

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

Joint School Districts Workers' Compensation Self Insurance Pool

has on deposit through this office securities having par value of \$310,000 and a market value of

\$329,021 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 25th 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>
Joint School Districts Workers' Compensation Self Insurance Pool		STAT	POLSUB	0034464N8	6.750	2/15/2013	\$80,000	\$85,165
		STAT	POLSUB	604129LN4	3.250	12/1/2013	\$70,000	\$73,182
		STAT	POLSUB	200578RN4	6.500	12/1/2018	\$90,000	\$99,359
		STAT	POLSUB	54438CJY9	4.166	8,1,2012	\$70,000	\$71,315
							\$310,000	\$329,021