State Corporation Commission Bureau of Insurance PHARMACY BENEFIT MANAGER ("PBM") APPLICATION / RENEWAL

	This is: an Application.	□ a Renewal.					
	Name of PBM		a)	FEIN of PBM or,	if an indi	vidual, last 4 digits of the SS#	
lus	iness Address (P. O. Box is not an acceptab	le Rusiness Address)					
0)	Street	io Baomoco / (daroso)	c)	Suite			
i)	City	e) State			f)	Zip Code or Country	
)	Phone Number) Ext.	h) Fax Number			i)	Business E-mail	
/lail	ing Address	,					
)	Street or P.O. Box		k)	Suite			
)	City	m) State	1		n)	Zip Code or Country	
3.	Name of person <u>applying for or renewing</u>	the license of the PBM	a)	Title or Position			
Bus	iness Address Street		(c)	Suite			
			,				
d)	City	e) State			f)	Zip Code or Country	
g)	Phone Number) Ext.	h) Fax Number ()			i)	Business E-mail Address	
		l.					
Į.	PBM Structure:						
4 .							
_	PBM Structure: a.) Individual -OR- b.) Partnership or Other Unincorporated A	ssociation □ c.) Limite	d Liability	Company □ d.)	Corpor	ation	
	a.) Individual -OR-b.) Partnership or Other Unincorporated A	•	•		-		ıolo
□ □ f oth	a.) Individual -OR-	total number of partners, n	nembers, o	or stockholders who	each di	rectly or indirectly own, control, or h	iolo
□ □ f oth	a.) Individual -OR-b.) Partnership or Other Unincorporated A ner than an Individual application, provide the	<i>total number</i> of partners, n	nembers, o	or stockholders who	each di	rectly or indirectly own, control, or h	iolo
f oth	a.) Individual -OR-b.) Partnership or Other Unincorporated A ner than an Individual application, provide the	<i>total number</i> of partners, n	nembers, o	or stockholders who	each di	rectly or indirectly own, control, or h	iolo
f oth	a.) Individual -OR- b.) Partnership or Other Unincorporated A mer than an Individual application, provide the er to vote, 10% or more of the entity's owners	total number of partners, n hip -AND/OR- hold proxies	nembers, or representi	or stockholders who ng 10% or more of	each di	rectly or indirectly own, control, or h g securities:	iolo
f oth	a.) Individual -OR-b.) Partnership or Other Unincorporated A ner than an Individual application, provide the	total number of partners, n hip -AND/OR- hold proxies	nembers, or representi	or stockholders who ng 10% or more of	each di	rectly or indirectly own, control, or h g securities:	iolo
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4.	b above, each partner or c above, each officer, ma d above, each of its office		wnership interest:		
a.	Name	Address	City	State	ZIP
b.	Name	Address	City	State	ZIP
C.	Name	Address	City	State	ZIP
d.	Name	Address	City	State	ZIP
e.	Name	Address	City	State	ZIP
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The fee for initial licensure is \$250. The fee for license renewal is \$100. All fees are non-refundable. Make check payable to Treasurer of Virginia. Submit applicable fees with your completed registration form to:

Street Address:

PBM Licensing
Policy, Compliance, & Administration Division
Bureau of Insurance
1300 E. Main Street
Richmond, VA 23219

Mailing Address:

PBM Licensing
Policy, Compliance, & Administration Division
Bureau of Insurance
P.O. Box 1157
Richmond, VA 23218

If you have any questions regarding this form, please e-mail bureauofinsurance@scc.virginia.gov or call (804) 371-9741.

For additional information, please see Administrative Letter 2020-04 at https://scc.virginia.gov/typedfiles/Administrative-Letters.

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