

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002965

Entity Name: OXFORD HEALTH PLANS LLC

FILED
Jan 12, 2009
Secretary of State

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: TURPIN, MICHAEL A
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

ADDITIONS/CHANGES:

Title: PMGR (X) Change () Addition
Name: ALTER, JEFFREY D
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

Title: MGR (X) Change () Addition
Name: GOLDEN, WILLIAM
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: JEFFREY ALTER

PMGR

01/12/2009

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