



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

**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 for purposes of verification, provide the following: (Print or Type)

Federal Employee Identification Number (FEIN): _____

State of Corporate Domicile: _____ Incorporation Date: _____

Mailing Address: _____

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

A list of the names of all West Virginia self-insured plans administered by the company (please attach a list if more space is needed):

Accredited by the National Association of Insurance Commissioners