

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

**Colorado Health Partnerships**

has on deposit through this office securities having par value of \$401,000 and a market value of

\$400,980 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 23rd 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>
Colorado Health Partnerships, LLC		STAT	BILLS	9127955F4		03/29/2012	\$401,000	\$400,980
							<b>\$401,000</b>	<b>\$400,980</b>