



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

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**Fraternal Benefit Society Application for License**  
(check appropriate box)

New Application       Renewal Application

NAIC #: \_\_\_\_\_  
State of Domicile: \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

This company hereby applies for license to transact insurance as a Fraternal Benefit Society as provided in W. Va. Code §33-23. An applicant organized as a Fraternal Benefit Society should also indicate the kind of insurance.

Life      W. Va. Code §33-1-10(a)  
 Variable Annuity      W. Va. Code §33-1-13A  
 Variable Life      W. Va. Code §33-1-13A

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

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

\_\_\_\_\_  
Date

- Due on or before March 1 Checklist:**
- Signed Jurat Page
  - Certificate of Compliance
  - Certificate of Valuation
  - Certificate of Advertising Compliance
  - Fraternal Benefit Society Application (Form A-10)
  - Filing Fees (\$75.00)

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