

ALABAMA DEPARTMENT OF INSURANCE
Pharmacy Benefit Manager (PBM) Compliance Division
AFFIDAVIT OF ANNUAL GROSS RECEIPTS FROM SALES



| | |
|---|---|
| PBM / Business Name | |
| Company Number | |
| License Renewal Year | Renewal Year: 2026 [July] |
| Reporting Period | Reporting Period: Calendar/Fiscal Year 2025 |
| Dates of PBM Reporting Period/Previous Year: | |

Affiant Information

Name of PBM Representative (Print): _____

I, _____, being the individual or duly authorized representative of the PBM named above, which holds a Pharmacy Benefit Manager License issued by the Alabama Department of Insurance, do hereby certify and affirm the following (select one):

The submitted tax documentation is a true and correct copy and accurately reflects the company's gross receipts from sales in the State of Alabama for the previous year/reporting period.

Reported Amount: \$ _____

The submitted tax documentation does not accurately reflect the company's gross receipts from sales in Alabama during the previous year/reporting period. The correct gross receipts amount is:

Correct Amount: \$ _____

The company is unable to provide the required tax documentation. The gross receipts from sales in Alabama for the previous year/reporting period are:

Reported Amount: \$ _____

The above-named company did not generate any Pharmacy Benefit Manager income in Alabama during the previous year/reporting period.

(continued on next page)

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Statutory Compliance Attestation

I further attest that, in accordance with Code of Alabama §27-45-9, the PBM named above has notified all clients that a report disclosing rebates, pass-through payments, and spread pricing information will be made available to the client upon request. A copy of the dated notification (email or written correspondence, one example is sufficient) is attached.

Signature of Affiant

| | |
|--------------|--|
| Signature | |
| Printed Name | |
| Title | |
| Email | |
| PBM Name | |
| Date | |

Notary Acknowledgment

| | |
|--|--|
| State | |
| County | |
| Date of Acknowledgment | |
| Name of Individual Acknowledging | |
| Identification Presented (if applicable) | |
| Notary Public Signature | |
| Notary Public Printed Name | |
| Commissioner Expiration | |

(seal)