OFFICE OF THE TREASURER
Collateral Compliance
Monthly Report

State Agency Deposits

The following is the balance on hand for this financial institution in **State Agency "Deposits"** for the month ending _____, 20 _____ due at the Office of the New Mexico State Treasurer on the **10th** of each month.

ACCOUNT NO.	AGENCY NAME	INT/NON BEARING	CMD NO.	MONTH-END BALANCE
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL	$ 0.00

FINANCIAL INSTITUTION: _____

PREPARERS NAME _____

TELEPHONE # _____

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State Agency Deposits Collateral

The following is the **"COLLATERAL"** pledged to secure State Agency deposits, to the credit of The New Mexico State Treasurer for month ending _____, 20_____ due at the Office Of The State Treasurer by the **10th** of each month.

COLLATERAL DESCRIPTION	RECEIPT NUMBER	CUSIP NUMBER	PAR VALUE	MARKET VALUE

TOTAL $ 0.00

FINANCIAL INSTITUTION: _____

PREPARER'S NAME : _____

TELEPHONE NUMBER : _____

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General Fund Deposits

The following is the balance on hand for this financial institution in **General Fund "Certificates of Deposits** for the month ending ______________________________, 20 ____________ due at the Office of the New Mexico State Treasurer on the **10th** of each month.

CD NUMBER	DATE OF MATURITY	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	TOTAL	$ 0.00

FINANCIAL INSTITUTION: ______________________________

Preparer's Name: ______________________________

Telephone Number: ______________________________

revised 6/05

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General Fund Deposits Collateral

The following is the **"COLLATERAL"** pledged to secure **GENERAL FUND CD'S** deposits, to the credit of The New Mexico State Treasurer for month ending _____, 20_____ due at the Office Of The State Treasurer by the **10th** of each month.

COLLATERAL DESCRIPTION	RECEIPT NUMBER	CUSIP NUMBER	PAR VALUE	MARKET VALUE

TOTAL $ 0.00

FINANCIAL INSTITUTION: _____

PREPARER'S NAME : _____

TELEPHONE NUMBER : _____

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Dept. of Insurance Deposits

The following is the balance on hand for this financial institution in Dept. of Insurance "Ancillary receivership" deposits for the month ending_____, 20_____
due at the Office of the New Mexico State Treasurer on the **10th** of each month.

ACCOUNT NO.	AGENCY NAME	INT/NON BEARING	CMD NO.	MONTH-END BALANCE
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
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				$
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				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL	$ 0.00

FINANCIAL INSTITUTION: _____

PREPARERS NAME _____

TELEPHONE # _____

revised 8/08

OFFICE OF THE STATE TREASURER
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Department of Insurance Deposits Collateral

The following is the **"COLLATERAL"** pledged to secure **ANCILLARY RECEIVERSHIP** deposits, to the credit of The New Mexico State Treasurer for month ending _____, 20_____ due at the Office Of The State Treasurer by the **10th** of each month.

COLLATERAL DESCRIPTION	RECEIPT NUMBER	CUSIP NUMBER	PAR VALUE	MARKET VALUE

TOTAL $ 0.00

FINANCIAL INSTITUTION: _____

PREPARER'S NAME : _____

TELEPHONE NUMBER : _____