



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0797
Website: <https://doi.nv.gov>
E-mail: finances@doi.nv.gov

**CERTIFIED CONFIRMATION OF SECURITIES
RE: WORKERS' COMPENSATION**

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 Bulletin 98-001 II.3. Qualification of Workers' Compensation Insurers, NRS 682B.015 Additional deposit and NAC 682B.010 to 682B.030 Special 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 _____

Electronic Signature _____ Date _____
Print Name _____
Title _____
Email _____

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

Thank you.