



DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INSURANCE

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**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: [finances@doi.nv.gov](mailto:finances@doi.nv.gov)

Thank you.

State of Nevada, Division of Insurance  
Corporate and Financial Affairs Section  
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