

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002965

FILED
Jan 06, 2006
Secretary of State

Entity Name: OXFORD HEALTH PLANS LLC

Current Principal Place of Business:

9900 BREN ROAD EAST
ATTN: LEGAL, MN008-T202
MINNETONKA, MN 55343

New Principal Place of Business:

Current Mailing Address:

9900 BREN ROAD EAST
ATTN: LEGAL, MN008-T202
MINNETONKA, MN 55343

New Mailing Address:

FEI Number: 52-2443751

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCDONNELL, MICHAEL J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: MGR () Delete
Name: SHEEHY, ROBERT J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

Title: MGR () Delete
Name: MUNSELL, WILLIAM A
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: WICHMANN, DAVID S
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL J. MCDONNELL

MGR

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date