

PBM Tax ID Number (FEIN)									

**Pharmacy Benefit Manager - Consent to Service**

To be completed only by Pharmacy Benefit Manager applicants that are not domiciled in Michigan

Name of Pharmacy Benefit Manager Applicant/Licensee

a Pharmacy Benefit Manager doing business under and by the virtue of the laws of

the State of

having been authorized or having applied to act as a Pharmacy Benefit Manager in the State of Michigan, and for the purpose of complying with the provisions of section 11(2)(a)(ii) of the Pharmacy Benefit Manager Licensure and Regulation Act, 2022 PA 11, MCL 550.821, does hereby make, constitute, and appoint the Director of the Department of Insurance and Financial Services of the State of Michigan as its lawful attorney in the State of Michigan, on whom all process of law may be served in any action or proceeding under current or future laws and statutes of Michigan in which said Pharmacy Benefit Manager is a party. Further, said Pharmacy Benefit Manager hereby stipulates and agrees that any legal process affecting such Pharmacy Benefit Manager served upon the Director of the Department of Insurance and Financial Services, the Director's successors in office, or designated Deputy, shall have the same effect as if personally served upon the Pharmacy Benefit Manager and shall be deemed sufficient service on said Pharmacy Benefit Manager. This appointment shall remain in force as long as any liability shall remain within the State of Michigan. When process against or affecting said Pharmacy Benefit Manager is served on the Director of the Department of Insurance and Financial Services, the Director's successors in office, or designated Deputy, a copy of such process shall be mailed to:

Name		
Address Line 1		
Address Line 2		
City	State	ZIP Code

Signed in the City of \_\_\_\_\_ in the State of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signer's Name and Title (typed or printed)
Signature

PA 11 of 2022 requires submission of this form by Pharmacy Benefit Managers not domiciled in Michigan. Failure to complete and submit this form properly could result in denial of your application, a compliance action, or revocation of your authority as an admitted or eligible company in Michigan.

Mail or deliver to: **Department of Insurance and Financial Services**  
**PO Box 30165**  
**Lansing, MI 48909-7665**



**Michigan Department of Insurance and Financial Services**

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