

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.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997.



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

DOCUMENT # F96000005497 (0)

1. Corporation Name

OXFORD HEALTH PLANS, 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

3a. Date of Last Report

10/23/1996

4. FEI Number

Applied For

06-1118515

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

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 ☐ DELETE

P
NAME SULLIVAN, WILLIAM M
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE

S
NAME BOYD, JEFFERY H
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE

T
NAME CASSIDY, ANDREW B
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE

CEO
NAME WIGGINS, STEPHEN F
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE

V
NAME SMOLER, ROBERT
STREET ADDRESS 800 CONNECTICUT AVE
CITY-ST-ZIP NORWALK CT

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

8.9.97

(203) 851-2151

CR2E034 (4/97)