2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2024
Secretary of State
4204799205CC

DOCUMENT# M04000002965

Entity Name: OXFORD HEALTH PLANS LLC

Current Principal Place of Business:

4 RESEARCH DRIVE
SHELTON, CT 06484

Current Mailing Address:

4 RESEARCH DRIVE
SHELTON, CT 06484 US

FEI Number: 52-2443751

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title	MANAGER
Name	MURRAY, JOHN BRIAN
Address	4 RESEARCH DRIVE
City-State-Zip:	SHELTON CT 06484

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 04/21/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date