

**INSURANCE DEPARTMENT
STATE OF KANSAS
PHARMACY BENEFITS MANAGER
APPLICATION FOR CERTIFICATE OF REGISTRATION**

COMMISSIONER OF INSURANCE, Topeka, Kansas:

1. On behalf of: _____
(Name of person, company, corporation, partnership or other legal entity)

with its principal office at: _____
(Street address)

(City, state and zip code)

(Phone) _____ *(Fax)*

(Email address)

I hereby apply for a CERTIFICATE OF REGISTRATION authorizing and empowering the above entity to act as a pharmacy benefits manager within the State of Kansas pursuant to [2006 Senate Bill No. 547](#).

2. Section 3(b)(1) of the bill requires the following information to be submitted as part of this application:

“The name, address, official position and professional qualifications of each individual who is responsible for the conduct of the affairs of the pharmacy benefits manager, including all members of the board of directors, board of trustees, executive committee, other governing board or committee, the principal officers in the case of a corporation, the partners or members in the case of a partnership or association and any other person who exercises control or influence over the affairs of the pharmacy benefits manager.”

The above information must be included with the application at submission or the certificate cannot be provided.

3. Administrative address: _____
(Name of administrative contact if different from officers signing below)

(Address of administrative office serving Kansas if different from address above)

(City, state and zip code)

(Phone) _____ *(Fax)*

(Email address)

4. Service of Process Agent: _____
(If neither prior address is in Kansas, name and address in Kansas must be provided)

(Street Address)

(City, state and zip code)

5. Type of entity (check one): Corporation Partnership Individual

Very truly yours,

President: _____
(Signature of corporation president, partner or individual)

(Name typed)

Secretary: _____
(Signature of corporation secretary)

(Name typed)

Date: _____

Mail completed, signed form
and \$140 application fee to:

Accident & Health Division
Kansas Insurance Department
420 SW 9th Street
Topeka, KS 66612-1678