

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002965

FILED
Feb 16, 2010
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:

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: PMGR
Name: ALTER, JEFFREY D
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

Title: MGR
Name: GOLDEN, WILLIAM
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

I hereby 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

PRES

02/16/2010

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