



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

Health Maintenance Organization Application for License
(New and Renewal)

NAIC Company Code: _____

WV File #: _____

State of Domicile: _____

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

This company hereby applies for license to transact insurance as a Health Maintenance Organization as provided in W. Va. Code §33-25A.

Signature of Officer

Name and Title of Officer – Type or Print

Date

Accredited by the National Association of Insurance Commissioners