

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 12 1997 8:00am  
Secretary of State

DOCUMENT # F96000001305 (9)

1. Corporation Name

OXFORD HEALTH INSURANCE, INC.

Principal Place of Business

800 CONNECTICUT AVE.  
NORWALK CT 06854

Mailing Address

800 CONNECTICUT AVE.  
NORWALK CT 06854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

3a. Date of Last Report

4. FEI Number

22-2797560

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SMOLER, ROBERT M  
17 PEQUOT TRAIL  
WESTPORT CT 06880

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SHANAHAN, BRENDON  
14 TWIN WALL LANE  
WESTON CT 06883

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GAVENS, MICHELLE  
57 N. CHATSWORTH AVE.  
LARCHMONT NY 10538

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MURPHY, ROBERT J JR  
29 CLUB CT  
PLEASANTVILLE NY 10570

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TRAVERS, THOMAS A  
840 VERNA HILL RD.  
FAIRFIELD CT 06430

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SILVERSTEIN, JAY L  
243 ROWAYTON AVE.  
ROWAYTON CT 06853

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

5.4.97 (203) 851-2151

CR2E034 (4/97)