



**Office of Insurance Regulation**  
**Company Admissions**

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## **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 or iApply may be directed to [lhappcoord@floir.com](mailto:lhappcoord@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**

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

**Note: A copy of the registrant’s corporate charter, articles of incorporation, or other charter document will be required in the iApply submission of the registration.**

**SECTION A – Name and Address of the Registrant**

<b>Name of Proposed Pharmacy Benefit Manager:</b>	
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<b>Address of the Proposed Pharmacy Benefit Manager:</b>	
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**[Remainder of this page intentionally left blank]**

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

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

**[Attach additional page if necessary]**