2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2014
Secretary of State
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Entity Name: OXFORD HEALTH PLANS LLC

Current Principal Place of Business:

48 MONROE TURNPIKE
TRUMBULL, CT 06611

Current Mailing Address:

48 MONROE TURNPIKE
TRUMBULL, CT 06611 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	GOLDEN, WILLIAM JOHN
Address	ONE PENN PLAZA 8TH FLOOR
City-State-Zip:	NEW YORK NY 10119

Title	MANAGER
Name	ALTER, JEFFREY DONALD
Address	48 MONROE TURNPIKE
City-State-Zip:	TRUMBULL CT 06611

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: WILLIAM JOHN GOLDEN MANAGER 04/12/2014

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