



ARKANSAS INSURANCE DEPARTMENT
LEGAL DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201
PHONE: 501-371-2820
FAX: 501-371-2639

PBM-R1

**PHARMACY BENEFITS MANAGER
RENEWAL APPLICATION**

UNDER DEVELOPMENT

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under oath that the information submitted above is true and accurate to the best of my knowledge and belief.

OFFICER NAME:

Please Print

Please Sign

DATE SIGNED:

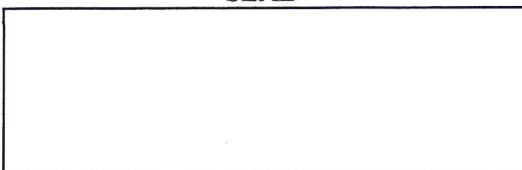
NOTARY SECTION:

Subscribed and affirmed before me in the county of _____,
State of Arkansas, this _____ day of _____, 20____.

(Notary's official signature)

(Commission Expiration)

SEAL



SECTION WILL ADDRESS CHANGES OR MODIFICATIONS TO INFORMATION FILED FROM THE DATE OF THE INITIAL APPLICATION