2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# M04000002965

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:

48 MONROE TURPIKE
ATTN: CLAIRE GONZALEZ
TRUMBULL, CT 06611

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: BURKE, FORREST
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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: TURPIN, MICHAEL A
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

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 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 A. TURPIN MNR 01/15/2008

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