



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

**Prepaid Limited Health Service Organization
Filing Fee Remittance Form**

Company Name:	
Trade Name:	
NAIC # or FEIN #	
Address:	
City, State, and Zip:	
Contact Person:	
Phone Number:	
Email Address:	

In reference to the submission of the above-referenced application for a Prepaid Limited Health Service Organization Certificate of Authority in the State of West Virginia, it is necessary for this form to be returned to the address below with proper payment.

Please submit your fully completed application (one original and two copies) and a check in the amount of two hundred dollars (\$200.00), made payable to the West Virginia Offices of the Insurance Commissioner, to one of the addresses below:

Mailing Address:

WV Offices of the Insurance Commissioner
Financial Condition Unit
PO Box 50540
Charleston, WV 25305-0540

Physical Address:

WV Offices of the Insurance Commissioner
Financial Conditions Unit
900 Pennsylvania Avenue
Charleston, WV 25302

In addition, please forward a courtesy copy of Page 1 of your application and a copy of your check to the West Virginia Health Care Authority:

West Virginia Health Care Authority
Marianne Kapinos, General Counsel
100 Dee Drive
Charleston, WV 25311

If you have any questions pertaining to the Filing Fee Remittance Form, please contact the Financial Conditions Division at (304) 558-2100 or via the e-mail listed above.

Accredited by the National Association of Insurance Commissioners