



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: finances@doi.nv.gov

CERTIFIED CONFIRMATION OF SECURITIES FOR HMO

Name of Insurer _____ NAIC ID # _____

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 for the benefit of Nevada enrollees in the name of the Nevada Commissioner of Insurance; pursuant to NAC 695C. 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 solely for the benefit of Nevada enrollees 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 _____
Email _____

Please email this form with an original or electronic signature to: finances@doi.nv.gov

State of Nevada, Division of Insurance
Corporate and Financial Affairs Section
1818 East College Parkway, Suite. 103
Carson City, NV 89706-7986

Thank you.