



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 2010

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 - DO NOT LIST MEMBERS 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).

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

000141674

FILED

OCT 27 2011

BY *[Signature]*
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.

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

Michelle Huntley Dill

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY