

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

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04 FEB 20 PM 2

**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name OXFORD HEALTH PLANS, INC.			
2. Address <input type="checkbox"/> Check if different than previously reported 48 MONROE TURNPIKE			
3. Principal Place of Business (if different from line 2) TRUMBULL CONNECTICUT 06611 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
TIMOTHY B. MEYER	(203) 459-7271	TMEYER@OXFORDHEALTH.CC	30440-
7. Client Name <input checked="" type="checkbox"/> Self OXFORD HEALTH PLANS, INC.			6. House ID 30440

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July

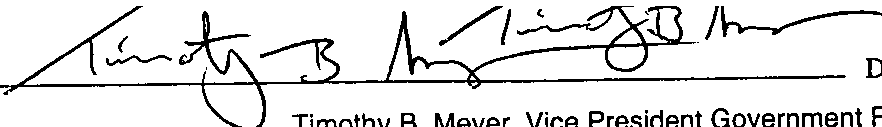
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No L

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>111,21</u> Expenses (nearest</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for descriptive</p> <p><input checked="" type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA c</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section Internal Revenue Code</p>
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Signature:  Date 2-16-04  
Printed Name and Title Timothy B. Meyer, Vice President Government Relations

DA

Registrant Name OXFORD HEALTH PLANS, INC. Client Name OXFORD HEALTH PLANS, INC.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

*[Handwritten signatures and initials]*  
 Filing #1af772a8-cb5b-4a6d-bf46-49a61b811460 - Page 3 of 6

Signature [Handwritten Signature] Date 7/16/07

Printed Name and Title Timothy B. Meyer, VP Government Relations

Registrant Name OXFORD HEALTH PLANS, INC. Client Name OXFORD HEALTH PLANS, INC.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

HHs Privacy Regulations - standards for privacy of individually identifiable health information (65 Federal Register 8247  
U.S. Department of Labor Erisa Claims Procedure (65 Federal Register 70246)  
HR 1, S 1, HR 660, HR 2596, HR 368, HR 26, HR 5, S 590 and HR 2070

17. House(s) of Congress and Federal agencies contacted  Check if None

Senate, Office of Management & Budget (OMB), House of Representatives, Health & Human Services - Dept of (HHS), white House Office, Labor - Dept of (DOL), Council of Economic Advisor, Centers for Medicare and Medicaid Services (CMS).

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
TIMOTHY B. MEYER	N/A
ALEXANDER SHEKHDAR	N/A

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

*[Handwritten signatures]*

Signature *Timothy B. Meyer* Date 2-16-04

Printed Name and Title TIMOTHY B. MEYER, VICE PRESIDENT GOVERNMENT RELATIONS

Form LD-2 (Rec 4/03)

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