NEVADA DIVISION OF INSURANCE

STATE SPECIFIC REQUIREMENTS

RELOCATION

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 Articles of Incorporation, if amended
4. Certified copy of the By-laws, if amended
5. Letter of approval from the domiciliary state
6. Amended Uniform Consent to Service of Process (UCCA Form 12)
7. Completed Nevada Change of Address Form
8. Filing Fees as below, or retaliatory if greater

Please refer any questions to [klamb@doi.nv.gov](mailto: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

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

Applicant Relocated From       NV ID

Applicant Relocated To       NAIC

Effective Date