



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

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**Requirements and Procedures for becoming Licensed  
as a Fraternal Benefit Society in West Virginia**

A Fraternal Benefit Society may file the NAIC's Uniform Certificate of Authority Application (UCAA) Expansion Application to become licensed in West Virginia. The application must include:

1. A fully executed Expansion Checklist (Form 1E)
2. A fully executed Expansion Application (Form 2E)
3. A fully executed Lines of Business (Form 3)
4. An explanation on how the Applicant meets the state's statutory minimum capital and surplus requirements
5. An original Certificate of Deposit from the state of domicile's insurance department (not the Form 7)
6. A copy of your name approval request (if applicable)
7. A copy of the Brief Narrative or Plan of Operations
8. A fully executed Expansion Questionnaire (Form 8)
9. A fully completed ProForma Financial Statement (Form 13)
10. The most recent Holding Company Act (HCA) filings, including the Annual Form "B" Registration Statement and related Form F, or a statement substantially similar to the NAIC Insurance Holding Company System Regulatory Act (#440)
11. An original Certificate of Compliance from the state of domicile's DOI (not the Form 6) [WV Code §33-23-27](#)
12. A copy of the most recent Report of Financial Examination approved by its state of domicile [WV Code §33-23-27](#)
13. An explanation on how the applicant meets the statutory membership requirements
14. A copy of the following as part of the Public Records Package:
  - a. The most recent Annual Statement
  - b. The Management's Discussion
  - c. The Actuarial Opinion
  - d. The most recent Audited Financial Statement
  - e. The most recent Market Conduct Examination
  - f. The most recent Quarterly Financial Statement
15. A fully executed Biographical Affidavit for all officers, directors and key managerial personnel (Form 11)
16. A fully executed Uniform Consent to Service of Process (Form 12)
17. A copy of the following as part of the State-Specific Information:
  - a. The most recent version of the Articles of Incorporation (certified) [WV Code §33-23-27](#)
  - b. The most recent version of the Bylaws (certified) [WV Code §33-23-27](#)

Per WV Code §33-3-16, Fraternal Benefit Societies are **not** subject to the retaliatory fees; therefore, please remit a check in the amount of \$75.00, made payable to the "West Virginia Offices of the Insurance Commissioner"

Please send your fully completed application to the Mailing Address or Location Address in the header above. Please note that the State of West Virginia **does** accept the electronic I-SITE filings as well.

If you have any questions, please contact the Financial Conditions Division at (304) 558-2100 or via email at [oiCFinancialConditions@wv.gov](mailto:oiCFinancialConditions@wv.gov)

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