

Applicant Name: _____

NAIC No.: _____
FEIN: _____

**Uniform Certificate of Authority Application
CERTIFICATE OF DEPOSIT**

I, Jim Riesberg, _____, _____
Name Title
Commissioner of Insurance

for the State of Colorado, hereby certify that

CareMore Health Plan of Colorado, Inc.

has on deposit through this office securities having par value of \$300,000 and a market value of

\$300,000 held on December 31, 2011

Date

for the benefit of all Policyholders in accordance with the laws of this state.

A listing of said securities is attached and made part of this Certificate. **

In witness whereof, I have hereunto set my hand and affixed the official seal of my office in

Denver, Colorado

City, State

this 20th day of January, 2012.



Jim Riesberg

Signature

* Any state relying upon this deposit must notify the State completing this Certificate prior to granting the insurer a Certificate of Authority. This Certificate does not guarantee the deposit balance subsequent to the aforementioned date as a result of the release of securities as authorized by this State.

** Listing should include a detailed description, including CUSIP number (if available), par value, and/or amortized value and/or market value for each security listed based on the information maintained by this state.

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<u>ORG NAME</u>	<u>NAIC #</u>	<u>Reason</u>	<u>Deposit Type</u>	<u>Cusip</u>	<u>Rate</u>	<u>Maturity</u>	<u>Par Value</u>	<u>Market Value</u>
CareMore Health Plan of Colorado, Inc.	13753	STAT	MMF	992925917			\$300,000	\$300,000

\$300,000	\$300,000
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