



Pharmacy Benefit Manager Annual Report Attestation

Pursuant to Insurance Law Section 2904, the Annual Report must be subscribed and affirmed as true under penalties of perjury.

Full Legal Name of PBM
License Number
Full Legal Name of President/CEO (or Equivalent) of the PBM
Title
Read the statements below carefully and check the boxes:
<input type="checkbox"/> I swear and affirm that the statements made in this Annual Report have been examined by me and to the best of my knowledge and belief are true, correct, and complete.
<input type="checkbox"/> I understand that false statements made herein are punishable pursuant to section 210.45 of the Penal Law.
Signature
Date