

6. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
7. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
8. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
9. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
10. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
11. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
12. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
13. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
14. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
15. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
16. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
17. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
18. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
19. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____
20. Public Depositor Name: _____
City/State: _____
Reason Account Excluded from SDP: _____

21. Public Depositor Name: _____
 City/State: _____
 Reason Account Excluded from SDP: _____
22. Public Depositor Name: _____
 City/State: _____
 Reason Account Excluded from SDP: _____
23. Public Depositor Name: _____
 City/State: _____
 Reason Account Excluded from SDP: _____
24. Public Depositor Name: _____
 City/State: _____
 Reason Account Excluded from SDP: _____
25. Public Depositor Name: _____
 City/State: _____
 Reason Account Excluded from SDP: _____

SECTION C

The accounts listed above have been approved by the respective Public Depositors to be excluded from the Secure Deposit Program due to statutory or regulatory requirements stipulating that pooled collateral is not required or acceptable.

Covered Depository: _____

Authorized by: _____
 (Type Name and Title of Authorized Signer)

By: _____
 Signature of Authorized Signer

Date: _____

SECTION D [This section to be completed only by the Office of the State Treasurer.]

For a Covered Depository having investment deposits with the Office of the State Treasurer that meet criteria determined by the policy of the State Depository Board exempting such deposits in the SDP, the State Treasurer will notify the Covered Depository that such account(s) is exempt.

Covered Depository

Account Name: _____

Account Name: _____

Account Name: _____

Accounts listed above in Section B and D (if applicable) have been approved as exempt from SDP.

Acknowledged and Approved:

BY: _____
Office of the State Treasurer

DATE: _____