

OFFICE OF SUPERINTENDENT OF INSURANCE
PHYSICAL ADDRESS: 1120 PASEO DE PERALTA, SANTA FE, NM 87501
MAILING ADDRESS: P.O. BOX 1689, SANTA FE, NM 87504-1689
(505) 670-8273

SUMMARY OF REQUIRED DOCUMENTS FROM
PHARMACY BENEFIT MANAGERS SEEKING LICENSURE TO
TRANSACT BUSINESS IN THE STATE OF NEW MEXICO

The following will need to be completed through NIPR, www.nipr.com

PRELIMINARY PERMIT FEE 59A-6-1(AA)(1) A non-refundable application fee in the sum of \$1,000.00 must be submitted through NIPR at www.nipr.com.

RENEWAL OF LICENSURE FEE 59A-6-1(AA)(2) A non-refundable renewal fee in the sum of \$500.00 must be submitted through NIPR at www.nipr.com.

ANNUAL REPORT FEE An annual report fee of \$200.00 must be paid through NIPR along with the renewal fee every year.

The following must be submitted through email to pbm.licensing@state.nm.us.

ANNUAL REPORT An annual report shall be submitted in accordance with 59A-6-1(AA)(3). Please see the Annual Report form posted on www.osi.state.nm.us for required contents.

ARTICLES OF INCORPORATION 59A-47-6(A) The Company's initial certified Articles of Incorporation and all amendments thereto. The Articles of Incorporation must have endorsed thereon or annexed thereto the consent of the Superintendent of Insurance prior to filing. Upon renewal, any updates shall be submitted.

MANAGEMENT A list of the directors, officers, and key personnel of the company indicating the terms of their office, their business affiliation with the company, and any business other than insurance.

CONTACT PROCESSING FORM Please complete the form in its entirety.

BACKGROUND INVESTIGATION REPORT For each partner or corporate officer, and each member of the board of directors, the applicant shall provide a background investigation report through a designated OSI vendor. Information regarding third party vendor background investigation reports can be found at https://www.naic.org/documents/industry_ucaa_third_party.pdf.

FINANCIAL STATEMENT The most current certified financial statement of the Pharmacy Benefit Manager.

To file an amendment to organizational documents requiring approval, the non-refundable fee of \$200 required by 59A-6-1(AA)(4) must be mailed together to the following:

Office of Superintendent of Insurance
Producer Licensing Bureau
1120 Paseo De Peralta, Room 438
Santa Fe, New Mexico 87505

To file a change of directors, offices and key personnel may be made with a non-refundable fee of \$100 required to 59A-6-1(AA)(5) must be mailed together to the following:

Office of Superintendent of Insurance
Producer Licensing Bureau
1120 Paseo De Peralta, Room 438
Santa Fe, New Mexico 87505

Be advised that if the Pharmacy Benefit Manager's application is approved, OSI will issue a license for one year in accordance with NMSA §59A-61-3.

If you have any questions regarding the requested documents above, please contact the PBM Program Coordinator at (505) 670-8273.

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PHARMACY BENEFIT MANAGERS

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CONTACT PROCESSING FORM FOR PHARMACY BENEFIT MANAGERS

PHARMACY BENEFIT MANAGERS COMPLETE NAME – Do not abbreviate name.

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STATUTORY HOME OFFICE ADDRESS

<u>Physical location only:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM MAILING ADDRESS

<u>Street, P O Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM CONTACT FOR LICENSING

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>

PBM CONTACT FOR COMPLAINTS

<u>Street, PO Box, etc.:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
<u>Contact Person:</u>	<u>Email Address:</u>	<u>Phone Number:</u>