Department of Business and Industry



Nevada Division of Insurance

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Change of Address Form Questions: Call (775) 687-0700 Email completed form to captives@doi.nv.gov			
Nevada ID Number	NAIC Number		NAIC Group Code
FEIN Number	State of Domicile		
Company Name	Company Contact Name	pany Contact Name Company Email	
Company Web Address	Company Phone Number		Company Fax Number
Statutory Home Office Do not include branch offices			
Contact/Title	Street Address		City, State, Zip
Address to receive correspondence Used to receive correspondence including letters, information, billing notices, assessments and hearing notices for companies holding Certificates of Authority, Certificates of Registration, Certificates of License, Certificates of Approval or Letters of Approval			
Contact/Title	Phone		Mailing Address Contact E-mail
Street Address/PO Box	City, State, Zip		
Address to receive renewal invoices Used to receive annual renewal invoices for insurers (not appointment renewals)			
Contact/Title	Phone		Renewals Contact E-mail
Street Address/PO Box	City, State, Zip		
Must be signed by a principal officer of the company			
Name/Title of Principal Officer	☐ I attest that this is my electronic signature		Date of Signature

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