



The following checklist pertains to a **PREPAID LIMITED HEALTH SERVICE ORGANIZATION** who wishes to continue to operate in the State of Nevada.

1. Every Health Service Organization shall file with the Commissioner on or before March 1st of each year a report which summarizes its activities for the preceding calendar year. The report must be verified by at least two officers of the organization.
2. The report must include:
 - a. a financial statement for the organization, including its balance sheet and receipts and disbursements for the preceding calendar year;
 - b. the number of subscribers at the beginning and end of the year and the number of enrollments terminated during the year;
3. File on or before June 1 of each year a financial statement of the organization prepared by and independent certified public accountant.
4. A Prepaid Limited Health Service Organization is not exempt from the provisions of NRS 679B.700
5. Renewal fees
 - a. Annual Renewal (NRS 680B.010.1(c)) \$2,450
 - b. Annual Statement Filing Fee (NRS 680B.010.3) \$25
 - c. Fund for Insurance Admin & Enforcement (NRS 680C.110.6) \$1,300

The required filings are due on or before March 1st.

Submit the above required documents via the *Financial Filings Portal* on our website <https://doi.nv.gov/Insurers>.

An invoice e-mailed on or before February 1st, will be the only invoice that the Division will send out directly. If you do not receive the invoice on the initial send out, you will be able to download it via the *Company Invoice Service* located on the Insurers tab of our website.

Please refer any questions to finances@doi.nv.gov.