



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

Pharmacy Auditing Entity Renewal Application

1. Name of Entity _____

2. State of Domicile _____

Date Established _____

FEIN # _____

Mailing Address Line 1 _____

Address Line 2 _____

City _____

State _____

Zip Code _____

Phone # _____

Fax # _____

E-mail Address _____

3. Administrative Contact Person _____

Mailing Address Line 1 _____

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