIT ADMINISTRATORS, INC. | | | |
| 3. Principal office address 705 MOUNT AUBURN STREET | | | City WATERTOWN | State MA | Zip 02472-1508 |
| 4. Business Phone No. 617 972-9400 | | | 5. State of Incorporation MASSACHUSETTS | | |
| 6. Brief description of the character of business conducted in Rhode Island THIRD PARTY ADMINISTRATOR | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| President Name PLEASE SEE ATTACHED LIST | | | Vice-President Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| Director Name PLEASE SEE ATTACHED LIST | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 1,000 | COMMON | NO PAR VALUE |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Mary O'Toole Mahoney 2/12/15
 Signature of Authorized Representative Date

MARY O'TOOLE MAHONEY
 Print or Type Name of Authorized Representative

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FEB 17 2015

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BY _____

TUFTS BENEFIT ADMINISTRATORS, INC.

OFFICERS

| <u>Name</u> | <u>Office</u> |
|----------------------------|---|
| James Roosevelt, Jr., Esq. | Chief Executive Officer |
| Thomas A. Croswell | President and Chief Operating Officer |
| Lois Dehls Cornell, Esq. | Clerk, Chief Administrative Officer and General Counsel |
| Umesh Kurpad | Senior Vice President and Chief Financial Officer |
| Roland Price | Treasurer and Vice President |
| Mary O'Toole Mahoney, Esq. | Assistant Clerk |

BOARD OF DIRECTORS

Thomas Croswell
Umesh Kurpad
James Roosevelt, Jr., Esq.

Address for all Officers & Directors:

705 Mount Auburn Street
Watertown, MA 02472-1508

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