

STATE OF MONTANA
COMMISSIONER OF SECURITIES AND INSURANCE
OFFICE OF THE STATE AUDITOR
840 HELENA AVENUE, HELENA MT 59601 - 406-444-2040

ADMINISTRATOR/PBM CERTIFICATE OF REGISTRATION RENEWAL

Pursuant to Section 33-17-603(3), Montana Code Annotated, the current Certificate of Registration (COR) issued to your company must be **renewed annually on or before July 1**. To renew the COR, please complete and return the renewal form, the \$100 renewal fee and all additional documents required for your entity, as instructed below. The submission of these documents should be postmarked on or before July 1. Please note that this office will only accept a renewal form executed by an officer of the company.

Items required for renewal:

- Completed renewal form (page 2).
- \$100 renewal fee.
- Biographical affidavits of any new officers or directors since the last renewal (if not previously submitted.)
- Financial statements: Audited financial statements of the most recent calendar or fiscal year-end. If audited financial statements are not available, please enclose an internally generated balance sheet and income statement attested to by a company officer. Include an explanation as to why the entity is not annually audited by independent accountants. **The company's license will not be deemed as renewed without satisfactory review of this financial information.**
- ****NEW for 2019** PBM Contracts:** If the TPA is also a pharmacy benefit manager ("PBM"), the entity is required to submit all contracts related to the provision of PBM services, including but not limited to, intercompany agreements, contracts with pharmacies, manufacturers, wholesalers, group purchasing organizations, pharmacy service administrative organizations, brokers, consultants, health insurance issuers, and any other entity pertaining to the provision or administration of a pharmacy benefit offered to covered persons in Montana.

Administrator COR's are continuous in form. Therefore, new COR's will ***not*** be reissued upon receipt of the renewal fee and documentation. Failure to supply the above-required items by the stated deadline may result in revocation of the Montana COR. Should the company request a confirmation of the renewal, please include a stamped self-addressed envelope, along with a copy of the renewal request.

All entities for which each administrator provides services in Montana are noted in our database. This database is used by all divisions of the agency and may affect filings submitted in other divisions. Consequently, please provide a complete and current listing of all entities, their NAIC # (if applicable), and the type(s) of policies being administered on the enclosed renewal form or attached list.

If you have any questions concerning the renewal of your certificate, feel free to contact the Examinations Bureau.

Michelle R Scaccia
Compliance Specialist

STATE OF MONTANA
Commissioner of Securities and Insurance
Office of the State Auditor
840 Helena Avenue, Helena MT 59601 (406) 444-2040

ADMINISTRATOR/PBM CERTIFICATE OF REGISTRATION RENEWAL

To the Montana Commissioner of Securities and Insurance, Office of the State Auditor:

The undersigned hereby submits this renewal form pursuant to Title 33, Chapter 17, Part 6, MCA, on behalf of the entity listed below to continue its Montana Certificate of Registration.

Entity Name		d/b/a	
Mailing address	City	State	Zip
Phone and/or Toll-Free Number(s)		FEIN #	
Fax #		Email Address	
Contact Person and Direct Phone Number			

1. In the spaces provided below, please list **all entities** for which you provide services **in Montana**. Indicate the type of entity: **INS** – Insurance Company, **MEWA** - Multiple employer welfare arrangement, **SEP** – Single employer plan. (Include both ERISA and non-ERISA governed.) **The type of policy(s):** Life, Health, PBM, Workers' Comp. etc. and provide the effective date of all agreements held with Insurers. Attach separate sheet(s) if more space is needed.

Name of Insurance Company, MEWA or Single Employer Plan	Entity Type	NAIC # of Insurer	Policy Type(s)	Effective Date of Agreement

2. Are there any new officers and/or directors of the entity since last renewal? Yes _____ No _____
 If yes, please attach completed biographical affidavits found at the following link
https://csimt.gov/wp-content/uploads/industry_ucaa_form11_3_26_18.pdf.
 If Affidavits(s) have been previously submitted, please provide date of submission: _____

3. Is the Administrator a Pharmacy Benefit Manager (PBM)? Yes _____ No _____
 If yes, attach copies of any agreements and/or contracts related to the provision or administration of a pharmacy benefit offered in Montana. (This should include any PBM services for provided for COBRA and Workers' Comp coverages, and all services provided as a subcontractor to another entity.)

PLEASE NOTE: PER 33-17-611, MCA, WRITTEN AGREEMENTS MUST BE RETAINED FOR THE DURATION OF THE AGREEMENT AND FOR 5 YEARS THEREAFTER. ADDITIONALLY, EACH WRITTEN AGREEMENT MUST INCLUDE THE PROVISIONS OF 33-17-612 THROUGH 33-17-617, MCA.

Signature of Officer

Typed Name & Title of Officer