

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002810

FILED
Apr 16, 2009
Secretary of State

Entity Name: TUFTS BENEFIT ADMINISTRATORS, INC.

Current Principal Place of Business:

705 MOUNT AUBURN ST.
WATERTOWN, MA 024721508

New Principal Place of Business:

Current Mailing Address:

705 MOUNT AUBURN ST.
WATERTOWN, MA 024721508

New Mailing Address:

FEI Number: 04-3270923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ROOSEVELT, JAMES JR. ESQ
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

Title: VGCC () Delete
Name: CORNELL, LOIS DEHLS ESQ.
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

Title: T () Delete
Name: PRICE, RONALD
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

Title: COO () Delete
Name: CROSWELL, THOMAS
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

Title: VDGC () Delete
Name: ABELMAN, DAVID ESQ
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: KURPAD, UMESH
Address: 705 MOUNT AUBURN ST.
City-St-Zip: WATERTOWN, MA 024721508

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID ABELMAN

VDGC

04/16/2009

Electronic Signature of Signing Officer or Director

Date