



**STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division**

WEST VIRGINIA PHARMACY BENEFITS MANAGER BOND

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

THAT WE _____, as Principal,
and _____, a corporation duly incorporated under the laws of the
State of _____ and authorized to do business in the State of West Virginia, as Surety, are held and
firmly bound unto the West Virginia Offices of the Insurance Commissioner, as Obligee, in the penal sum of One Million
Dollars (\$1,000,000.00), for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly
and severally, firmly by these presents.

WHEREAS, the Principal has applied to the Obligee for a Pharmacy Benefits Manager license (the "License") and is
providing this bond in satisfaction of the financial responsibility requirement set forth in W. Va. Code 114 CSR 99-4.2.e.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if the Principal shall satisfy any final
judgments that may be entered against the Principal for actions performed under the License during the period this bond is
in effect, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond is for the benefit of any party to whom the Principal is found to be legally liable for actions performed under the
License during the period this bond is in effect.

This bond shall become effective on _____ and shall be continuous until terminated
in accordance with the terms of this bond. The Surety may terminate its liability hereunder as to future actions of the
Principal at any time by giving thirty (30) days' written notice of such termination to the Obligee.

Whether or not the bond is renewed, continued, replaced, or modified, including increases or decreases in the penal sum, it
is considered one continuous obligation. Regardless of the number of years this Bond is in effect, the number of premiums
paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.

SIGNED, SEALED AND DATED this _____ day of _____, 20 _____.

Principal

By: _____

Surety

By: _____

Accredited by the National Association of Insurance Commissioners