



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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E-mail: finances@doi.nv.gov

CERTIFIED CONFIRMATION OF SECURITIES

Name of Insurer _____ NAIC # _____

At this time we are requesting that you please verify the securities which are being held by your Depository and that they are being held solely for the benefit of Nevada policyholders in the name of the Nevada Commissioner of Insurance; pursuant to NRS 682B.015 Additional deposit. Please furnish the information requested below:

Description of Security	Dollar Amount	CUSIP	Rate of Interest	Date of Maturity

Please verify, by signature below, that the above securities are being held solely for the benefit of Nevada policyholders and that such securities will not be released without the written consent of the Nevada Commissioner of Insurance.

Name and Address _____ Telephone no.: _____
of Depository _____

Signature/Electronic _____ Date _____
Print Name Title _____

Email _____
Please email this form with a signature to: finances@doi.nv.gov.

Thank you.