



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  
RE: 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 solely for the benefit of Nevada 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 \_\_\_\_\_ 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  
1818 East College Parkway, Suite 103  
Carson City, NV 89706-7986

Thank you.