



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

Pharmacy Auditing Entity Registration Application

1. Name of Entity		
2. State of Domicile	Date Established	FEIN #
Mailing Address		
Address Line 2		
City	State	Zip Code
Phone #	Fax #	E-mail Address
3. Physical Address		
Address Line 2		
City	State	Zip Code
Phone #	Fax #	E-mail Address
4. Administrative Contact Person		
Mailing Address		
Address Line 2		
City	State	Zip Code
Phone #	Fax #	E-mail Address
Signature of Owner/Principal	Date	

Mail completed and signed form to the address listed below. Your \$500 renewal fee can be mailed with your form, or submitted via our Online Payment Portal at www.wvinsurance.gov/company-fee-pay

Accredited by the National Association of Insurance Commissioners