



NEVADA DIVISION OF INSURANCE

STATE SPECIFIC REQUIREMENTS AMENDMENT FILING FEES CHECKLIST

Please Note: Corporate Amendment Applications will not be processed until all fees are received. Pursuant to NRS 680A.330, applicable fees are as listed, or *retaliatory if greater*. Include a cover letter with the application and fees, itemizing fees being paid with a detailed description.

\$10 or retaliatory fee - if greater, to amend certificates such as Certificate of Authority (Registration, License or Approval) regarding a Name Change, Redomestication, Relocation of Home Office, or Add/Delete Lines

\$10 or retaliatory fee - if greater, for Merger.

\$10 or retaliatory fee - if greater, for each amended document: Articles of Incorporation, Bylaws, Power of Attorney and other charter documents of the insurer.

\$10 or retaliatory fee - if greater, for Form #12 "Uniform Consent to Service of Process" (with Power of Attorney) found at http://www.naic.org/industry_ucaa.htm

\$100 – Health Maintenance Organizations, Organizations for Dental Care, Prepaid Limited Health Service Organizations only - the amendment fee for this company type.

If a company currently holds only one line of business in Nevada and wishes to add one or more lines, there is an additional fee of \$295, plus the \$10 Amendment fee, and the company must meet the minimum capital/surplus requirements in Nevada.

The line of Workers' Compensation requires a Special Deposit in addition to any other deposit requirements. Please see Bulletin #98-001. Additional Workers' Compensation requirements and information can be found in Bulletin #00-002. All Bulletins may be found at www.doi.nv.gov.

In addition to the Corporate & Financial Affairs section requirements, please refer to Bulletin #06-009 for Life/Health, or Bulletin #10-010 for Property/Casualty. These Bulletins may also be found on Web site www.doi.nv.gov. A separate check in the amount of \$25 for the rate and forms filing fee must be submitted with the rate & forms filing.

Note: Bulletin #06-009 or Bulletin #10-010 questions and/or filings should be addressed to the appropriate section.

Send payment to the Nevada Division of Insurance via ACH or Check:

- ACH - MUST submit [ACH Deposit Form](#) at time of payment
- Check - Submit remittance advice with your check if paying an invoice; otherwise note "Application Fees" on the check

Mail to:

Nevada Division of Insurance
Corporate & Financial Affairs
1818 E. College Parkway, Suite 103
Carson City, NV 89706