



Office of Insurance Regulation
Company Admissions

REGISTRATION FORM FOR PHARMACY BENEFIT MANAGERS

This package is designed to assist individuals in preparing the registration form with all the information required by statute and to facilitate expeditious processing of the registration by this Office.

The completed registration package must be submitted to the Office by utilizing the following link, unless otherwise specified herein:

<http://www.floir.com/iportal>
and select iApply – Online Company Admissions

Any questions concerning this application package may be directed to the Application Coordinator at appcoord@floir.com. For iApply only questions, contact the Application Coordinator at iapply@floir.com

In order for a submission to be considered a complete registration request, all required information must be included in the filing. Filings that do not include all required information will be disapproved or returned.

[Remainder of this page intentionally left blank]

Form OIR-C1-2209

Effective 01/19

Incorporated by Reference in Rules 69O-238.001 and 69O-238.002, F.A.C.

REGISTRATION FORM FOR PHARMACY BENEFIT MANAGERS

Name, address, and telephone number of individual to be contacted regarding this registration form:	
Name:	
Address:	
Telephone:	
E-Mail:	

SECTION A – Name and Address of the Registrant

Name of Proposed Pharmacy Benefit Manager:	
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Address of the Proposed Pharmacy Benefit Manager:	
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[Remainder of this page intentionally left blank]

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REGISTRATION FORM FOR PHARMACY BENEFIT MANAGERS

SECTION B – Name, Address, and Official Position of Each Officer and Director

Name:	
Address:	
Official Position:	
Name:	
Address:	
Official Position:	
Name:	
Address:	
Official Position:	
Name:	
Address:	
Official Position:	
Name:	
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Official Position:	
Name:	
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Official Position:	
Name:	
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Official Position:	
Name:	
Address:	
Official Position:	

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Name:	
Address:	
Official Position:	
Name:	
Address:	
Official Position:	
Name:	
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Name:	
Address:	
Official Position:	
Name:	
Address:	
Official Position:	

[Attach additional page if necessary]

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