

**OFFICE OF SUPERINTENDENT OF INSURANCE
APPLICATION FOR DEPOSIT OF SECURITIES
HELD AS SPECIAL OR GENERAL DEPOSITS**

Deposit
Report # _____

Company name: _____

Mailing address: _____

New Mexico Company Code: _____ **Deposit type (General/Special/Other):** _____

SECURITIES TO BE DEPOSITED :

Balance Brought Forward: _____

CUSIP number	Description of securities (include interest rate & maturity date)	Face (Par) amount

Balance (face) on deposit \$: _____

FOR THE ABOVE NAMED COMPANY: By _____ (Name - printed or typed) (Position) _____, 20 (Date)	FOR THE ABOVE NAMED COMPANY: (If second signature is required) By _____ (Name - printed or typed) (Position) _____, 20 (Date)
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APPROVED BY THE SUPERINTENDENT: By _____ _____, 20	ACKNOWLEDGEMENT AND RECEIPT BY DEPOSITORY: The above securities have been received as described above. Century Bank ("Depository") By _____ Trust Officer _____, 20
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