



FLORIDA DEPARTMENT OF STATE
Randra H. Mortham
Secretary of State

March 13, 1996

PENNINGTON LAW FIRM
DEBBIE

SUBJECT: OXFORD HEALTH INSURANCE, INC.
Ref. Number: W96000005475

We have received your document for OXFORD HEALTH INSURANCE, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6093.

Freta Loft
Corporate Specialist Supervisor

Letter Number: 096A00011126

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: OXFORD HEALTH INSURANCE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOHN T. BLACK
(Name of Person)

PENNINGTON & HABEN, P.A.
(Firm/Company)

215 SOUTH MONROE STREET, 2ND FLOOR
(Address)

TALLAHASSEE, FLORIDA 32302-2095
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

JOHN BLACK at (904) 222 - 3533
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SEP 13 1989
TALLAHASSEE, FL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:**

1. SEFOND HEALTH INSURANCE, INC.
(Name of corporation must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK 3. 22-2797560
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 30, 1987 5. Perpetual
(Date of incorporation) (Duration: Year Corp. will cease to exist or "perpetual")

6. None
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 619.155, f & g))

7. 800 CONNECTICUT AVENUE
NORWALK, CT 06854
(Current mailing address)

8. Providing accident and health insurance products
(Purposes of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

, Florida, 33324

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Connet Bryan
(Registered agent's signature)

CONNIE BRYAN

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORIAL (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Scott M. Schwartz
(Signature of Chairman, Vice Chairman, or any officer listed in Number 12 of the application)

14. Scott M. Schwartz, Secretary
(Typed or printed name and capacity of person signing application)

Robert Mark Smoler
17 Pequot Trail
Westport, CT 06880

Brendan Shanahan
14 Twin Wall Lane
Weston, CT 06883

Michelle Gavens
67 North Chatsworth Ave
Larchmont, NY 10538

Robert James Murphy, Jr.
29 Club Court
Pleasantville, NY 10570

Thomas Anthony Travers
840 Verna Hill Road
Fairfield, CT 06430

Jay Leon Silverstein
243 Rowayton Ave
Rowayton, CT 06853

Scott M Schwartz
37 Poverty Hollow Road
Newtown, CT 06470

Frank Nicholas Medici
3 Druid Court
Suffern, NY 10901

David Lanes
148 Silvermine Ave
Norwalk, CT 06850

Joseph John Kempf, Jr
18 Bentagrass Lane
Newtown, CT 06470

Joel Arthur Steinberg
392 Saybrook Road
Higganum, CT 06441

Mark Fintz
10 Stone's Throw Road
Easton, CT 06612

Gerald Ralph Smith
81 Rolon Ave
Rowayton, CT 06853

RECEIVED
JUL 11 1971
JUL 11 1971
JUL 11 1971

Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT

EDWARD J. MUHL,
SUPERINTENDENT OF INSURANCE

It is hereby certified that

OXFORD HEALTH INSURANCE, INC.
of New York, New York

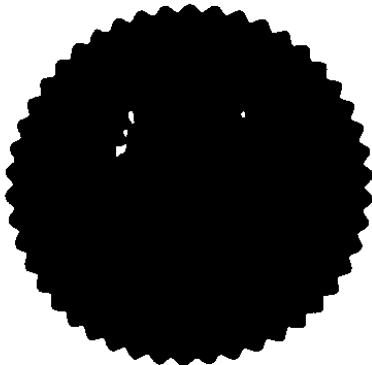
was incorporated under the laws of the State of New York on January 30, 1957,
under the title of OXFORD HEALTH INSURANCE, INC. and was licensed to
transact insurance business in the State of New York on July 1, 1957.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly
authorized in the State of New York to transact the business of
accident and health insurance, as specified in paragraph 1(1) of Section
1113(a) of the New York Insurance Law and has been continuously licensed
and remains in good standing to the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the official seal of this Department
at the City of Albany, New York, this
26th day of February 1956.

EDWARD J. MUHL
Superintendent of Insurance

By *Jack M. Carr*
Special Deputy Superintendent



RECEIVED
FEB 27 1956
STAMPED
FEB 27 1956

**STATE OF NEW YORK
INSURANCE DEPARTMENT**

Whereas it appears that

OXFORD HEALTH INSURANCE, INC

Home Office Address New York, New York
Organized under the Laws of the State of New York
has complied with the necessary requirements of or pursuant to law, it is hereby
licensed to do within this State the business of accident and health insurance, as specified
in paragraph 3(i) of Section 1111 of the New York Insurance Law

(effective July 1, 1987)

In Witness Whereof, I have hereunto set my
hand and affixed the official seal of
this Department at the City of Albany,
New York, this eighth day of July, 1987.

JAMES P. CORCORAN
Superintendent of Insurance

By
Robert A. Ginnelly
Special Deputy Superintendent

State of New York - Insurance Department

It is hereby certified that the above copy of Certificate of Authority has been
compared with the original on file in this Department, and that it is a correct transcript
therefrom, and of the whole of said original.

In Witness Whereof, I have hereunto set my
hand and affixed the official seal of
this Department at the City of Albany,
this 26th day of February 1996.


Special Deputy Superintendent