



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

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 Financial Conditions
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Location:
 Financial Conditions
 900 Pennsylvania Avenue
 Charleston, WV 25302

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remains in force and has not been revoked or suspended by _____ (state of domicile) and/or _____ (model law state) during the preceding year.

Date: _____

Signature

 (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: _____