NEVADA DIVISION OF INSURANCE

 STATE SPECIFIC REQUIREMENTS

REDOMESTICATION

Company Name:

The following requirements are to be submitted on the UCAA Uniform Certificate of Authority Amendment application found at <http://www.naic.org/industry_ucaa.htm>. **Form 1C and 2C** must be completed.

1. A short statement of the information to be changed and the effective date of change
2. The company's current original Nevada Certificate of Authority or an Affidavit of Loss signed by the President of the company
3. Certified copy of the license and/or a Certificate of Compliance issued by the company's new state of domicile
4. Certified copy of the Articles of Incorporation, if amended
5. Certified copy of the By-laws, if amended
6. Certified copy of the redomestication agreement signed by the regulatory agencies involved if applicable
7. List of any new officers or directors (Biographical Affidavits for domestics)
8. Amended Uniform Consent to Service of Process (UCAA Form 12)
9. Completed Change of Address Form
10. Application Filing Fees as below, or retaliatory if greater

Please refer any questions to klamb@doi.nv.gov (775) 687-0753

Submit the above information via UCAA electronic means (preferred), CD or flash drive to:

Nevada Division of Insurance

Corporate & Financial Affairs

1818 E. College Parkway, Suite 103

Carson City, NV 89706

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

* ACH - MUST submit [ACH Deposit Form](http://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Insurers/FundsNotificationFormB.pdf) at time of payment
* Check - Submit remittance advice with your check if paying an invoice; otherwise note “Application Fees” on the check

Applicant Redomesticated From       NV ID

Applicant Redomesticated To       NAIC

Effective Date

|  |  |  |  |
| --- | --- | --- | --- |
| Fees Received | Fees Needed | Fees | Fee Description |
| [ ]  Date Rec’d       | [ ]  | $10 | Amend Certificate of Authority |
| [ ]  Date Rec’d       | [ ]  | $10 | Amended Articles of Incorporation |
| [ ]  Date Rec’d       | [ ]  | $10 | Amended Bylaws |
| [ ]  Date Rec’d       | [ ]  | $10 | Amended Service of Process |
|  |  |       | **Total $ Rec’d** |
|  |  |       | **Total $ Needed** |
| Invoice # for fees |       |       | Invoice Date |