


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90041 021 ***150.00

DOCUMENT # F05000002810					
1. Entity Name TUFTS BENEFIT ADMINISTRATORS, INC.					
Principal Place of Business 333 WYMAN STREET WALTHAM, MA 02451			Mailing Address 333 WYMAN STREET WALTHAM, MA 02451		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LEAMING, NANCY L 333 WYMAN STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(see attachment) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HALLWORTH, RICHARD 333 WYMAN STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COUNIHAN, KEVIN 333 WYMAN STREET WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF HILBERT, J. ANDY 333 WYMAN STREET WALTHAM, MA 02451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROOSEVELT, JAMES JR. ESQ 333 WYMAN STREET WALTHAM, MA 02451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CORNELL, LOIS DEHLS ESQ. 333 WYMAN STREET WALTHAM, MA 02451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lois Dehls Cornell</u>			8/1/06 (781) 466-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50024430



07192006 Chg-P CR2E034 (11/05)

4. FEI Number
04-3270923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

ATTACHMENT

50024430
#F05000002810

TUFTS BENEFIT ADMINISTRATORS, INC. 2005-2006 OFFICERS

<u>Name</u>	<u>Office</u>
James Roosevelt, Jr., Esq.	President and Chief Executive Officer
J. Andy Hilbert	Senior Vice President and Chief Financial Officer
Lois Dehls Cornell, Esq.	Clerk, Senior Vice President, General Counsel and Senior Compliance Officer
David Abelman, Esq.	Assistant Clerk, Vice President and Deputy General Counsel
Roland Price	Treasurer

2005-2006 DIRECTORS

James Roosevelt, Jr., Esq.	Director
J. Andy Hilbert	Director

Address for all Officers and Directors:

333 Wyman Street
Waltham, MA, 02451

ATTACHMENT

TUFTS  Health Plan 50024430

Corporate Office
333 Wyman Street
P.O. Box 9112
Waltham, Massachusetts
02454-9112
(781) 466-9400
www.tuftshealthplan.com

August 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Tufts Benefit Administrators, Inc.
2006 For Profit Corporation Annual Report
Document # F05000002810

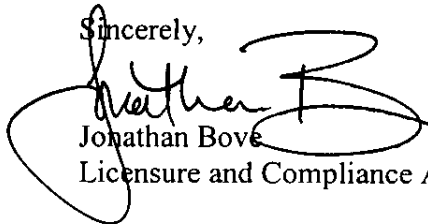
Dear Sir or ~~Madam~~:

Attached please find a 2006 For Profit Corporation Annual Report for Tufts Benefit Administrators, Inc. ("TBA"). Also find enclosed an updated officer and director listing and a check for the \$150 filing fee.

TBA is a member of the family of companies that comprise Tufts Health Plan. TBA is a Third Party Administrator for preferred provider organization (PPO) products and enters into contracts with insurers and with employers based largely in the Commonwealth of Massachusetts. Some of these employers have members who reside outside of Massachusetts, including Florida. TBA does not have offices or employees, agents or other representatives in Florida, nor does TBA solicit business in Florida.

Should you have questions or require further information with regard to this renewal application, please contact me at (781) 466- 8522, or send me an e-mail at Jonathan_Bove@tufts-health.com.

Sincerely,


Jonathan Bove
Licensure and Compliance Analyst



Tufts Associated Health Maintenance Organization, Inc.
Total Health Plan, Inc.

Tufts Associated Health Plans, Inc.
Tufts Benefit Administrators, Inc.