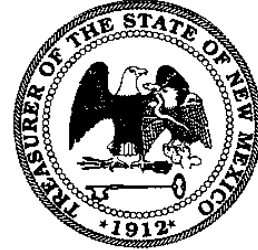


# NEW MEXICO FINANCIAL INSTITUTION STATE DEPOSITS QUARTERLY REPORT

DATE: \_\_\_\_\_

TO: **New Mexico State Treasurer  
Collateral Bureau  
P.O. Box 608  
Santa Fe, New Mexico 87504-0608**



From: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

The balance on hand in this financial institution to the credit of the **NEW MEXICO STATE TREASURER, STATE DEPOSITS** at the close of business on \_\_\_\_\_ was \_\_\_\_\_ (date)

The **collateral pledged** to secure **STATE DEPOSITS**, held by a third party approved custodian, to the credit of the **NEW MEXICO STATE TREASURER**, at the close of business on \_\_\_\_\_ was \_\_\_\_\_ as per approved governing **BOARD OF FINANCE** policy.

All required financial data as stipulated in the current **BOARD OF FINANCE** policy are correct and accurately reflect our statement of risk assessment.

**CERTIFIED CORRECT:**  
Depository Member : FDIC

**BY:** \_\_\_\_\_  
(Print or Type)

**SIGNATURE:** \_\_\_\_\_  
Bank Officer (Authorized Signature)

**TITLE:** \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_