



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

---

**Domestic Hospital, Medical, Dental, Indemnity Corporation (HMDI)**  
**Application for License (New and Renewal)**

NAIC Company Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

This company hereby applies for license to transact insurance as defined by the Statute cited:

- Hospital Service W. Va. Code §33-24
- Medical Service W. Va. Code §33-24
- Dental Service W. Va. Code §33-24
- Health Service W. Va. Code §33-24

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Name and Title of Officer – Type or Print

\_\_\_\_\_  
Date

---

**Accredited by the National Association of Insurance Commissioners**