

Applicant Name: \_\_\_\_\_

NAIC No.: \_\_\_\_\_  
FEIN: \_\_\_\_\_

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

I, Jim Riesberg, Commissioner of Insurance  
Name Title

for the State of Colorado, hereby certify that

**Mental Health Center of Boulder County, Inc.**

has on deposit through this office securities having par value of \$813,099 and a market value of

\$813,099 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.

Applicant Name: \_\_\_\_\_

NAIC No.: \_\_\_\_\_

FEIN: \_\_\_\_\_

<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>
Mental Health Center of Boulder County, Inc.		STAT	MMF	992925917			\$813,099	\$813,099
							<b>\$813,099</b>	<b>\$813,099</b>