*****IMPORTANT****

YOUR REPORT MUST BE DELIVERED TO OUR OFFICE BY OCTOBER 31 (APRIL 30 FOR LIFE INSURANCE COMPANIES). CALCULATE ABANDONMENT AS OF JUNE 30 OF THE CURRENT YEAR (PREVIOUS CALLENDAR YEAR END FOR LIFE INSURANCE COMPANIES).

ARKANSAS REPORT OF UNCLAIMED PROPERTY TRANSMITTAL (AOS/UP1)

Regular mail:

Auditor of State Unclaimed Property Division P.O. Box 251906 Little Rock, AR 72225-1906

Special delivery requiring physical address:

Auditor of State
Unclaimed Property Division
1401 West Capitol Avenue Suite 325
Little Rock, AR 72201

This transmittal form must accompany your annual report regardless of whether you are filing on paper, diskette, or CD-ROM. If your report does not meet the specifications set by the Division, it will be returned to you. Holders reporting for multiple entities under a single entity name (consolidated report) must attach a detail of the entities included in the report.

| Holder Name | | Federal Employer ID # (Tax ID #) |
|--|----------------------------|--|
| Address | | State of Incorporation |
| City, State, Zip | | Define Your Primary Business Activity |
| | | |
| Did you exercise due diligence this year? | Type of Report: | Method of Reporting: |
| □Yes □No | □Annual | ☐Diskette or CD-ROM |
| | Supplemental | □Paper |
| | □ Negative | Do not mix media types for a single report |
| Reporting requirements: You must report and resomeone else and has gone unclaimed. | | |
| | AOS/UP5 Physical □ DTC □ | your custody that belongs to A B C.\$ |
| someone else and has gone unclaimed. Total # of safe deposit boxes reported on . Total # of shares reported on AOS/UP4 | AOS/UP5 Physical □ DTC □ | A B |