Mailing Address: Financial Conditions PO Box 50540 Charleston WV 25305-0540 Telephone: (304) 558-2100 Facsimile: (304) 558-1365 Email: financial.conditions@wvinsurance.gov www.wvinsurance.gov Location: Financial Conditions 1124 Smith Street Charleston WV 25301

Requirements and Procedures to Withdrawal as a Third Party Administrator in West Virginia

Complete the following and submit to the above address. All of the information must be received in its entirety or the application may be returned unprocessed.

For West Virginia Home State Administrators

- 1) Provide written notification on company letterhead of the withdrawal
- 2) The last certificate of authority issued by the WV Offices of the Insurance Commissioner

For Non-Resident Administrators

- 1) Provide written notification on company letterhead of the withdrawal
- 2) The last certificate of authority issued by the WV Offices of the Insurance Commissioner

For Self-Funded Plan Administrators

- 1) Provide written notification on company letterhead of the withdrawal
- 2) The last registration letter issued by the WV Offices of the Insurance Commissioner