

NAIC# : _____

State Form 37207 (R/10-2000)

REPORT OF SECURITIES

Sheet No: _____

COMPANY NAME: _____

Date: _____

Receipt No. Cusip No.	Description	Par Value		Amortized Value		Balance Amortized
		Deposit	Withdrawal	Deposit	Withdrawal	

Par/Previous Balance: _____

Amortized/Previous Balance: _____

Deposit: _____

Deposit: _____

Withdrawal: _____

Withdrawal: _____

Par/Total Balance: _____

Amortized/Total Balance: _____

The above schedule represents
Changes made in security deposits
with the Indiana State Insurance
Department as of the above date.

Statutory Deposit Coordinator
Indiana Department of Insurance

Type Name/Title (Company Representative)

Signature (Company Representative)