



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.*

1. ID No. 000141674		2. Exact name of the limited liability company Oxford Health Plans LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Holding Company			
5. Principal office address 48 Monroe Turnpike		City Trumbull	State CT	Zip 06611	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Claire Gonzalez		Contact Title Corporate Legal Specialist			
Street Address 48 Monroe Turnpike		City Trumbull	State CT	Zip 06611	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jeffrey D. Alter		Manager Name William J. Golden			
Street Address 48 Monroe Turnpike		Street Address One Penn Plaza, Fl 8			
City Trumbull	State CT	Zip 06611	City New York	State NY	Zip 10119
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2011 OCT 27 PM 12:19

000141674 12:19

FILED

OCT 27 2011

By

Michelle Huntley Dill  
155399

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Authorized Person  
Michelle Huntley Dill  
Date  
10-21-11

Print or Type Name of Authorized Person

Print or Type Name of Authorized Person

File Date

Check No.

By:

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