

April 5, 2011

State of West Virginia  
Department of Administration  
Purchasing Division  
Attn: Roberta Wagner  
Building 15  
2019 Washington Street, East  
Charleston, WV 25305-0130

■  
**Safecor Health, LLC**  
*Boston / Columbus*

8 Hovey Street  
Woburn, MA 01801

4060 Business Park Drive  
Columbus, OH 43204

800.447.1006 phone  
866.518.8432 fax

RE: RFQ #MCH11125

Dear Ms. Wagner:

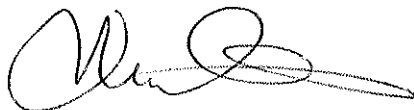
Enclosed please find Safecor Health's response to the State of West Virginia's RFQ #MCH11125 to provide family planning services of pharmaceutical repackaging of selected prescription drugs: doxycycline, tetracycline, Flagyl, ciprofloxacin and fluconazole.

Safecor Health is willing to perform the services as described in the RFQ and is willing to enter into a contract with the State of West Virginia for repackaging the medications according to the specifications outlined in the RFQ.

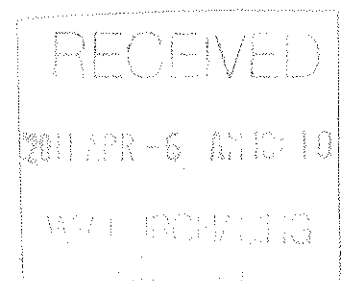
Safecor Health has more than 34 years of proven experience. We serve the repackaging and re-labeling needs for pharmacy customers across all classes of trade throughout 44 states and the District of Columbia. We look forward to your reviewing our proposal and answering any questions should they arise.

On behalf of Safecor Health and our dedicated employees, thank you for your consideration.

Regards,



Mark C. Leney, R.Ph.  
Director of Pharmacy Services  
Safecor Health, LLC  
614-633-7927 cell  
[mleney@safecorhealth.com](mailto:mleney@safecorhealth.com)





State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

**Request for Quotation**

RFQ NUMBER  
 MCH11125

PAGE  
 1

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE  
 Safecor Health LLC  
 4060 Business Park Drive  
 Columbus, OH 43204

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOR	FREIGHT TERMS		
03/07/2011						
BID OPENING DATE: 04/07/2011		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	2,500	VIAL		270-19	\$ 4.55	\$ 11,375.00
	DOXYCYCLINE 100 MG 14 TABS/CAPSULES/VIAL OR EQUAL					
	50 VIALS PER PACKAGE.					
0002	500	VIAL		270-19	\$ 6.89	\$ 3,445.00
	TETRACYCLINE 500 MG 28 TABS/CAPSULES/VIAL OR EQUAL					
	25 VIALS PER PACKAGE.					
0003	3,500	VIAL		270-19	\$ 84.85	\$ 296,975.00
	FLAGYL 500 MG 14 TABS/VIAL OR EQUAL					
	50 VIALS PER PACKAGE.					
0004	25	VIAL		270-19	\$ 5.13	\$ 128.25
	CIPROFLOXACIN 500 MG 1 TAB/VIAL OR EQUAL					
	25 VIALS PER PACKAGE.					

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Ryan P. O'Dell TELEPHONE 800-447-1006 DATE 4-5-2011  
 TITLE Chief Marketing Officer FEIN 26-2505385 ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS**  
**REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER  
 MCH11125

PAGE  
 2

ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

Safecor Health, LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
03/07/2011				

BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0005	1,000	VIAL		270-10	\$ 6.36	\$6,360.00
FLUCONAZOLE 150 MG 1 TAB PER BLISTER PACK OR EQUAL 12 PILL CARDS PER BOX. EXHIBIT 3 LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD.... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE. UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT. RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS. CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE SEE SIGNATURE ON RFQ PAGE 1	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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RFQ COPY  
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Sagecor Health LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204

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HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
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 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED 03/07/2011	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES</p>						

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ADDRESS CORRESPONDENCE TO ATTENTION OF  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

VENDOR

SAFECO HEALTH, LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204

SHIP TO

HEALTH AND HUMAN RESOURCES  
 BPH - OCMFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

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AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.  REV. 05/26/2009  INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 3/22/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:  ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311  FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV   EXHIBIT 4  LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE						

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**Request for Quotation**

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 MCH11125

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 5

ADDRESS CORRESPONDENCE TO ATTENTION OF:  
 ROBERTA WAGNER  
 304-558-0067

RFQ COPY  
 TYPE NAME/ADDRESS HERE

*Safecor Health, LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204*

HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED 03/07/2011	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
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BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.</p> <p>REV. 3/88            THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>VENDOR PREFERENCE CERTIFICATE</p> <p>THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE:  <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a></p> <p>NOTICE</p> <p>A SIGNED BID MUST BE SUBMITTED TO:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>SEE SIGNATURE ON RFQ PAGE 1</i>	TELEPHONE	DATE
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ADDRESS CORRESPONDENCE TO ATTENTION OF  
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VENDOR

*Safecor Health, LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204*

SHIP TO

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 BPH - OMCFH  
 MATERIALS MANAGEMENT  
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BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130  PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.  THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:  SEALED BID  BUYER: RW-22  RFQ. NO.: MCH11125  BID OPENING DATE: 04/07/2011  BID OPENING TIME: 1:30PM  PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:  <i>866-518-8432</i> ----- CONTACT PERSON (PLEASE PRINT CLEARLY): <i>Mark C. LENEY, RPh, Director of Pharmacy</i> <i>614-633-7927 or MLENEY@SAFECORHEALTH.COM</i>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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PAGE  
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ADDRESS CORRESPONDENCE TO ATTENTION OF  
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 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

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SAFECOR HEALTHY LLC  
 4060 Business Park Dr, Ste B  
 Columbus, OH 43204

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HEALTH AND HUMAN RESOURCES  
 BPH - OMCFH  
 MATERIALS MANAGEMENT  
 900 BULLITT STREET  
 CHARLESTON, WV  
 25301 304-558-3417

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
03/07/2011				

BID OPENING DATE: 04/07/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ MCH11125 ***** TOTAL:						\$318,283.25

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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RFQ No. MC#11125

STATE OF WEST VIRGINIA  
Purchasing Division

**PURCHASING AFFIDAVIT**

West Virginia Code §5A-3-10a states: No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: SAFECOR HEALTH, LLC.

Authorized Signature: Kym P. O'Neil Date: 4-5-2011

State of Ohio

County of Lorain, to-wit:

Taken, subscribed, and sworn to before me this 5 day of April, 2011.

My Commission expires Jan. 30, 2016, 2011.

AFFIX SEAL HERE

NOTARY PUBLIC Gina M. Bassett



Gina M. Bassett  
Notary Public In and For  
the State of Ohio  
My Commission Expires  
Jan. 30, 2016

**BID PRICE SHEET - MCH11125**

BID RESPONSE PER SPECIFICATIONS

ITEM #	ESTIMATED ANNUAL USAGE <sup>1</sup>	DESCRIPTION	UNIT PRICE PER VIAL OR BLISTER PACK <sup>2</sup>	TOTAL COST
1	2,500 vials	Doxycycline - 100 mg - 14 tabs/capsules per vial - 50 vials per package	\$4.55	\$11,375.00
2	500 vials	Tetracycline - 500 mg - 28 tabs/capsules per vial - 25 vials per package	\$6.89	\$3,445.00
3	3,500 vials	Flagyl (BLAND NAME) - 500 mg - 14 tabs per vial - 50 vials per package	\$84.85	\$296,975.00
4	25 vials	Ciprofloxacin - 500 mg - 1 tab per vial - 25 vials per package	\$5.13	\$128.25
5	1,000 blister packs	Fluconazole - 150 mg - 1 pill per blister pack - 12 blister packs per box	\$6.36	\$6,360.00
			<b>TOTAL COST:</b>	<b>\$ 318,283.25</b>

<sup>1</sup> Estimated Annual Usage: Approximate number of vials or blister packs to be ordered annually during contract period. Exact quantities could be more or less than estimated annual usage.

<sup>2</sup> Unit Price Per Vial or Blister Pack: Unit price vendor will charge FPP per vial or blister pack ordered whether one or more than one is ordered throughout the contract period.

Safecor Health, LLC

Vendor Name: Ryan P. O'Dell  
 Vendor Authorized Representative (print name): Ryan P. O'Dell  
 Vendor Authorized Representative Signature: *Ryan P. O'Dell*

Date: 4-5-2011

ALTERNATIVE OPTION #1  
(GENERIC METRONIDAZOLE)

BID PRICE SHEET - MCH11125

ITEM #	ESTIMATED ANNUAL USAGE <sup>1</sup>	DESCRIPTION	UNIT PRICE PER VIAL OR BLISTER PACK <sup>2</sup>	TOTAL COST
1	2,500 vials	Doxycycline - 100 mg - 14 tabs/capsules per vial - 50 vials per package	\$ 4.55	\$ 11,375.00
2	500 vials	Tetracycline - 500 mg - 28 tabs/capsules per vial - 25 vials per package	\$ 6.89	\$ 3,445.00
3	3,500 vials	Flagyl *(GENERIC)* - 500 mg - 14 tabs per vial - 50 vials per package	\$ 6.91	\$ 24,185.00
4	25 vials	Ciprofloxacin - 500 mg - 1 tab per vial - 25 vials per package	\$ 5.13	\$ 128.25
5	1,000 blister packs	Fluconazole - 150 mg - 1 pill per blister pack - 12 blister packs per box	\$ 6.36	\$ 6,360.00
			<b>TOTAL COST:</b>	<b>\$ 45,493.25</b>

<sup>1</sup> Estimated Annual Usage: Approximate number of vials or blister packs to be ordered annually during contract period. Exact quantities could be more or less than estimated annual usage.

<sup>2</sup> Unit Price Per Vial or Blister Pack: Unit price vendor will charge FPP per vial or blister pack ordered whether one or more than one is ordered throughout the contract period.

Safecor Health, LLC

Vendor Name: Ryan P. O'Dell  
 Vendor Authorized Representative (print name): Ryan P. O'Dell  
 Vendor Authorized Representative Signature: *[Signature]*

Date: 4-5-2011

ALTERNATIVE OPTION #2  
 (SHARED SERVICE RELAXING ONLY)  
 W/ TO INCLUDE ALL DRUGS AT THEIR  
 EXPENSE.

BID PRICE SHEET -- MCH11125

ITEM #	ESTIMATED ANNUAL USAGE <sup>1</sup>	DESCRIPTION	UNIT PRICE PER VIAL OR BLISTER PACK <sup>2</sup>	TOTAL COST
1	2,500 vials	Doxycycline - 100 mg - 14 tabs/capsules per vial - 50 vials per package	\$ 3.96	\$ 9900.00
2	500 vials	Tetracycline - 500 mg - 28 tabs/capsules per vial - 25 vials per package	\$ 4.50	\$ 2,250.00
3	3,500 vials	Flagyl - 500 mg - 14 tabs per vial - 50 vials per package	\$ 3.96	\$ 13,860.00
4	25 vials	Ciprofloxacin - 500 mg - 1 tab per vial - 25 vials per package	\$ 3.37	\$ 84.25
5	1,000 blister packs	Fluconazole - 150 mg - 1 pill per blister pack - 12 blister packs per box	\$ 3.91	\$ 3,910.00
			<b>TOTAL COST:</b>	<b>\$ 30,004.25</b>

<sup>1</sup> Estimated Annual Usage: Approximate number of vials or blister packs to be ordered annually during contract period. Exact quantities could be more or less than estimated annual usage.

<sup>2</sup> Unit Price Per Vial or Blister Pack: Unit price vendor will charge FPP per vial or blister pack ordered whether one or more than one is ordered throughout the contract period.

Safecor Health, LLC

Vendor Name: Ryan P. O'Dell  
 Vendor Authorized Representative (print name): Ryan P. O'Dell  
 Vendor Authorized Representative Signature: *Ryan P. O'Dell*

Date: 4-5-2011

**State of West Virginia RFQ# MCH11125**

**Safecor Health Bid Response Narrative**

Index of Sections of Narrative



**Safecor Health, LLC**  
*Boston / Columbus*

8 Hovey Street  
Woburn, MA 01801

4060 Business Park Drive  
Columbus, OH 43204

800.447.1006 phone  
866.518.8432 fax

- Compliance with Specifications of WV RFQ# MCH11125
- Safecor Health Licensure
- W-9 Form
- Safecor Health Certificate of Insurance
- Alternative RFQ Response Options
- Description of Safecor Health
- Safecor Health References
- Safecor Health Contacts

Compliance with Request for Quotation and Specifications of WV RFQ# MCH11125

Safecor Health has reviewed the above referenced Request for Quotation and agrees to comply with all sections of the RFQ and specifications, including Deliverable Requirements and Vendor Requirements.

Safecor Health Licensure

Safecor Health's Columbus, OH repackaging facility is fully-licensed with all applicable federal and state agencies, including:

- Registered with the Food and Drug Administration (FDA)
- Licensed by the Drug Enforcement Administration (DEA)
- Licensed by the Ohio State Board of Pharmacy
- Licensed by the West Virginia State Board of Pharmacy

Copies of all registrations and licenses are attached.

W-9 Form

Attached is a copy of Form W-9 verifying Safecor Health's federal taxpayer identification number.

Safecor Health Certificate of Insurance

Attached is a copy of Safecor Health's Certificate of Insurance detailing its coverage including \$7 million in product liability coverage.

Alternative RFQ Response Options

Safecor Health has submitted its response to the above reference RFQ but would also like to present two alternative options for consideration.

***Alternative Option #1 (Generic Equivalent Metronidazole)***

Safecor Health responded to the RFQ by quoting brand name Flagyl 500mg Tablets per the bid specifications. If the State of West Virginia wants to consider using a generic metronidazole 500mg tablets in lieu of the brand name Flagyl then Safecor Health can modify its response as follows:

- Bid Price Sheet Item #3 - Metronidazole 500mg Tablets (generic equivalent to Flagyl)
- Unit Cost for Bid Price Sheet Item #3 = \$6.91 (vs. \$84.85 for brand name Flagyl)
- Total Extended Amount for Bid Price Sheet Item #3 = \$24,185 (vs. \$296,975.00 for brand name Flagyl)
- Cost savings to State of WV = \$272,790

See attached Alternative Option #1 Bid Price Sheet

***Alternative Option #2 (Shared Service Repackaging Only)***

Safecor Health responded to the RFQ by quoting all drugs costs, repackaging services and shipping as per specification. If the State of West Virginia can purchase the actual drug product at a less expensive price than Safecor Health (using state contract pricing or a 340B program), then Safecor Health is willing to propose a shared service repackaging option. Under this option:

- The State of West Virginia will purchase all the drugs specified in the bid through a reputable wholesaler at its expense
- Safecor Health will work with WV to have wholesaler send drugs to Safecor Health's repackaging facility (using a wholesaler bill to/ship to account)
- Safecor Health will provide all unit-dose and unit-of-use repackaging services including shipping repackaged product to WV as specified in the bid
- Safecor Health would not be responsible for paying the cost of the drug

See attached Alternative Option #2 Bid Price Sheet

### Description of Safecor Health

Safecor Health is a leading pharmacy services and unit-dose bar code repackaging provider with a reputation for more than 30 years of quality. Safecor Health's breadth of capabilities and expertise enables a full range of reliable, unit-dose and unit-of-use repackaging services to pharmacies such as acute care hospitals, rehabilitation hospitals, psychiatric hospitals, cancer centers, long term care facilities, outpatient clinics, large physician practices, the military and federal, state and local government agencies. Regional and national health systems and organizations that have multiple locations in a city, throughout a region, or in multiple states across the U.S. utilize Safecor Health to achieve a flexible, high-quality repackaging solution that supports the needs of their individual facilities while reducing risk, saving large capital investments and providing a turn-key solution to their entire organization.

Safecor Health helps our customers achieve a safer, higher-quality solution to medication repackaging in an ever-changing market. We have a nationwide service platform, strong relationships with group purchasing organizations and wholesalers, and offer the most flexible and cost-effective service model in the industry. Our broad and flexible service options provide repackaging solutions for pharmacies of all sizes and models, including organizations that are multi-site and multi-state. We support customers with any pharmacy system and provide packaging formats that cover the wide spectrum of pharmacy automation and equipment that exist in the market.

As unit-dose repackaging specialists, Safecor Health complies with FDA regulations and cGMP (current good manufacturing practices) including 21 CFR Parts 210 & 211. We're registered with the FDA and DEA, and licensed by the states where our customers reside as required. Safecor Health has repackaging facilities in Columbus, Ohio and Woburn, MA.

Safecor Health operates in a facility that conforms to environmental conditions prescribed by the USP Standards for repackaging drugs. Safecor Health monitors temperature and humidity throughout its operational and warehouse environments 24/7 to ensure controlled environmental conditions.

As the pioneer in unit-dose and bar coded repackaging with more than three decades of experience, Safecor Health continues to work closely with pharmacy industry leaders, regulatory agencies, manufacturers and supply chain partners to establish and improve the standards and best practices for our industry.

- Safecor Health is a Food and Drug Administration (FDA) registered pharmaceutical repackaging/relabeling company
- Safecor Health is a DEA registered establishment and re-packages/re-labels all schedules of Controlled Drugs (C-II through C-V).



- Safecor Health's facilities are licensed with the DEA, registered with the FDA and have the necessary state pharmacy licenses in the state where Safecor operates.
- Safecor Health is regularly inspected by FDA, DEA, and state boards of pharmacy
- Safecor Health conforms to FDA's current Good Manufacturing Practices (cGMP), including 21 CFR 210, 211.
- Safecor Health is staffed with pharmacists who are responsible for checking and releasing all packaged drugs. We perform 100% pharmacist check on all orders.
- Safecor Health performs more than 30 quality assurance checks on each drug from the time of its receipt at the Safecor Health until it is released for shipment.
- Safecor Health conducts quality control testing and inspection of all non-drug components used for repackaging drugs.
- Safecor Health operates in a facility that conforms to the environmental conditions prescribed by the USP Standards and 21 CFR for repackaging drugs.
- Safecor Health conducts 24/7 temperature and humidity monitoring throughout its operational and warehouse environments to ensure controlled environmental conditions.
- Safecor Health offers "intranet" connectivity, whereby clients, after registering with a password, are able to securely access their account over the internet and view an order status from the time the order is received at the Safecor Health until the order is shipped. Electronic reports containing drug histories and details of all drugs repackaged at Safecor Health. This data can also be downloaded into Excel.
- Safecor Health provides expert packaging and over wrapping for the McKesson Robot®.
- Safecor Health prints bar codes on all of its repackaged drugs and allows for the printing of all bar code symbologies as well as customer specific bar coding and formatting.
- Safecor Health has a bar code validation program to ensure bar code readability.
- Safecor Health has a cGMP Performance Improvement Program for training its employees. All training sessions are documented.
- Safecor Health carries seven million dollars Product Liability insurance coverage.

Safecor Health References

Safecor Health is pleased to provide these industry, vendor and customer references, Additional references are available upon request.

*Industry References*

- Pete Stoy  
Vice President  
Cardinal Health  
Pharmaceutical Distribution  
843.971.4914  
[Pete.Stoy@cardinalhealth.com](mailto:Pete.Stoy@cardinalhealth.com)
- Todd J. Philbrick  
Vice President, Institutional Packaging  
McKesson Corporation  
7101 Weddington Road  
Concord, NC 28027  
888-680-4759 x119
- Stacey Winston  
Sr. Contract Manager, Pharmacy  
Amerinet  
2060 Craigshire Road  
St. Louis, MO 63146  
P 877-711-5700 x3220  
P 314-542-1979  
F 314-682-1881  
[stacey.winston@amerinet-gpo.com](mailto:stacey.winston@amerinet-gpo.com)

*Vendor References*

- Euclid Spiral Paper Tube Corp.  
Mark Peshlo  
339 Mill St.  
P.O. Box 458  
Apple Creek, OH 44606  
330-698-4711  
[mpesho@euclidspiral.com](mailto:mpesho@euclidspiral.com)
- Automated Packaging Systems, Inc.  
Brian Zmary  
Northeast Regional Sales Manager

21 Cambridge Drive  
Merrimack, NH 03054  
603-424-2917  
[brian.zamary@autopkg.com](mailto:brian.zamary@autopkg.com)

- Comar, Inc.  
Richard Sica  
Vice-President, Sales and Marketing  
One Comar Place  
Buena, NJ 08310  
856-507-5452  
[sicar@comar.com](mailto:sicar@comar.com)

*Customer References*

- Christopher R. Fortier, PharmD  
Manager, Pharmacy Support & OR Services  
Clinical Assistant Professor  
Department of Pharmacy Services  
Medical University of South Carolina  
150 Ashley Avenue  
Rutledge Tower Annex, Room 611  
P.O. Box 250584  
Charleston, SC 29425  
Phone: (843) 792-7354  
Fax: (843) 792-0566  
Email: [fortier@musc.edu](mailto:fortier@musc.edu)  
(ongoing services)
- Bruce K. Keck, RPh.  
Department of Pharmacy Services  
Medical University of South Carolina  
150 Ashley Ave.  
P.O. Box 250584  
Charleston, SC 29425  
Phone: 843-792-7042  
[keck@musc.edu](mailto:keck@musc.edu)  
(ongoing services)
- David Smeenk, M.S., R.Ph.  
Associate Director  
The Ohio State University Medical Center  
Room 368 Doan Hall

410 West 10<sup>th</sup> Avenue  
Columbus, Ohio 43210—1228  
614.293.4038  
[Dave.Smeenk@osumc.edu](mailto:Dave.Smeenk@osumc.edu)  
(ongoing services)

- Steven J. Ciullo, RPh, MS, MPS  
Director of Pharmacy Services  
State University of New York  
Upstate Medical University  
750 East Adams Street, Room E3430  
Syracuse, New York 12310  
315-464-4311  
[CiulloS@upstate.edu](mailto:CiulloS@upstate.edu)  
(ongoing services)
- Rebecca Reagan, Pharm D  
Associate Director - Central Pharmacy  
University of Kentucky  
UK HealthCare ~ Chandler Hospital  
800 Rose Street, HC201  
Lexington, Kentucky 40536  
Phone 859-257-9114  
Pager 859-330-4322  
(ongoing services)
- Lloyd Evans  
University of Virginia  
Inpatient Pharmacy Supervisor  
434-982-0374  
(ongoing services)

*Drug Stockpile Re-Packaging/Re-Labeling Customer References*

- Tamiflu Re-Labeling (project completed)  
Irving Eichel  
Assistant Director of Pharmacy  
Emory University Hospital  
1364 Clifton Road, NE, EG22  
Atlanta, GA 30322  
404-712-7500  
[irving.eichel@emoryhealthcare.org](mailto:irving.eichel@emoryhealthcare.org)

- Ciprofloxacin Unit-of-Use Repackaging (contract awarded, project has not yet started)  
Chris Bell, MPH, EMT-P  
Cities Readiness Initiative Program Manager  
Columbus Public Health  
Office of Emergency Preparedness  
240 Parsons Ave  
Columbus, Ohio 43215  
(O) 614-645-3104 (F) 614-645-6778  
(C) 614-288-9351  
[www.publichealth.columbus.gov](http://www.publichealth.columbus.gov)

Safecor Health Contacts

- Mark C. Leney, R.Ph.  
Director of Pharmacy Services  
800-447-1006 x2127  
614-633-7927 cell  
866-518-8432 fax  
[mleney@safecorhealth.com](mailto:mleney@safecorhealth.com)
- Ryan O'Dell  
Chief Marketing & Sales Officer  
800-447-1006 x3107  
614-362-8670 cell  
866-518-8432 fax  
[rodell@safecorhealth.com](mailto:rodell@safecorhealth.com)

Respectfully Submitted,



Mark C. Leney, R.Ph.  
Director of Pharmacy Services  
April 5, 2011

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## Drug Firm Annual Registration Status

### Search Results on safecor

<b>Firm Name</b>	<b>Facility Establishment Identifier</b>	<b>Data Universal Numbering System Number</b>	<b>Address</b>	<b>Current Registration Year</b>
Safecor Health, LLC		828269675	4060 Business Park Drive, Suite B, Columbus, OH 43204, USA	2011
Safecor Health, LLC		832312883	8 Hovey Street, Woburn, MA 01801, USA	2011
SAFECOR HEALTH LLC	1218914		8 HOVEY ST WOBURN, MA 01801 US	2008

[Return to Drug Firm Annual Registration Status Home Page](#)

SAFECOR HEALTH, LLC  
 4060 BUSINESS PARK DRIVE  
 SUITE B  
 COLUMBUS, OH 43204-0000-000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-29-2012	\$2293
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MANUFACTURER	01-31-2011
SAFECOR HEALTH, LLC 4060 BUSINESS PARK DRIVE SUITE B COLUMBUS, OH 43204-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	02-29-2012	\$2293
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	MANUFACTURER	01-31-2011
SAFECOR HEALTH, LLC 4060 BUSINESS PARK DRIVE SUITE B COLUMBUS, OH 43204-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE  
 UNITED STATES DEPARTMENT OF JUSTICE  
 DRUG ENFORCEMENT ADMINISTRATION  
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (4/07)

State of Ohio  
**STATE BOARD OF PHARMACY**

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4936 EML: licensing@bop.ohio.gov

Be it known that the **WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS** named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of **JUNE 30, 2011**:

Identification Number [REDACTED]

**RESPONSIBLE PERSON:**

**STEPHEN FISCHBACH PRES & CEO**

*Stephen Fischbach*

**SIGNATURE OF RESPONSIBLE PERSON**

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

**2011**  
SAFE COR HEALTH, LLC  
4060 BUSINESS PARK DR, SUITE B  
COLUMBUS OH 43204

**CLASS: WHOLESALE DDD - WHOLESALE REPACKAGER - CATEGORY THREE**

**SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS**



State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4936 EML: licensing@bop.ohio.gov

Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALE -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2011:

Identification Number [REDACTED]

SAFECOR HEALTH, LLC
4060 BUSINESS PARK DR., SUITE B
COLUMBUS OH 43204

RESPONSIBLE PERSON:
STEPHEN FISCHBACH PRES & CEO

Stephen Fischbach

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4729.52, O.R.C.; Rule 4729-9-16, O.A.C.]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use form at bottom of this page. Additional forms may be obtained from the State Board of Pharmacy office. [Sections 4729.53(A), O.R.C.]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 O.R.C.; Rule 4729-9-07, O.A.C.]

DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR
NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISTRIBUTOR NAME: SAFECOR HEALTH, LLC [REDACTED]

STREET ADDRESS: [REDACTED]

Section 4729.53(A) of the Ohio Revised Code requires that "The applicant has designated the name and address of a person to whom communications from the board may be directed and upon whom the notices and citations provided for in section 4729.56 of the Revised Code may be served".

Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person: EFFECTIVE DATE:

NAME (please print): DATE OF BIRTH:

TITLE: SOCIAL SECURITY NUMBER:



### Business Details

License Number	WD0558905
Business Type	Wholesale Distributor
Business Name	Safecor Health, LLC
Address1	One Campus Blvd.
Address2	Suite 225
City	Columbus
State	OH
Zip Code	43235
County	
Phone	
Responsible Person Name (Pharmacist In Charge)	
Date Issued	03/14/2011
Expiration Date	06/30/2011
Status	Active
Disciplinary Action	No

[Another Query](#)

[Pharmacy Home Page](#)

This data is an accurate representation of information currently maintained by the West Virginia Board of Pharmacy as of March 25, 2011.



# CERTIFICATE OF LIABILITY INSURANCE

OP ID TG  
SAFEC-1

DATE (MM/DD/YYYY)

02/03/11

<b>PRODUCER</b>  John W. Dawson Insurance, Inc. 6025 Cleveland Avenue Columbus OH 43231 Phone: 614-890-1660	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Safecor Health LLC 4060 Business Park Dr Suite B Columbus OH 43204	INSURER A: Zurich-American Ins Group	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PPS 04317319	06/27/10	06/27/11	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PPS 04317319	06/27/10	06/27/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	PPS 04317319	06/27/10	06/27/11	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 <b>Products</b> \$ 3,000,000 \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	WC 04400124	06/27/10	06/27/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
	OTHER				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

<b>CERTIFICATE HOLDER</b>  <div style="text-align: right;">000000</div> void certificate holder unless name and address completed	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Theresa L Glass
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