



THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

REPORT OF PROPERTY SUBJECT TO THE UNIFORM UNCLAIMED PROPERTY ACT FOR THE YEAR ENDED _____

(For Life Insurance Companies- May 1st -- For all others- November 1st)

Name of Holder: _____

Year in which you qualified to do business
V.I. _____

Mailing Address: _____

City, County, State and Zip Code: _____

Date _____

Zero/Negative filing (If checked, complete holder and contact person information and Affidavit)

In compliance with Title 28, Chapter 29, Virgin Islands Code the "Uniform Unclaimed Property Act" the above holder hereby reports the following unclaimed property subject to the Act.

All moneys held and owing by any holder thereof doing business in this Territory which shall have remained unclaimed and unpaid and presumed abandoned as provided in the above Act, as reported in detail on the attached _____ sheets, and amounting in total to
\$ _____

All stocks or other certificates of ownership, and all other property, not in the form of money, held or owing, as defined in the Act, and as reported in detail on the attached _____ sheets, the estimated value which is
\$ _____.

If you are a successor to a previous holder of the property reported above, or if you have changed your name, please list such prior name(s) below, and show the year in which the change became effective.

Name _____ Address _____ Year _____

Name _____ Address _____ Year _____

(If more space is needed, continue this list on the reverse side)

**PLEASE LIST CONTACT PERSON
NAME AND PHONE NUMBER**

AFFIDAVIT

Territory of _____

District of _____

I, _____ of the company, or
(Type in name of officer, owner, etc.) (Type in title of person signing)

holder, for which this report is made, being duly sworn (or affirmed) according to the law do depose and say that this report is true and contains all facts required by law to be reported.

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20_____

(Signature of officer, owner, etc.)

(Notary Public)

My commission expires on _____

(Title of person signing)

