2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

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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:

48 MONROE TURNPIKE
TRUMBULL, CT 06611

Current Mailing Address:

48 MONROE TURPIKE
ATTN: CLAIRE GONZALEZ
TRUMBULL, CT 06611

New Mailing Address:

48 MONROE TURNPIKE
TRUMBULL, CT 06611

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: MGRM
Name: ANDERSON, CRAIG CHARLES
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

Title: MGRM
Name: ZUCCARELLO, VINCENT JOSEPH
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611

Title: MGRM
Name: GOLDEN, WILLIAM JOHN
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 Statues.

SIGNATURE: MANDELINE HENDRICKS POA 03/29/2011

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