



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

Department of Financial Services
Division of Treasury
Bureau of Collateral Management
200 East Gaines Street
Tallahassee FL 32399-0345

PUBLIC DEPOSITOR ANNUAL REPORT

Instructions: Complete all parts and submit this report to the Chief Financial Officer by email at PublicDeposits@myfloridacfo.com or as directed by the Chief Financial Officer.

Part I – Report Identification and Public Depositor Information

For the Period Ended September 30,

Public Depositor (PD) Information

PD Full Legal Name:
PD Mailing Address:
PD Federal Employer Identification Number (FEIN):

Part II – Public Depositor Account(s) Data

Included with this Annual Report is an electronic file (compatible with Excel version 6.2.7 or later), listing each qualified public depository (QPD) in which the above public depositor has an account, including accounts with zero balances. The electronic file must include: QPD name and QPD FEIN.

Part III – Verification

By signing in Part IV below, **I ASSERT** that the above PD is an official custodian of moneys that meet the definition of a public deposit as defined in Chapter 280, Florida Statutes and that such moneys are placed in Qualified Public Depositories (QPDs) unless exempt under the laws of this state. I acknowledge the PD's responsibility for any research or defense required to support such assertion.

By signing in Part IV below, **I VERIFY** that the above PD has:

- (1) Performed an annual confirmation of all open public deposit accounts as of the close of business on September 30 for each QPD. All discrepancies found in the confirmation process were reconciled before November 30. Information confirmed included the following:
 - a. FEIN of the QPD.
 - b. Name on the deposit account record.
 - c. FEIN on the deposit account record.
 - d. Account number.
 - e. Account type.
 - f. Actual account balance on deposit.
- (2) Confirmed that a current Public Deposit Identification and Acknowledgment Form has been completed for each public deposit account and is in our possession.
- (3) Included as part of this Form, the required Public Depositor Account(s) Data in the format described in Part II.

Part IV – Certification

By signing below, I certify that I have read the foregoing annual report and that the facts stated in it are true to the best of my knowledge and belief. I am authorized to sign on behalf of the foregoing PD.

Authorized Signature _____
Printed Name:
Title:
Date: