2017

Massachusetts Department of Revenue

Schedule U-INS
Payment to Insurance Companies Under Common Ownership

For calendar year 2017 or taxable period beginning	**2017 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**	