



STATE OF MAINE Bureau of Insurance

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Overnight delivery:
Deliveries such as FedEx
and UPS
76 Northern Ave.
Gardiner, ME 04345.

USPS Express overnight
deliveries
34 State House Station
Augusta, ME 04333.

Pharmacy Benefits Manager (PBM) Application for Certificate of Registration

A \$100 REGISTRATION FEE IS DUE WITH YOUR APPLICATION
--Please Make Payable to Treasurer State of Maine--

Section 1. Applicant Information:

| | |
|---|--|
| Name of PBM: | |
| DBA/Trade Name (if applicable): -- Please list all used. Use separate sheet if necessary-- | Federal ID#: |
| Name of PBM's Parent Company (if applicable): | |
| Business Address: (including City, State, Zip) | Mailing Address (if different): (including City, State, Zip) |
| State Incorporated in: | Corporate Offices Direct Telephone: |
| Does the PBM hold any other licenses in Maine? (if yes, what type) -- Please list all used. Use separate sheet if necessary-- | |

Section 2. Contact Information:

Corporate Officer

| | |
|-------------------|----------------|
| Name | Title: |
| Direct Telephone: | Contact Email: |
| Mailing Address: | |

Compliance Officer with Responsibility for Maine Operations:

| | |
|-------------------|----------------|
| Name | Title: |
| Direct Telephone: | Contact Email: |
| Mailing Address: | |

Signature:

As the authorized representative of the Applicant, I hereby certify that all of the information submitted in this application and attachments is true and complete.

Signature

Date

Printed Name

Title