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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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SECRETARY OF
03 FEB 21 A.**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) City: TRUMBULL State/Zip (or Country) CONNECTICUT 06611			
4. Contact Name TIMOTHY B. MEYER	Telephone (203) 459-7271	E-mail (optional) TMEYER@OXHP.COM	5. Senate ID # 304
7. Client Name <input checked="" type="checkbox"/> Self OXFORD HEALTH PLANS, INC.			6. House ID # 30

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec
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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</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">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>175,909.39</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature



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

LD-2 (REV. 6/98)

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 the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Patient Bill of Rights - HR 2315, HR 526, HR 2563, S1052
HHS Privacy Regulations - standards for privacy of individually identifiable health information (65 Federal Register 82476)
Medicare & Choice Funding, including S1317, HR 2836, HR 2980, HR 3584
U.S. Department of Labor Erisa Claims Procedure (65 Federal Register 70246)
S543, HR 2768, HR 3267, S761, HR 5661, HR 3323, HR 3061, HR 4954, HR 803, HR 2341
Public Law 107 - 313

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 Advisers, Centers for Medicare and Medicaid Services (HCFA)

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

Signature  Date 2/10/03

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 Bus (city and state or co

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 registra affiliated organization

T. C. H. TP

Date 2/10/02

Signature  Date 7/10/12

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

Form LD-2 (Rev. 6/98)

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