



*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Tufts Associated Health Plans, Inc.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Tufts Health Freedom Insurance Co.

***Date of Report (check one):***

April 27, 2016       July 27, 2016       October 27, 2016       January 25, 2017

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

\_\_\_\_\_ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

*Christine Chilingian*  
(Signature of lobbyist)

7/8/2016  
(Date)

Christine Chilingian  
(Print Name of lobbyist)