



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. 73446		2. Exact name of the Corporation TOTAL HEALTH PLAN, 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 ARRANGE FOR THE DELIVERY OF HEALTH CARE SERVICES THROUGH CONTRACTS WITH PHYSICIANS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			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			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
			300,000	COMMON	\$0.01

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

Form No. 630
Revised: 01/2012

FILED

FEB 01 2016

KL 224706

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 Authorized Representative

Date

Print or Type Name of Authorized Representative

**TOTAL HEALTH PLAN, INC.
2016 OFFICERS**

<u>Name</u>	<u>Office</u>
Thomas A. Croswell	President and Chief Executive Officer
Umesh Kurpad	Senior Vice President and Chief Financial Officer
Mary O'Toole Mahoney, Esq.	Clerk, Senior Vice President, General Counsel
Roland Price	Treasurer and Vice President
Joyce Richard	Assistant Clerk

Address for all Officers is:
705 Mount Auburn Street
Watertown, MA
02472-1508

**TOTAL HEALTH PLAN, INC.
2016 DIRECTORS**

<u>Director</u>	<u>Term Expires</u>
Thomas Croswell	2016
Umesh Kurpad	2016
Mary O'Toole Mahoney, Esq.	2016

Address for all Directors is:
705 Mount Auburn Street
Watertown, MA
02472-1508