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 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	**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 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.