



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

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Location:
 Financial Conditions
 1124 Smith Street, Rm 102
 Charleston, WV 25301

**Attestation Statement for Non-Resident
 Third Party Administrators**

The undersigned hereby swears and affirms that the _____ administrator Certificate of Authority and/or Third Party Administrator license of

remains in force and has not been revoked or suspended by its state of domicile, _____, during the preceding year.

Signature

Date: _____

Notarization

State of _____

County of _____

Subscribed, and sworn to before me, this _____ day of _____, 2012.

Affix Seal Here

Signature
 Notary Public
 My commission expires: _____