



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

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**Attestation Statement for Non-Resident  
Third Party Administrators in WV**

The undersigned hereby swears and affirms that the third-party administrator Certificate of Authority and/or license of

\_\_\_\_\_ (Company Name)

remains in force and has not been revoked or suspended by \_\_\_\_\_ (state of domicile) and/or \_\_\_\_\_ (model law state) during the preceding year.

\_\_\_\_\_  
*Signature* Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

**Notarization**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed, and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affix Seal Here

\_\_\_\_\_  
*Signature of Notary Public*

My commission expires: \_\_\_\_\_

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