



**STATE OF WEST VIRGINIA  
 Offices of the Insurance Commissioner  
 Financial Conditions Division**

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 Financial Conditions  
 900 Pennsylvania Avenue  
 Charleston WV 25302

**Registration Notice for Third Party Administrator of a Self-Funded Employee Benefit Plan**

I, \_\_\_\_\_  
 (Name of Officer) (Title of Officer)

of \_\_\_\_\_  
 (Name of Third Party Administrator)

hereby register with the Insurance Commissioner and verify pursuant to the provisions of W. Va. Code §33-46-13 that the above named organization acts only as the third party administrator in connection with life, annuity or accident and sickness coverage provided by a self-funded plan(s) other than governmental or church plans in the State of West Virginia.

Dated: \_\_\_\_\_ By: \_\_\_\_\_  
 (Signature of Officer)  
 \_\_\_\_\_  
 (Typed Name and Title of Officer)

**Required Additional Information (Print or Type)**

Federal Employee Identification Number (FEIN): \_\_\_\_\_

State of Corporate Domicile: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_  
 (Name) (Telephone No.) (E-mail Address)

Attach the following information for plans providing coverage for West Virginia residents:

- a. A list of **all** plans administered by the company nationwide (indicate type), including self-funded, fully insured, MEWAS, commercial self-insurance funds, spending accounts associated with Section-125 Flexible Benefit plans, etc.;
- b. Provide the annual premiums collected nationwide, the West Virginia premiums collected, the annual claims paid nationwide, the West Virginia annual claims paid, the number of West Virginia covered lives, and the number of covered lives in total; and,
- c. Provide the name(s) of the self-insured ERISA plans, along with the contact person, title, address, and telephone number for each plan.