

**FORM E-150-B: Pharmacy Benefit Manager Biographical List**

Complete Form E-150-B to report the name and title of each individual counted in Form E-150, Section H, Item 1.

<b>SECTION A: Applicant Identity</b>	Department of Insurance Use
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Applicant Name:
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**SECTION B: Biographical Affidavit List – Type Name, type Title, and check either Add/New, Retain, Remove**

Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove
Name:	Title:	<input type="checkbox"/> Add/New	<input type="checkbox"/> Retain	<input type="checkbox"/> Remove

**Submit separate Biographical Affidavit pdf files for each individual using OPTins.**