



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0797
Website: <https://doi.nv.gov>
E-mail: company.admissions@doi.nv.gov

CERTIFIED CONFIRMATION OF DEPOSITS AND SECURITIES FOR THE PROTECTION OF ALL POLICYHOLDERS

Name of Insurer _____ NAIC ID # _____
NV ORG ID _____

At this time we are requesting that, you please verify the securities, which are being held by your Depository for the protection of all the insurer's policyholders in the name of the Nevada Commissioner of Insurance; pursuant to NRS 680A.140 "Required deposit". Please furnish the information requested below:

Description of Security	Dollar Amount	CUSIP	Rate of Interest	Date of Maturity

Please verify, by signature below, that the above securities are being held for the protection of all the insurers' policyholders and that such cash deposits or securities will not be released without the written consent of the Nevada Commissioner of Insurance.

Name and Address _____ Telephone no.: _____
of Depository _____

Signature/Electronic _____ Date _____
Print Name _____
Title _____
Email _____

Please send this form with an original or electronic signature to: Company.admissions@doi.nv.gov

Thank you.

State of Nevada, Division of Insurance
Corporate and Financial Affairs Section
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Carson City, NV 89706-7986