RI SOS Filing Number: 201730750630 Date: 01/23/2017 4:00 PM

State of Rhode Island and Providence Plantations
**Department of State - Business Services Division**

FILED
JAN 23 2017
BY 231607

**Annual Report for the year: 2017**
**Corporation**

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| **73446** | **TOTAL HEALTH PLAN, INC.** |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| **705 MOUNT AUBURN STREET** | **WATERTOWN** | **MA** | **02472-1508** |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| **62 - Health Care and Social Ass** | **ARRANGE FOR THE DELIVERY OF HEALTHCARE SERVICES THROUGH CONTRACTS WITH PHYSICIANS, HOSPITALS AND POTHER HEALTH CARE PROVIDERS.** |
| 5. State of Incorporation | |
| **MA** | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

| 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) — Check the box to indicate an attachment ☑

| 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 — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | **300,000** | **COMMON** | **$0.01** |
| | | | |

11. 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.

***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.***

| Name of Authorized Representative | Date |
|---|---|
| SUSAN KEE | 1/17/17 |

Signature of Authorized Representative: Susan Kee

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

148220-6 1171640

FORM 630 - Revised: 10/2016

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

| Name | Office |
|---|---|
| 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 |
| Susan Kee | Assistant Clerk |

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

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

Director
Thomas Croswell
Umesh Kurpad
Mary O'Toole Mahoney, Esq.

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