



Schedule U-INS

Payment to Insurance Companies Under Common Ownership

2015
Massachusetts
Department of
Revenue

For calendar year 2015 or taxable period beginning	2015 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 <input type="checkbox"/> 1120 <input type="checkbox"/> 1120F <input type="checkbox"/> Filed other <input type="checkbox"/> Did not file	Type of Massachusetts tax return filed, if any <input type="checkbox"/> 63-20P <input type="checkbox"/> 63-23P <input type="checkbox"/> Filed other <input type="checkbox"/> 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	