
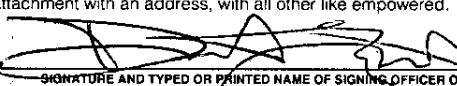


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F96000005497</b> 1. Entity Name <b>OXFORD HEALTH PLANS, INC.</b>					
Principal Place of Business <b>48 MONROE TURNPIKE TRUMBULL, CT 06611</b>			Mailing Address <b>48 MONROE TURNPIKE TRUMBULL, CT 06611</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERG, CHARLES G		NAME		
STREET ADDRESS	48 MONROE TURNPIKE		STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL, CT 06611		CITY-ST-ZIP		
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNEY, ALAN MD		NAME	900039532489	
STREET ADDRESS	48 MONROE TURNPIKE		STREET ADDRESS	07/26/04--01063--002 **\$50.00	
CITY-ST-ZIP	TRUMBULL, CT 06611		CITY-ST-ZIP		
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, KURT		NAME	900039532489	
STREET ADDRESS	48 MONROE TURNPIKE		STREET ADDRESS	07/26/04--01063--003 **\$8.75	
CITY-ST-ZIP	TRUMBULL, CT 06611		CITY-ST-ZIP		
TITLE	EVPG	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGOIRE, DAN		NAME		
STREET ADDRESS	48 MONROE TURNPIKE		STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL, CT 06611		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLIGAN, ROBERT		NAME		
STREET ADDRESS	48 MONROE TURNPIKE		STREET ADDRESS		
CITY-ST-ZIP	TRUMBULL, CT 06611		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>Daniel Gregoire</b> 7-19-04 (203)					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>					

FILED

04 JUL 20 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07192004 Chg-P CR2E034 (10/03)

4. FEI Number **06-1118515** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

*See Connie w/c Corp  
7/20/04*

*TR 459-6504*