

Schedule U-INS Payment to Insurance Companies Under Common Ownership

2013
Massachusetts
Department of
Revenue

For calendar year 2013 or taxable period beginning	2013 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	Type of Massachusetts tax return filed, if any
☐ 1120 ☐ 1120F ☐ Filed other ☐ Dld not file	☐ 63-20P ☐ 63-23P ☐ Filed other ☐ Dld not file
1 Amount deducted for premiums paid directly or indirectly to insur	ance affiliate
2 Deductions for all other amounts paid directly or indirectly to insu	urance affiliate▶ 2