



DEPARTMENT OF FINANCIAL SERVICES
Division of Treasury – Bureau of Collateral Management

DEPOSIT OF COLLATERAL

Legal Name of Pledgor*: _____
 FEIN: _____
 Date: _____

Legal Name of Custodian: _____
 Contact Person: _____
 Custodian's Address: _____
 City, State, Zip-Code: _____

The pledgor has entered into a collateral agreement with this custodian to secure Florida public deposits. Deposit the following collateral for this account to be held as set forth in the agreement.

CUSIP Number	Complete Description/Pool Number	Interest Rate**	Maturity Date	Original Par*** Face Amount	Current Par***	Market Value	Security Rating
TOTALS:				\$ _____	\$ _____	\$ _____	

Certification: I CERTIFY that the pledged securities meet the eligibility requirements of Section 280.04, Florida Statutes.

Signature of Authorized Person: _____

Title of Authorized Person: _____

Phone #: _____

E-mail: _____

cc: Chief Financial Officer
 200 E. Gaines Street
 Tallahassee, FL 32399-0345

*Pursuant to Section 280.041, F.S.

**If the interest rate is variable, include a (V) with the stated rate.

***For securities that pay down, report original face and current par. For securities that do not pay down, report par value in both columns.