

STATE OF DELAWARE  
REPORT OF UNCLAIMED  
OR ABANDONED PROPERTY

Verification For Report Year 20\_\_\_\_\_

**REPORT INFORMATION**

*Please Check One*

- Final Report - Date preliminary report filed \_\_\_\_\_  
 Supplemental report - Date previous report \_\_\_\_\_  
 Preliminary Report

*Note: Preliminary reports are filed by Banking organizations, on or before August 1st, and by Life Insurance companies by or before May 1st only.*

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**HOLDER INFORMATION**

Enter Your Federal E.I.#- 1 - \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ Primary SIC Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

1. Is the above a successor corporation Yes \_\_\_ No \_\_\_? If you answered yes, please attach a listing of previous corporate names and date of acquisition.

2. Has the corporation changed names in the past year Yes \_\_\_ NO \_\_\_? If yes please enter the following information:

Previous Name Federal E.I.# Date of Change

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**REPORT RECAPITULATION**

**OWNER & PROPERTY COUNT\* CASH AMOUNT NUMBER OF SHARES**

This report: \_\_\_\_\_

**For Banking organizations or Life Insurance companies, please complete the following calculation when submitting a final or supplemental report:**

Preliminary Report: \_\_\_\_\_  
Additions: \_\_\_\_\_  
Deletions: \_\_\_\_\_  
Grand Total: \_\_\_\_\_

Advertising Expenses **(Bank & Insurance Holders Only)**: \_\_\_\_\_

REMITTANCE AMOUNT & SHARES: \_\_\_\_\_

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\* Owner count is defined as the aggregate number of property owners; Property count is defined as the total number of individual property items being remitted.  
(Ex: Property owned jointly would have two owners, but count as only one piece of property)

**FORM AP1**  
**Department of Finance**

Division of Revenue  
P O Box 8931  
Wilmington DE 19899

**STATE OF DELAWARE**  
**REPORT OF UNCLAIMED**  
**OR ABANDONED PROPERTY**

Verification For Report Year 20\_\_\_\_\_

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**HOLDER DELIVERY OF SECURITIES:**

Holders delivering securities must provide account statements and documentation related to the State of Delaware Escheatment.

Have securities been transferred to the State account: \_\_\_\_\_ Yes \_\_\_\_\_ No

Are account statements and transfer documentation included with this report: \_\_\_\_\_ Yes \_\_\_\_\_ No

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**VERIFICATION**

State of \_\_\_\_\_:  
County of \_\_\_\_\_: ss

I, \_\_\_\_\_ being first duly sworn, on oath depose and state that I have caused to be prepared and have examined this report as to property presumed abandoned under the Delaware Unclaimed Property Law for the year ending as stated; that I am duly authorized by the holder to execute this report; and I believe that said report is true, correct and complete as of said date, excepting for such property as has ceased to be abandoned.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



## AP-1 CHECKLIST - CONTINUED

# OWNERS / # PROP.	\$ REPORTED	# SHARES
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### MISC. CHECKS & INTANGIBLE PERSONAL PROPERTY

MS01 Wages, Payroll, Salary		
MS02 Commissions		
MS03 Workers Compensation Benefits		
MS04 Payment for Goods & Services		
MS05 Customer Overpayments		
MS06 Unidentified Remittances		
MS07 Unrefunded Overcharges		
MS08 Accounts Payable		
MS09 Credit Balances (Accounts Rec.)		
MS10 Discounts Due		
MS11 Refunds Due		
MS12 Unredeemed Gift Certificates		
MS13 Unclaimed Loan Collateral		
MS14 Pension & Profit Sharing Plans		
MS15 Dissolution or Liquidation		
MS16 Misc Outstanding Checks		
MS17 Misc Intangible Property		
MS18 Suspense Liabilities		
MS99 Aggregate		
<b>TOTAL</b>		

### COURT DEPOSITS

CT01 Escrow Funds		
CT02 Condemnation Awards		
CT03 Missing Heirs' Funds		
CT04 Suspense Accounts		
CT05 Other Court Deposits		
CT99 Aggregate		
<b>TOTAL</b>		

### TRUST, INVESTMENT & ESCROW ACCOUNTS

TR01 Paying Agent Accounts		
TR02 Undelivered or Uncashed Dividends		
TR03 Funds Held In Fiduciary Capacity		
TR04 Escrow Accounts		
TR05 Trust Vouchers		
<b>TOTAL</b>		

### UTILITIES

UT01 Utility Deposits		
UT02 Membership Fees		
UT03 Refunds or Rebates		
UT04 Capital Credit Distributions		
UT99 Aggregate		
<b>TOTAL</b>		

**AP-1 CHECKLIST - CONCLUDED**

	# OWNERS / #PROP.	\$ REPORTED	# SHARES
<b>INSURANCE</b>			
IN01 Indiv. Policy Benefits or Claims			
IN02 Group Policy Benefits or Claims			
IN03 Proceeds Due Beneficiaries			
IN04 Proceeds From Matured Policies, Endowments or Annuities			
IN05 Premium Refunds			
IN06 Unidentified Remittances			
IN07 Other Amounts Due Under Policy			
IN08 Agent Credit Balances			
IN99 Aggregate			
<b>TOTAL</b>			

**SECURITIES**

SC01 Dividends			
SC02 Interest (Bond Coupons)			
SC03 Principal Payments			
SC04 Equity Payments			
SC05 Profits			
SC06 Funds to Purchase Shares			
SC07 Funds for Stocks & Bonds			
SC08 Shares of Stock (Returned by P.O.)			
SC09 Cash For Fractional Shares			
SC10 Unexchanged Shares of Successor Corp			
SC11 Other Certs. of Ownership			
SC12 Underlying Shares			
SC13 Funds for Liquidation/Redemption of surrendered Stock or bonds			
SC14 Debentures			
SC15 US Government Securities			
SC16 Mutual Fund Shares			
SC17 Warrants (Rights)			
SC18 Matured Bond Principal			
SC19 Dividend Reinvestment Plans			
SC20 Credit Balances			
SC99 Aggregate			
<b>TOTAL</b>			

**ALL OTHER PROPERTY NOT IDENTIFIED ABOVE**

ZZZZ ALL OTHER PROPERTY			
<b>TOTAL</b>			

**GRAND TOTAL \***

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\* Please total all property categories and enter grand total on front of form AP-1 in the Report Recapitulation section.