

**THE UNITED STATES VIRGIN ISLANDS**

**OFFICE OF THE LIEUTENANT GOVERNOR**

**DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION**

**TREGENZA A. ROACH, ESQ. COMMISSIONER OF INSURANCE**

**LIEUTENANT GOVERNOR CHAIRMAN, V.I. BANKING BOARD**

**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)