

State Corporation Commission Bureau of Insurance

PHARMACY BENEFIT MANAGER ("PBM") APPLICATION / RENEWAL

1. This is: ☐ an Application. ☐ a Renewal.

2. Name of PBM	a) FEIN of PBM or, if an individual, last 4 digits of the SS#
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Business Address (P. O. Box is not an acceptable Business Address)

b) Street	c) Suite	
d) City	e) State	f) Zip Code or Country
g) Phone Number () Ext.	h) Fax Number ()	i) Business E-mail

Mailing Address

j) Street or P.O. Box	k) Suite	
l) City	m) State	n) Zip Code or Country

3. Name of person <u>applying for or renewing</u> the license of the PBM	a) Title or Position
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Business Address

b) Street	c) Suite	
d) City	e) State	f) Zip Code or Country
g) Phone Number () Ext.	h) Fax Number ()	i) Business E-mail Address

4. PBM Structure:

- ☐ a.) Individual -OR-
- ☐ b.) Partnership or Other Unincorporated Association ☐ c.) Limited Liability Company ☐ d.) Corporation

If other than an Individual application, provide the **total number** of partners, members, or stockholders who each directly or indirectly own, control, or hold the power to vote, 10% or more of the entity's ownership -AND/OR- hold proxies representing 10% or more of the voting securities:

5. Name and Addresses of each individual or entity with management or control over the pharmacy benefits manager:

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

Attach a separate sheet titled "Management or Control Overflow Sheet" if more than 5 names and addresses

6. Name and Addresses of each person with a beneficial ownership interest in the pharmacy benefits manager.

Beneficial ownership interest means, if the PBM is seeking licensure under:

4.b above, each partner or member;

4.c above, each officer, manager, or member;

4.d above, each of its officers, directors, and stockholders with greater than 5% ownership 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

Attach a separate sheet titled "Ownership Interest Overflow Sheet" if more than 5 names and addresses

7. Service of Process Notice:

Except where prohibited by state or federal law, by submitting an application for a license, the applicant shall be deemed to have appointed the clerk of the Commission as the agent for service of process on the applicant in any action or proceeding arising in the Commonwealth out of or in connection with the exercise of the license. Such appointment of the clerk of the Commission as agent for service of process shall be irrevocable during the period within which a cause of action against the applicant may arise out of transactions with respect to subjects of pharmacy benefits management in the Commonwealth. Service of process on the clerk of the Commission shall conform to the provisions of Chapter 8 of title [38.2-800](#).

8. Felony Conviction and/or Violations of State Law Requirements Applicable to PBM

By checking one of the boxes below and signing this application, the applicant states that, to the best of the signer's knowledge:

☐ No officer with management or control of the pharmacy benefits manager listed in #5 above has been convicted of a felony or has violated any of the requirements of state law applicable to pharmacy benefits managers.

-OR-

☐ The following officer(s) with management or control of the pharmacy benefits manager listed in #5 above has been convicted of a felony or has violated requirements of state law applicable to pharmacy benefits manager (the applicant must provide on a separate sheet titled "Officer Conviction/Law Requirement Violation Detail Sheet" that lists the name, date, jurisdiction, and description of the relevant conviction or violation).

9. Signature of person applying for or renewing the license of the PBM

10. Date

11. Print Name of Signer

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>.