



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 2014

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. 103420		2. Exact name of the Corporation TUFTS ASSOCIATED HEALTH PLANS, 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 DELAWARE			
6. Brief description of the character of business conducted in Rhode Island MANAGEMENT COMPANY					
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	\$.01

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

FILED

FEB 17 2015

BY 217432

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

TUFTS ASSOCIATED HEALTH PLANS, INC.

OFFICERS

<u>Name</u>	<u>Office</u>
James Roosevelt, Jr., Esq.	Chief Executive Officer
Robert Spellman	Chairman of the Board
Patricia Blake	President of Senior Products
Lois Dehls Cornell, Esq.	Secretary, Chief Administrative Officer and General Counsel
Thomas A. Croswell	President and Chief Operating Officer
Paul Kasuba, M.D.	Senior Vice President and Chief Medical Officer
Umesh Kurpad	Senior Vice President and Chief Financial Officer
Marc Spooner	President for Commercial Products
Tracey Carter	Senior Vice President and Chief Actuary
Patricia Trebino	Senior Vice President of Operations and Chief Information Officer
Roland Price	Treasurer and Vice President
Mary O'Toole Mahoney, Esq.	Assistant Secretary

BOARD OF DIRECTORS

Lois Dehls Cornell, Esq.
Thomas Croswell
Umesh Kurpad
James Roosevelt, Jr., Esq.
Robert Spellman

Address for all Officers & Directors (except Robert Spellman):

705 Mount Auburn Street
Watertown, MA 02472-1508

Robert Spellman
89 Far Reach Road
Westwood, MA 02090

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