



OKLAHOMA INSURANCE DEPARTMENT
FINANCIAL DIVISION
3625 NW 56TH ST, SUITE 100 • OKLAHOMA CITY, OK 73112
(405)521-6648 • TOLL FREE (IN STATE) 1-800-522-0071 • FAX: (405)522-4160

APPLICATION FOR LICENSE AS A PHARMACY BENEFITS MANAGER

1. Is the entity organized as a: _____ Individual
_____ Partnership or Limited Liability Partnership or _____ Limited Liability Company or Corporation
2. Name: _____ FEIN: _____
3. Business Address: _____
(Street & PO Box No.) (City) (State) (Zip)
- 3a. Business Mailing Address (if different from Business Address above):

(Street & PO Box No.) (City) (State) (Zip)
4. Business Telephone No: (_____) _____ Toll Free Telephone No: _____
5. Website: _____
6. Have you or the firm had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; had such license subjected to a monetary fine; or withdrawn any application for, or surrendered such a license to avoid disciplinary action? _____ If "yes" give details, use separate sheet if necessary:

7. Have you or the firm ever been convicted of any crime of theft, embezzlement, failure to account, or any other irregularities in money translations? _____ If "yes" give details, use separate sheet if necessary:

8. Name and address of agent for service of process:

9. State the name of the firm's corporate officers and directors, or names of all partners. (Use separate sheet if necessary)

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Contact person's information should questions arise regarding this application.

Name: _____ Telephone Number: _____

Email address: _____

Notary Public

State of _____

County of _____

I, _____, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied to me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Insurance Laws of Oklahoma and the rules of the State Insurance Commissioner in all my conduct under the license.

Signature of Applicant

Notary Public

Subscribed and sworn to before me this _____ day of _____,

My commission expires: _____