2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# M04000002965

Entity Name: OXFORD HEALTH PLANS LLC

Current Principal Place of Business:

48 MONROE TURNPIKE
TRUMBULL, CT 06611

New Principal Place of Business:

48 MONROE TURNPIKE
TRUMBULL, CT 06611 US

Current Mailing Address:

48 MONROE TURNPIKE
TRUMBULL, CT 06611

New Mailing Address:

48 MONROE TURNPIKE
TRUMBULL, CT 06611 US

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
Name: GOLDEN, WILLIAM JOHN MGR
Address: ONE PENN PLAZA FL 8
City-St-Zip: NEW YORK, NY 10119 US

Title: MGR
Name: ALTER, JEFFREY DONALD MGR
Address: 48 MONROE TURNPIKE
City-St-Zip: TRUMBULL, CT 06611 US

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 03/31/2012

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