



NEVADA DIVISION OF INSURANCE  
STATE SPECIFIC REQUIREMENTS  
RELOCATION

Company Name:

The following requirements are to be submitted on the UCAA Uniform Certificate of Authority Amendment application found at [http://www.naic.org/industry\\_ucaa.htm](http://www.naic.org/industry_ucaa.htm). Form 1C and 2C must be completed

1. A short statement of the information to be changed and the effective date of change
2. The company's current original Nevada Certificate of Authority or an Affidavit of loss signed by the President of the company
3. Certified copy of the Articles of Incorporation, if amended
4. Certified copy of the By-laws, if amended
5. Letter of approval from the domiciliary state
6. Amended Uniform Consent to Service of Process (UCCA Form 12)
7. Completed Nevada Change of Address Form
8. Filing Fees as below, or retaliatory if greater

Please refer any questions to Rose Beaver [rbeaver@doi.nv.gov](mailto:rbeaver@doi.nv.gov) (775) 687-0761

Submit the above information via UCAA electronic means (preferred), CD or flash drive to:

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

Send payment to the Nevada Division of Insurance via ACH or Check.

- o ACH - MUST submit [ACH Deposit Form](#) at time of payment
- o Check - Submit remittance advice with your check if paying an invoice; otherwise note "Application Fees" on the check

Applicant Relocated from: NV ID

Applicant Relocated to: NAIC

Effective Date:

Fees Received	Fees Needed	Fees	Fee Description
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amend Certificate of Authority
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amend Articles of Incorporation
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amend Bylaws
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amend Service of Process
			<b>Total \$ Rec'd</b>
Invoice # for Fees			Invoice Date