

# Pharmacy Benefit Manager Financial Statements

Every pharmacy benefit manager (PBM) is required to file financial statements for the previous fiscal year with its initial application for a PBM license and every two years thereafter as part of the renewal application.

Page 1 of this form must always be completed. In lieu of pages 2 and 3 of this form, the PBM may submit the most recent independent audited financial statements with an opinion prepared by a certified public accountant (CPA). Financial information must be provided for the PBM. If the audited financial statements are for a parent company, a schedule that provides a subsidiary breakdown of the balance sheet and income statement by line item must be provided within the audited financial report.

For the Fiscal Year	
Beginning:	_____
Ending:	_____

Pharmacy Benefit Manager Name		Tax ID Number (FEIN)					
Contact Person Name (for financial statement inquiries)		Contact Person Title					
Contact Person Email Address		Contact Person Phone Number					

**All information above is required. Please do not leave any spaces blank.**

Certification (to be completed by an officer or director of the pharmacy benefit manager)		
I swear under penalty of perjury that the information in this financial statement and all attachments is true, accurate, and complete.		
Name (type or print)	Title (type or print)	
Signature (original or electronic only)	Date	

**Failure to properly complete or amend this form may result in denial of the PBM license.**

Checklist
<input type="checkbox"/> Pages 2 and 3 of this form <b>OR</b> audited financial statements; fiscal period end date must be within the last 12 months.
<input type="checkbox"/> An officer or director of the PBM signed and dated this form.

This form is authorized by the Michigan Pharmacy Benefit Manager Licensure and Regulation Act ([2022 PA 11; MCL 550.811 et seq.](#)). Failure to complete and submit this form as required could result in denial of your initial or renewal application, a compliance action, or revocation of your authority as an admitted or eligible company in Michigan.

Mail the complete application filing and fee to:  
**DIFS Insurance Licensing**  
**PO Box 30165**  
**Lansing, MI 48909-7665**



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program.  
 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
 Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442

# Pharmacy Benefit Manager Financial Statements

Fiscal Year-End
As Of: _____

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Pharmacy Benefit Manager Name	Tax ID Number (FEIN)
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ASSETS		LIABILITIES AND SHAREHOLDERS' EQUITY	
CURRENT ASSETS		LIABILITIES	
1. Cash		23. Accounts Payable	
2. Accounts Receivable		24. Federal Taxes	
3. Investment Income		25. State and City Taxes	
4.		26. Notes Payable	
5.		27.	
6.		28.	
7.		29.	
8.		30.	
9.		31.	
10.		32.	
<b>11. Total Current Assets</b> (add lines 1 through 10)		<b>33. Total Liabilities</b> (add lines 23 through 32)	
NON-CURRENT ASSETS		SHAREHOLDERS' EQUITY	
12. Furniture and Fixtures		34. Common Stock	
13. Equipment and Supplies		35. Preferred Stock	
14. Building and Facilities		36. Additional Paid-in Capital	
15. Goodwill		37.	
16. Other Intangible Assets		38.	
17.		39.	
18.		40.	
19.		41.	
20.		42. Retained Earnings	
<b>21. Total Non-Current Assets</b> (add lines 12 through 20)		<b>43. Total Shareholders' Equity</b> (add lines 34 through 42)	
<b>22. TOTAL ASSETS</b> (add lines 11 and 21)		<b>44. TOTAL LIABILITIES AND SHAREHOLDERS' EQUITY</b> (add lines 33 and 43)	

# Pharmacy Benefit Manager Financial Statements

For the Fiscal Year	
<b>Beginning:</b>	_____
<b>Ending:</b>	_____

In lieu of pages 2 and 3 of this form, the PBM may submit the most recent independent audited financial statements with an opinion prepared by a CPA. If the audited financial statements are for a parent company, a schedule that provides a subsidiary breakdown of the balance sheet and income statement by line item must be provided within the audited financial report. Breakout individual line items for all balances that consist of 5% or more of the total amount for that category (assets, liabilities, shareholders' equity, income, and expenses). Attach additional sheets of this page if necessary.

Pharmacy Benefit Manager Name	Tax ID Number (FEIN)
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STATEMENT OF INCOME		STATEMENT OF EXPENSES	
INCOME		EXPENSES	
45. Client Administration Fees		65. Payroll/Salary	
46. Insurance Transaction Commissions		66. Rent/Lease	
47.		67. Maintenance	
48.		68. Depreciation and Amortization	
49.		69. Vehicles	
50.		70. Utilities	
51.		71. Legal and Auditing	
52.		72. Interest	
53.		73. Bank Charges	
54.		74. Freight and Postage	
55.		75. Office Supplies	
<b>56. Total Income</b> (add lines 45 through 55)		76.	
<b>INVESTMENT INCOME</b>		77.	
57. Net Investment Income		78.	
58. Net Realized Capital Gain/Loss		79.	
59.		80.	
60.		81.	
61.		<b>82. TOTAL EXPENSES</b> (add lines 65 through 81)	
62.		<b>83. NET GAIN OR (LOSS) BEFORE INCOME TAXES</b> (line 64 minus line 82)	
<b>63. Total Investment Income</b> (add lines 57 through 62)		<b>84. Income Taxes</b>	
<b>64. TOTAL OF ALL INCOME</b> (add lines 56 and 63)		<b>85. NET GAIN OR (LOSS) AFTER INCOME TAXES</b> (line 83 minus line 84)	