



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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**CERTIFIED CONFIRMATION OF SECURITIES
DOMESTIC INSURERS 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 for the benefit of all Workers' Compensation 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	Rate 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 _____

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
818 East College Parkway, Suite 103
Carson City, NV 89706-7986

Thank you.