

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90214 043 ***150.00

DOCUMENT # F96000005497

1. Entity Name
OXFORD HEALTH PLANS, INC.



Principal Place of Business
**48 MONROE TURNPIKE
TRUMBULL CT 06611**

Mailing Address
**48 MONROE TURNPIKE
TRUMBULL CT 06611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **06-1118515**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND BLVD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
BERG, CHARLES G
48 MONROE TURNPIKE
TRUMBULL CT 06611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D/CEO/D
BERG, CHARLES G.
48 MONROE TURNPIKE
TRUMBULL, CT 06611** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPC
MUNEY, ALAN MD
48 MONROE TURNPIKE
TRUMBULL CT 06611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPC
THOMPSON, KURT
48 MONROE TURNPIKE
TRUMBULL CT 06611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPG
GREGOIRE, DAN
48 MONROE TURNPIKE
TRUMBULL CT 06611** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
PAYSON, NORMAN C MD
48 MONROE TURNPIKE
TRUMBULL CT 06611** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLIGAN, ROBERT
800 CONNECTICUT AVE
NORWALK CT** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
milligan, Robert
48 monroe turnpike
Trumbull, CT 06611** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 1-800-889-7658
Date Daytime Phone #

CR2E034 (10/02)

Attachment

DIRECTORS CON'D FOR OXFORD HEALTH PLANS, INC.

F96000005497

80014006

Name	Address	Title
David Bonderman	Tarrant Partners, L.P. & Texas Pacific Group, Fort Worth, TX	Director
Jonathan J. Coslet	Tarrant Partners, L.P. & Texas Pacific Group, Fort Worth, TX	Director
Joseph Warner Brown, Jr.	MBIA, Inc., 113 King Street, Armonk, NY	Director
Ellen Rudnick	Univ. of Chicago, 1101 East 58 th St., Chicago, IL 60637	Director
Benjamin Safirstein, M.D.	Better Breathing Assoc., Montclair, NJ	Director
Kent J. Thiry	DaVita, Inc., 21250 Hawthorne Blvd, Ste. 800, Torrance, CA	Director (Chairman)