

**STATE OF NORTH CAROLINA
DEPARTMENT OF INSURANCE
BIOGRAPHICAL AFFIDAVIT FOR PHARMACY BENEFIT MANAGERS (PBM)**

Full Name of PBM _____

In connection with the above-named PBM I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) A RESPONSE MUST BE PROVIDED FOR EACH ITEM. IF ANSWER IS “NO” OR “NONE”, SO STATE.

1. Affiant’s Full Name

2. Have you ever used another name or had your name changed? _____

If yes, give the reason for the change: _____

3. Date and Place of Birth

4. Residence Address

5. Affiant’s Business Address

6. Business Telephone _____

7. Present or Proposed Position with the applicant PBM _____

8. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past five (5) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
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9. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details:

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? _____ If yes, give details: _____

10. Education: (Provide dates, names, locations, degrees, and field of study for each.)

College _____

Graduate Studies _____

Others _____

11. Experience in the area of Pharmacy Benefit Manager. Include experience in the areas of fully insured and self-funded PBM.

12. List memberships in Professional Societies and Associations.

13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past. (Give dates, issuer of license, reasons for termination.)

14. List any insurers which you control directly or indirectly or in which you own legally or beneficially 10% or more of the outstanding stock (in voting power).

If any of the stock is pledged or hypothecated in any way, give details:

15. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant administrator or its affiliates? _____. If yes, list:

16. Have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority or has any such license held by you ever been suspended or revoked? _____. If yes, give details: _____

17. Have you ever been adjudged bankrupt? _____. If yes, give details: _____

18. Have you ever been convicted or had a sentence imposed or suspended or been pardoned for conviction of, or pleaded guilty or nolo contendere to an indictment charging any crime involving fraud, dishonest, or charging a violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? _____ If yes, give details: _____

19. Have you ever been an officer, director, manager, trustee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____. If yes, give details: _____

20. Have you ever been convicted of a felony? _____ If yes give details. Also note, it is a criminal offense for individuals who are considered “prohibited persons” under The Violent Crime Control and Law Enforcement Act of 1994, Title 18 U.S. Code, Sections 1033 and 1034 to be engaged in the “business of insurance”, unless written consent is obtained from the Commissioner of Insurance. An “Application to Engage in Business of Insurance” along with instructions may be obtained by contacting Ms. Monique Smith, Deputy Commissioner, 1201 Mail Service Center, Raleigh, NC 27611, 919-807-6602. _____

21. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director, or key management person ever been suspended or revoked while you occupied such position? _____. If yes, give details: _____

Dated and signed this _____ day of _____ 20 _____, I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____ County _____

Personally, appeared before me the above named _____ personally, known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20_____.

(Notary Public)

(SEAL)

My Commission Expires _____

Email To: LHinbox@ncdoi.gov

Our Address is **Life and Health Division**
PBM Licensing Unit
North Carolina Department of Insurance

1201 Mail Service Center
Raleigh, NC 27699-1201

3200 Beechleaf Ct.
Raleigh, NC 27604
(Overnight Delivery Only)

FORM MAY BE DUPLICATED WITHOUT MODIFICATION

In lieu of the North Carolina Biographical Affidavit we will also accept the NAIC Biographical Affidavit with Social Security Number Redacted.