



## NEVADA DIVISION OF INSURANCE STATE SPECIFIC REQUIREMENTS FOR INSURER NAME CHANGE

The following requirements are to be submitted on/with the UCAA Uniform Certificate of Authority Amendment Application found at <https://ucaa.naic.org/login.html> (Form 1C & 2C must be filled out in its entirety).

1. Include a short statement of the information to be changed and the effective date of that change along with a statement that the name has been approved by the state of domicile
2. The company's current original Nevada Certificate of Authority, Certificate of Registration, Certificate of License or Certificate of Approval. In lieu of a Certificate, submit an Affidavit of Loss signed by the President of the Company
3. Certified copy of the license and/or a Certificate of Authority/Compliance from the state of domicile showing the new name
4. Certified copy of the amended Articles of Incorporation with the correct name
5. Certified copy of the amended By-laws with the correct name
6. Service of Process form
7. Certified copy of any other charter documents in regard to the change of name
8. List of any new officers or directors (Biographical affidavits for Nevada Domestic companies)
9. Application Filing Fees as below, or retaliatory if greater

Submit the above requirements via UCAA electronic means.

Please refer any questions to Imelda Arroyo at [iarroyo@doi.nv.gov](mailto:iarroyo@doi.nv.gov) or (775) 687-0744, Teresa Fernandez at [tfernandez@doi.nv.gov](mailto:tfernandez@doi.nv.gov) or (775) 687-0755, Kami Thompson at [kthompson@doi.nv.gov](mailto:kthompson@doi.nv.gov) or (775) 687-0745. Please make sure to copy [finances@doi.nv.gov](mailto:finances@doi.nv.gov) for all your communications regarding the name change to ensure that if Mrs. Arroyo, Ms. Fernandez or Mrs. Thompson can't be reached, there will be someone who would be able to respond to your email.

All payments sent via check, must be sent to:

Nevada Division of Insurance  
Corporate & Financial Affairs  
1818 E. College Parkway, Suite 103  
Carson City, NV 89706

The following information must be included:

Name Change From: \_\_\_\_\_ NVID: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_  
 Name Change To: \_\_\_\_\_ NVID: \_\_\_\_\_ NAIC CoCode: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

Payments can also be made via ACH using the Incoming Funds Notification form. This form can be located on our website here, [https://doi.nv.gov/Licensing/Commonly\\_Used\\_Licensing\\_Forms/](https://doi.nv.gov/Licensing/Commonly_Used_Licensing_Forms/) and clicking on *Incoming Funds Notification Form (EFT Payments)*.

=====FOR DIVISION REVIEW ONLY =====

Date Fees Were Received	Check if fees are required	Fee amount	Fee Description
		\$ 10	Amend Certificate of Authority
		\$ 10	Amend Articles of Incorporation
		\$ 10	Amend By-laws
		\$ 10	Amended Service of Process
			<b>Total Amount Received</b>
			<b>Total Amount Required</b>
Invoice # for Fees:		\$	Invoice Date: