BRIAN SANDOVAL
Governor

STATE OF NEVADA

BRUCE H. BRESLOW
Director

SCOTT J. KIPPER
commissioner of Insurance

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.state.nv.us

CERTIFIED CONFIRMATION OF SECURITIES

Name of Insurer _____ NAIC ID #_____
NV ORG ID_____

At this time we are requesting that, you please verify the securities, which are being held by your Depository for the protection of all the insurer's policyholders in the name of the Nevada Commissioner of Insurance; pursuant to NRS 680A.140 "Required deposit". Please furnish the information requested below:

Description of Security	Amount	CUSIP	Rate of Interest	Date of Maturity

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

Name and Address of Depository _____ Telephone no.: _____

Signature _____ Date _____
Print Name _____
Title _____

Please send this form with an **original** signature to:

State of Nevada, Division of Insurance
Corporate and Financial Affairs Section
1818 East College Parkway, Suite. 103
Carson City, NV 89706-7986

Thank you.