Mike DeWine, Governor Jon Husted, Lt. Governor Division of Unclaimed Funds Sheryl Maxfield, Director

## **OUF-1A Unclaimed Funds Reporting Form**

Apply Mailing Label Below or Enter Current Information				
Company Name	FEIN or	FEIN or SSN		
Company Physical Address (including city, state, zip code)	Contact	Contact Phone Number		
Company Mailing Address (including city, state, zip code)	Contact	Contact Email Address		
Name of Contact Person	State of	State of Inc / Organization		
Contact Person Title	Year Inc	Year Inc. / Organized		
MUST Check if information has changed from last filing date.	Report \	/ear		
MUST Check for final report: Company is out of business or no longer doing business in Ohio.				
The Ohio Division of Unclaimed Funds encourages companies to file their Annual Report of Unclaimed Funds through the Ohio Business Gateway at <a href="www.business.ohio.gov">www.business.ohio.gov</a> .				
If <b>YES</b> , then complete the remainder of this form as well as the OUF-2 and sign the report verification.  If <b>NO</b> , then file the "Negative" or "NONE" report online through the Ohio Business Gateway at <a href="www.business.ohio.gov">www.business.ohio.gov</a> . If unable to file online, please contact our office at 614-466-4433 to request a form or email your contact name, business name and contact information (phone number, mailing address and applicable email address) and circumstance for requesting a paper form at <a href="mailto:unfdClaims@com.state.oh.us">unfdClaims@com.state.oh.us</a> .				
Being first duly sworn, the undersigned certifies they are an officer of the company or an agent duly authorized to sign this report and to the best of their knowledge and belief the foregoing report and supporting records, is a true and complete report of all unclaimed funds required to be reported to the state of Ohio, inclusive of interest and dividends thereon in accordance with Chapter 169 of the Ohio Revised Code, and the required notices have been sent to ownersand beneficiaries of record.				
Signature	Title	or Agent Relationship		
Print Name	Date			
Mail the report, remittance check, securities, and safe deposit box contents to Ohio Division of Unclaimed Funds 77 South High Street, 20th Floor Columbus, Ohio 43215-6108				
For Division Use Only				
		Check No Check Amt		
		Receipt I D		



## **Department** of Commerce

Mike DeWine, Governor Jon Husted, Lt. Governor Division of Unclaimed Funds Sheryl Maxfield, Director

## **OUF-1A Unclaimed Funds Reporting Form**

Company Name			FEIN OR SSN	Reporting Year		
Remittance to Director of Commerce						
Grand Total from last page of OUF-2 plus cash amount from last page of OUF-4.			1.			
Cash transmitted by check from sale of safe deposit box contents.			2.			
3. Accrued earnings to date of payment (Pursuant to 169.05(A) O.R.C.)			3.			
4. Total of lines 1 thru 3			4.			
Holders that elect to remit 100 percent of line 4 proceed to line 14 Holders that elect to retain 90 percent of line 4 pursuant to O.R.C. 169.05(A) proceed to line 5						
5. Multiply line 4 by	10 percent. (Line 4)	( 0.10)		5.		
6. Subtract line 5 from line 4. Amount credited to the Mortgage Insurance Fund			6.			
Information detail of Institution holding the funds identified on line 6  7. Name of Institution:  8. Address of Institution:						
9. Type of Account: 10. Account Number:  11. Interest Rate: 12. Maturity Date:						
	Tota	al Remittance t	to Director of Commerce			
14. Total line 4 if re	mitting 100 percent,	or total line 5 if r	retaining 90 percent.	14.		
15. Penalties and/or interest assessed by the state.			15.			
16. Total remittance (Add lines 14 and 15).			16.			
17. Enter Check Number.			17.			
Stock Certificates Remitted with this Unclaimed Funds Report						
CERTIFICATE NUMBER	CUSIP	NUMBER OF SHARES	ISSUE NAME			