



OUF-1A Unclaimed Funds Reporting Form Instructions

This form provides information about the company reporting unclaimed funds.

If the company has a mailing label that is accurate:

- Remove the mailing label from the front of the postcard titled, "Important Information for Unclaimed Funds Filers" that was sent to the company and affix in the upper left-hand box, as indicated.
- Enter the contact phone number, contact fax number, state of incorporation and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

If the company does not have a mailing label or the label is incorrect:

- Enter the company's name and physical address information, mailing address (if different than the physical address), Federal Employer Identification Number (FEIN) or Social Security number (SSN), contact person, contact phone number, contact fax number, state of incorporation, and year incorporated in the space provided. The contact person should be the individual who would be able to answer any questions concerning the report.

Report Year:

- For all non-life insurance companies, the report year for unclaimed funds reports due by Nov. 1 is the four-digit calendar year of the preceding June 30 cut-off used to identify dormant accounts. For example, if the report is due Nov. 1, 2021, then the cutoff period is June 30, 2021. The reporting year would be 2021.
- For life insurance companies, the report year for unclaimed funds reports due by May 1 is the four-digit calendar year of the preceding Dec. 31 cut-off used to identify dormant accounts. For example, life insurance companies would have a cut-off date of Dec. 31, 2021, with a filing date of May 1, 2022. The reporting year would be 2021.

Does the company listed have unclaimed funds to report?

- If YES, complete the entire OUF-1A Unclaimed Funds Reporting Form. If NO, follow the corresponding filing instructions on the form.

Verification:

- The report verification on the OUF-1A Unclaimed Funds Reporting Form must be signed by the company/business owner (Holder), an Officer of the Holder, or a duly authorized Agent for the report to be valid. Unclaimed funds reports will not be accepted without a proper signature and FEIN or SSN. Online filing through the Ohio Business Gateway (OBG) are considered signed and authorized once filed.

Extension:

- File your Request for Extension online. Companies may file a request for extension online on the division's website, www.com.ohio.gov/unfd. Extensions must be filed by Nov. 1, and life insurance companies must file by May 1.



**Department
of Commerce**

Division of Unclaimed Funds

Mike DeWine, Governor
Jon Husted, Lt. Governor

Sheryl Maxfield, Director

OUF-1A Unclaimed Funds Reporting Form

Apply Mailing Label Below or Enter Current Information

Company Name	FEIN or SSN
Company Physical Address (including city, state, zip code)	Contact Phone Number
Company Mailing Address (including city, state, zip code)	Contact Email Address
Name of Contact Person	State of Inc / Organization
Contact Person Title	Year Inc. / Organized
<input type="checkbox"/> MUST check if information has changed from last filing date.	Report Year
<input type="checkbox"/> 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 (OBG) at www.business.ohio.gov.

Does the Company listed above have unclaimed funds to report?

If **YES**, then complete the remainder of this form as well as the OUF-2 and sign the report verification.

If **NO**, then file the "Negative" or "None" report online through the Ohio Business Gateway at www.business.ohio.gov. 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 UnfdClaims.UnfdClaims@com.state.oh.us.

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 owners and 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

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**Mike DeWine, Governor
Jon Husted, Lt. Governor**

OUF-1A Unclaimed Funds Reporting Form

Company Name	FEIN OR SSN	Reporting Year

Remittance to Director of Commerce

1. Grand Total from last page of OUF-2 plus cash amount from last page of OUF-4.	1.
2. 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 x 0.10).	5.		
6. Subtract line 5 from line 4. Amount credited to the Mortgage Insurance Fund.	6.		
Information on the institution which holds the funds in line 6.			
7. Name of Institution:	8. Address of Institution:		
9. Type of Account	10. Account Number:	11. Interest Rate:	12. Maturity Date:
13. Date of agreement between holder and the Department of Commerce authorizing the Mortgage Insurance Fund Investment:			

Total Remittance to Director of Commerce

14. Total line 4 if remitting 100 percent, or total line 5 if 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