



NEVADA DIVISION OF INSURANCE
STATE SPECIFIC REQUIREMENTS
NAME CHANGE

The following requirements are to be submitted on/with the UCAA Uniform Certificate of Authority *Amendment* Application found at www.naic.org/ucaa. (Form 1C & 2C must be *completely* filled in).

1. Include a short statement of the information to be changed and the effective date of that change along with a statement that the name has been approved by the state of domicile
2. The company's current *original* Nevada Certificate of Authority, Certificate of Registration, Certificate of License or Certificate of Approval. In lieu of a Certificate, submit an Affidavit of Loss signed by the President of the Company
3. Certified copy of the license and/or a Certificate of Authority/Compliance from the state of domicile showing the new name
4. Certified copy of the Articles of Incorporation (if amended)
5. Certified copy of the By-laws (if amended)
6. Service of Process form
7. Certified copy of any other charter documents in regards to the change of name
8. List of any new officers or directors (Biographical affidavits for Nevada Domestic companies)
9. Application Filing Fees as below, or retaliatory if greater

Please refer any questions to Kathy Lamb at klamb@doi.nv.gov or (775) 687-0753 or Rose Beaver at rbeaver@doi.nv.gov or (775) 687-0761.

Submit the above via UCAA electronic means (preferred), CD or flash drive to:

Nevada Division of Insurance
 Corporate & Financial Affairs
 1818 E. College Parkway, Suite 103
 Carson City, NV 89706

Name Change From: [redacted] NV ID [redacted] NAIC [redacted]

Name Changed To: [redacted]

Effective Date: [redacted]

Fees Received	Fees Needed	Fees	Fee Description
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amend Certificate of Authority
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amended Articles of Incorporation
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amended Bylaws
<input type="checkbox"/> Date Rec'd	<input type="checkbox"/>	\$10	Amended Service of Process
			Total \$ Rec'd
			Total \$ Needed
Invoice # for Fees			Invoice Date