



Schedule U-INS
Payment to Insurance Companies
Under Common Ownership

2011

Massachusetts

Department of

Revenue

For calendar year 2011 or taxable period beginning

2011 and ending

Name of member

Federal Identification number

▶

▶

Name of insurance affiliate

Federal Identification number, if applicable

▶

▶

Name of principal reporting corporation

Federal Identification number

▶

▶

Type of U.S. tax return filed by the insurance affiliate, if any

☐ 1120 ☐ 1120F ☐ Filed other ☐ Did not file

Type of Massachusetts tax return filed, if any

☐ 63-20P ☐ 63-23P ☐ Filed other ☐ Did not file

1 Amount deducted for premiums paid directly or indirectly to insurance affiliate ▶ **1**

2 Deductions for all other amounts paid directly or indirectly to insurance affiliate. ▶ **2**
