

Mail to:
Unclaimed Property Division
Michigan Department of Treasury
P.O. Box 30756
Lansing, MI 48909

Michigan Holder Transmittal for Annual Report of Unclaimed Property

Issued under the authority of P.A. 29 of 1995. Filing is mandatory. Failure to file is punishable by fine.

This transmittal must accompany your annual report whether you are filing on paper, diskette or CD Rom. If your report does not meet Treasury specifications it will be returned to you. Holders filing from multiple branches under one federal employer number must coordinate a branch identification number with the UPD.

Report Year

General Information														
Holder's Name	Federal Employer ID Number	UPD Branch ID No.												
Address	State of Incorporation	Date of Incorporation												
City, State, ZIP Code	County	Report Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3												
Did you exercise due diligence this report year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you file a Report of Unclaimed Property last year? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:													
Primary business activity	Report Type	What media type are you filing?												
Annual Sales/Premiums	<input type="checkbox"/> Annual <input type="checkbox"/> Compliance <input type="checkbox"/> First <input type="checkbox"/> Audit <input type="checkbox"/> Other	<input type="checkbox"/> CD Rom <input type="checkbox"/> disk <input type="checkbox"/> paper (Form 1223) Do not mix media types for the same report.												
Total Assets	Is the company:													
No. of Employees	<table border="0"> <tr> <td>a wholly-owned subsidiary?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a division?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>publicly traded?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>private?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		a wholly-owned subsidiary?	Yes	No	a division?	<input type="checkbox"/>	<input type="checkbox"/>	publicly traded?	<input type="checkbox"/>	<input type="checkbox"/>	private?	<input type="checkbox"/>	<input type="checkbox"/>
a wholly-owned subsidiary?	Yes	No												
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publicly traded?	<input type="checkbox"/>	<input type="checkbox"/>												
private?	<input type="checkbox"/>	<input type="checkbox"/>												

Reporting Requirements

You must report and submit all property (defined in General Instructions) in your custody that belongs to someone else and has gone unclaimed.

Attach payment here.

Total number of safety deposit boxes reported

Total number of shares of stock/mutual funds

Enter the total amount paid with this transmittal

Make checks payable to "State of Michigan".

\$

Certification

I declare under penalties imposed by P.A. 29 of 1995, as amended, that I have examined this report and to the best of my knowledge it is true and complete.

Print Contact Name		Telephone Number
E-mail Address		Fax Number
Authorizing Signature	Title	Date

If you are a successor, attach a separate sheet listing the names and last known addresses of all previous holders of the property being reported. If you have changed your name during the reporting period, attach a separate sheet listing all prior names.

Treasury Use Only

Holder ID	Report	Stock ID	Import Batch
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Michigan Annual Report of Unclaimed Cash and/or Safe Deposit Boxes

Issued under Public Act 29 of 1995. Filing is mandatory.

Attach this form to the *Michigan Holder Transmittal* (Form 2011). Complete this report for cash items and for safety deposit box contents *only*. All items less than \$50 may be reported in aggregate (see aggregate filing instructions). If you are reporting more than ten properties, you must submit your report on diskette/CD Rom. See instructions for magnetic filing. Report securities separately (Form 3164).

Properties. Complete all items for each property. You must report all available owner information.

Page <u> </u> of <u> </u>
UPD Branch ID No.
Report Year
Report Number <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Holder Name
Federal Employer ID Number

a. Property Description	b. P. Type	c. Owner's Name (Last, First, MI), Last Known Address	d. Rel. Code	e. Social Security No. or FEIN	f. Safekeeping Fees (Enter Below)		g. Date of Last Activity (YYYYMMDD)	k. Amount Remitted \$
					Type	Amount Deducted \$		
h. Identifying Number	i. Quantity	j. If interest bearing, enter %.			DR	\$		
a. Property Description	b. P. Type	c. Owner's Name (Last, First, MI), Last Known Address	d. Rel. Code	e. Social Security No. or FEIN	f. Safekeeping Fees (Enter Below)		g. Date of Last Activity (YYYYMMDD)	k. Amount Remitted \$
h. Identifying Number	i. Quantity	j. If interest bearing, enter %.			DR	\$		
a. Property Description	b. P. Type	c. Owner's Name (Last, First, MI), Last Known Address	d. Rel. Code	e. Social Security No. or FEIN	f. Safekeeping Fees (Enter Below)		g. Date of Last Activity (YYYYMMDD)	k. Amount Remitted \$
h. Identifying Number	i. Quantity	j. If interest bearing, enter %.			DR	\$		
a. Property Description	b. P. Type	c. Owner's Name (Last, First, MI), Last Known Address	d. Rel. Code	e. Social Security No. or FEIN	f. Safekeeping Fees (Enter Below)		g. Date of Last Activity (YYYYMMDD)	k. Amount Remitted \$
h. Identifying Number	i. Quantity	j. If interest bearing, enter %.			DR	\$		
a. Property Description	b. P. Type	c. Owner's Name (Last, First, MI), Last Known Address	d. Rel. Code	e. Social Security No. or FEIN	f. Safekeeping Fees (Enter Below)		g. Date of Last Activity (YYYYMMDD)	k. Amount Remitted \$
h. Identifying Number	i. Quantity	j. If interest bearing, enter %.			DR	\$		

Complete this item only on the <i>last page</i> of the report. Enter the total dollars you are submitting with this report. \$	Total: This page only \$
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