



LOUISIANA DEPARTMENT OF INSURANCE  
TIMOTHY J. TEMPLE  
COMMISSIONER

**INSTRUCTIONS FOR  
APPLICATION TO ACT AS A  
PHARMACY SERVICES ADMINISTRATIVE ORGANIZATION  
IN THE STATE OF LOUISIANA**

This packet is designed to assist the individual preparing the application in complying with all statutory and administrative requirements and to facilitate review of the application by the Louisiana Department of Insurance (LDI). Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet. This application should be used for application for license as a pharmacy services administrative organization (PSAO) pursuant to La. R.S. 22:1660.1-1660.08.

Direct all communication to:

Louisiana Department of Insurance Company Licensing PO Box 94214 Baton Rouge, LA 70804-9214	Physical Address: 1702 N. 3 <sup>rd</sup> St. Baton Rouge, LA 70802	Phone: (225) 342-1251 Fax: (225) 219-9322 E-Mail: <a href="mailto:companyapps@ldi.la.gov">companyapps@ldi.la.gov</a>
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While the LDI will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

The LDI accepts electronic submission of the application. The applicant should contact the LDI prior to submission to make arrangements for a secure portal for such a submission. Submission of sensitive or confidential information via standard email is not recommended. After submission of the application electronically, the payment of the fees must be submitted hard copy to the address above. All payments must be made payable to the Louisiana Department of Insurance.

If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of Company Licensing to assure prompt receipt and handling.

Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.

Do not alter the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

All original items submitted become the property of the LDI and will not be returned.

All certified documents required in the application must be dated within ninety (90) days of submittal of the application. If an application is submitted hard copy rather than electronically, all certifications must be original.

All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.

When designating a contact person for the application process, please remember that our staff will communicate only with this individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. The applicant must notify the LDI in writing of any change in contact person.

The applicant must notify the LDI of any changes in the applicant or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and changes to the financial statements submitted in support of this application. Failure to notify the LDI of such changes may result in disapproval of the application.

### **SPECIAL INSTRUCTIONS FOR FINGERPRINTING**

In association with this application, all officers, directors, trustees and all individuals who control, directly or indirectly ten percent or more of the applicant, are required to be fingerprinted and the results transmitted to the LDI.

Detailed instructions on the fingerprinting process are posted on the LDI website at [Fingerprinting Requirements for Company Licensing Applications](#).

Any individual that is currently serving as an officer or director of another domestic regulated entity or has previously submitted fingerprints in association with a resident producer or adjuster license application may request a waiver of the fingerprinting requirements. Requests for such a waiver should be sent to [companyapps@ldi.la.gov](mailto:companyapps@ldi.la.gov). The request must provide a full explanation of the application to be filed, the names of all individuals for whom the waiver is requested and clearly explain the grounds for the request.

### **SPECIAL INSTRUCTIONS FOR THIRD PARTY VERIFICATION REPORTS**

In addition to the biographical affidavits for each individual responsible for the conduct of affairs of the applicant, the applicant must make arrangements with a firm to prepare and submit third party verification reports to the LDI in association with this application. This includes all officers, all directors, all trustees, all executive committee members and every natural person owning, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

The reports must be prepared by one of the firms approved by the National Association of Insurance Commissioners. A list of those approved firms is available at [http://naic.org/documents/industry\\_ucaa\\_third\\_party.pdf](http://naic.org/documents/industry_ucaa_third_party.pdf). The applicant should advise the firm that the reports are being prepared for the LDI and make the necessary arrangements for payment.

### **REGISTRATION WITH THE LOUISIANA SECRETARY OF STATE**

Submitting this application to the Louisiana Department of Insurance does not in any way dismiss a corporation from the requirements of registration with the Louisiana Secretary of State. It is the responsibility of the corporation to contact that Office and make whatever arrangements may be necessary. The address and telephone number are given below.

Louisiana Secretary of State  
Corporations Division  
P.O. Box 94215  
Baton Rouge, LA 70804-9215  
(225) 925-4704

## **SPECIAL INSTRUCTIONS FOR ATTESTATION PAGE**

This application is designed to be an authentic act under Louisiana law. As such, the attestation page requires the signature of an officer which must be witnessed by two persons AND executed before a notary.

If the application is filed in the name of an individual, the individual must sign the application. If the application is filed for other than a natural person (individual), the application must be signed by an executive officer or other comparable responsible person (officer, director, partner, managing member or sole proprietor).

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the application package and process.

*Q: Where can I find the laws and regulations governing pharmacy services administrative organizations in Louisiana?*

A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code (the Code) and most laws enacted by the Louisiana Legislature which affect pharmacy services administrative organizations can be found in that Title. The portions of the Code dealing specifically with pharmacy services administrative organizations are La. R.S. 22:1660.1-1660.9. The statute which addresses fees payable in association with pharmacy services administrative organization licenses and filings is La. R.S. 22:821 (39).

*Q: What is the time frame for the review of an application?*

A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.

*Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?*

A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. The forms are made available on our web site in a format that allows for entry of information directly onto the form.

*Q: If a PSAO is not licensed until late in the year, are they still required to file an annual report?*

A: Yes. All PSAOs licensed on or before December 31 of the reporting year must file an annual report for that year and pay the annual report fee.

*Q: Is a foreign or non-resident applicant required to be licensed in the state of domicile or residence as a pharmacy services administrative organization before applying in Louisiana?*

A: No. Louisiana law has no requirement for foreign or non-resident applicant to be licensed in the domiciliary or resident state before applying in Louisiana.

**COMMON QUESTIONS (continued)**

*Q: Can we meet with the Department for a preliminary review of our application prior to submission?*

A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is submitted. This courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail or a carrier with interstate business will be considered submitted for review and will not be eligible for a preliminary review. Preliminary reviews will be performed only with an appointment. To schedule an appointment, contact the Company Licensing Division.



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**APPLICATION TO ACT AS A  
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General Information (Type or Print)	
APPLICANT NAME: _____	
TRADE NAME: _____	
FEI OR SOCIAL SECURITY NO.: _____ DOMICILE: _____	
CONTACT NAME: _____ CONTACT TITLE: _____	
CONTACT ADDRESS: _____ _____ _____	
PHONE: _____ FACSIMILE: _____	
E-MAIL: _____	
FEES	
Initial Application	\$ 300.00
<u>Total Amount This Check</u>	<u>300.00</u>

**SECTION 2 – ADDRESS AND CONTACT INFORMATION**

DOMICILE ADDRESS: Provide the domiciliary address of the applicant.		
Address: _____ _____		
City: _____	State: _____	Zip: _____

**SECTION 2 – ADDRESS AND CONTACT INFORMATION**

<b>MAILING ADDRESS: Provide the mailing address of the applicant.</b>		
Address:		
City:	State:	Zip:

<b>ADMINISTRATIVE OFFICE ADDRESS: Provide the physical address of the main administrative office of the applicant.</b>		
Address:		
City:	State:	Zip:

<b>PRIMARY CONTACT: Provide the name, address, phone number and email address for the primary contact person with whom this Department should communicate after completion of the application process.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>COMPLAINT CONTACT: Provide the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

## ADDRESS AND CONTACT INFORMATION – Continued

<b>REGULATORY COMPLIANCE CONTACT: Provide the name, address, phone number and email address for the contact person to whom regulations or other directives from the commissioner should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>ANNUAL STATEMENT CONTACT: Provide the name, address, phone number and email address for the contact person regarding the financial condition of the applicant should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>CYBERSECURITY CONTACT: Provide the name, address, phone number and email address for the contact person responsible for the receipt of and response to inquiries from the department regarding data security and data breaches should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

## ADDRESS AND CONTACT INFORMATION – Continued

<b>CATASTROPHE/DISASTER COORDINATION CONTACT:</b> Provide the name, address, phone number and email address for the contact person for receipt of and response to inquiries from the department in the event of a catastrophe or disaster should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>MARKET CONDUCT CONTACT:</b> Provide the name, address, phone number and email address for the contact person to whom market conduct issues should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>CONTACT PHONE NUMBERS</b> Provide the appropriate phone number for the indicated function. If the applicant has designated numbers for specific functions, include that information below.	
FUNCTION	PHONE NUMBER
General Consumer Inquiries	
Claims	
Other (explain) _____	
Other (explain) _____	

<b>WEB ADDRESS:</b> If the applicant maintains a web site, list the URL or World Wide Web address of the site.



## SECTION 3 - INTERROGATORIES

All of the following questions must be answered for every applicant. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

<p>1) Has the applicant ever had an application denied by any state or federal regulatory authority? (If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>2) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>3) Has the applicant ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>4) Has the applicant ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? ( If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action , an explanation of any subsequent events and an explanation of the current status.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>5) Is the applicant currently involved in any dispute or controversy with any regulatory authority?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>6) Has the applicant ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final disposition.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>7) Is the applicant currently a defendant or the subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>8) Has the applicant or any person who is presently an officer, director or owner of 10 percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>9) Within the last five years, has the applicant changed its name?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>10) Within the last five years, has the applicant undergone a change in domicile? (Changes of domicile address within the same state need not be included.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>11) Within the last five years, has the applicant merged or consolidated with any other entity?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>12) Within the last five years, has the applicant undergone a change in ownership (direct or indirect) of 10 percent or more? (If yes, provide a full explanation of the change in ownership and an organizational/ownership chart which clearly shows the ownership of the applicant both before and after the transaction.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 3 – INTERROGATORIES – Continued

<p>13) Is the applicant presently negotiating or inviting negotiations or acting as party to a counter-letter which would result in a merger or consolidation with any other entity or which would result in a change of ownership of 10 percent or more of the applicant?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16) Is the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently licensed in any capacity by the Louisiana Department of Insurance? (If yes, provide the full name of the affiliated entity and the type of license(s) held in Louisiana.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>17) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant operated in any capacity in Louisiana for which it would be required to be licensed by or registered with the Louisiana Department of Insurance without having first obtained the necessary license?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>18) Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory authority?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>19) Is the applicant part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC _____.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>20) Is the applicant or its parent corporation a publicly traded company? (If yes, attach a copy of the most recent 10K or equivalent filing.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>21) Does the regulatory authority governing the applicant in the state or country of domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>22) Is the applicant licensed as a pharmacy services administrative organization in any other state? (If yes, provide the state and the date of issuance of the license.)</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>23) Does the applicant engage in any activities that are solely within the purview of a pharmacy benefits manager?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION 5 - LIST OF MANAGEMENT AND OWNERS

Below give the full legal name (no initials), resident address, position with the applicant and the percentage of ownership (if applicable) of all natural persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and every natural person owning, directly or indirectly, 10 percent or more of the applicant and any other natural person who exercises control or influence over the affairs of the applicant.

NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	
NAME:			
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

## SECTION 6 - EXHIBITS

**EXHIBIT A** – A copy of the articles of incorporation, articles of association, partnership agreement or other such organizational documents and all amendments thereto of the applicant certified by the proper domiciliary official. The certification must be original and dated within ninety (90) days of submission.

**EXHIBIT B** – A copy of the bylaws of the applicant certified as true and correct by the secretary of the applicant, if a corporation; a partner, if a partnership; or other appropriate person. This certification must be within ninety (90) days of submission.

**EXHIBIT C** – A copy of the trade name certificate issued to the applicant by the Louisiana Secretary of State. This item must be supplied by any applicant utilizing a trade name or d/b/a in Louisiana.

**EXHIBIT D** – A Certificate of Compliance, Letter of Good Standing or other similar document confirming the corporate existence of the applicant in the domiciliary state. This document must be certified by the proper domiciliary state official within ninety (90) days of submission.

**EXHIBIT E** – A Brief Description of the Services offered by the applicant to pharmacists.

**EXHIBIT F** – Completed biographical affidavits for all persons responsible for the conduct of affairs of the applicant. This should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly, 10 percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant. Only the most recent version of the affidavit adopted by the National Association of Insurance Commissioners is acceptable and all affidavits must be executed no more than 180 days prior to submission. This form can be obtained from the NAIC web site ([http://naic.org/documents/industry\\_ucaa\\_form11.pdf](http://naic.org/documents/industry_ucaa_form11.pdf)).

**EXHIBIT G** – Written confirmation from the applicant that the fingerprints have been submitted as indicated in the special instructions in this application.

**EXHIBIT H** – Written confirmation from the applicant that third party verification reports have been requested as indicated in the special instructions in this application. Include the name of the firm from which the requests were made and the date of the request and payment.

**EXHIBIT I** - A detailed description of the corporate organizational/ownership structure of the applicant, its parent company and all affiliates. This description should include a chart showing the ownership percentages for any persons owning 10 percent or more of the applicant and all affiliated entities up to and including the ultimate controlling person. The chart must include the state of domicile and the Federal Employer Identification Number (FEIN) for each person. A sample chart is available at <https://www.lidi.la.gov/docs/default-source/documents/licensing/companies/sample-ownership-chart.pdf?sfvrsn=0> If there is no person who owns, directly or indirectly, 10 percent or more of the applicant then you must provide a statement to that effect in lieu of this exhibit.

**THE FOLLOWING MUST BE PROVIDED BY LOUISIANA DOMICILED APPLICANTS ONLY**

EXHIBIT K – A copy of the acceptance of trust executed by each director of the company. You may find a sample Director’s Acceptance of Trust form at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/directors-acceptance-of-trust.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT L – A copy of the oath of officer executed by each officer of the company. You may find a sample form of the Oath of Officer at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/oath-of-officer.pdf?sfvrsn=0> but the applicant is free to develop its own form.

EXHIBIT M – A Conflict of Interest Statement completed and signed by every officer and director. You may find a copy of the Conflict of Interest Statement at <http://www.lidi.la.gov/docs/default-source/documents/licensing/companies/conflict-of-interest-statement-for-reg-66>. A copy of the Conflict of Interest policy of the applicant must be supplied with the statement.

# ATTESTATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

as an authorized representative

of \_\_\_\_\_, who, after

being duly sworn, did depose and state that all information contained in this application and all attachments thereto are, to the best of his/her knowledge, true, complete and correct. Said individual does further certify that the latest financial statement of said applicant is available for inspection by the Commissioner of Insurance or his duly authorized representative the address given in Section 2 of this application.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Applicant, Executive Officer or Other Comparable Responsible Person

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title or Position of Signatory

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

NOTARIAL SEAL

My Commission Expires \_\_\_\_\_