

State of Ohio
Office of the Treasurer of State



Broker / Dealer
Request for Information

FISCAL YEAR
2012

Josh Mandel, Treasurer of State

Broker/Dealer Request for Information Fiscal Year 2012

Statement of Position and General Requirements

The Ohio Treasurer of State (hereinafter referred to as the “Treasurer”) manages a multi-billion dollar portfolio which is comprised mainly of U.S. Treasury and Agency obligations, Government balanced securities and money market instruments. The Treasurer must follow section 135 of the Ohio Revised Code and has adopted written Investment Policies for the standards and procedures used in its cash management activities.

The Treasurer maintains relationships with qualified members of the broker/dealer community who understand the needs, regulations, and goals of the Treasurer.

The Office of the Treasurer will respond to broker requests for business in writing or via email following the completion of the evaluation process. No transactions will be conducted with an approved broker/dealer until all paperwork required by both parties has been executed. However, during the interim transition period, transactions will continue to be conducted with broker/dealers who currently appear on the existing approval list. The Treasurer solicits competitive bids and offers on transactions. All securities will be delivered upon payment to a third-party custodian named by the Treasurer.

Personnel in the Treasurer’s office will review and substantiate all information requested in the document; therefore, please answer all questions as thoroughly as possible. Only substantially complete submissions will be considered. The Treasurer’s office will not be engaged in trade activity with a broker/dealer until all paperwork has been fully completed. Any false information knowingly submitted can result in the permanent exclusion of the broker from any further business dealings with the Office of the Treasurer. All violations and misrepresentations will be reported to both the Ohio Department of Commerce and The Securities and Exchange Commission.

Please note that a fully completed, original copy of this documentation should be returned to the Office of the Ohio Treasurer no later than **August 1, 2011**.

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Section I **Firm Information**

1. Firm Name: _____

Address

Street _____

P.O. Box _____

City _____

State _____

Zip Code _____

2. Headquarters Location:

Address

Street _____

P.O. Box _____

City _____

State _____

Zip Code _____

3. Telephone:

Local Office: (____) _____

Fax: (____) _____

Headquarters: (____) _____

Fax: (____) _____

4. Is your firm headquartered in Ohio? _____

Does your firm have an Ohio presence? _____

How many office locations does your firm have in Ohio? _____

How many Ohio residents does your firm employ? _____

5. What services does your firm provide to your municipal clients, in addition to the execution and the processing of securities trades? What types and level of service distinguish your firm from its competitors? What advantage would the State of Ohio gain by trading with your firm?

6. If you are not a bank, please provide the following information regarding your principal banking/custodial banking relationship.

Bank Name: _____

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Address: _____

Headquarters Location: _____
Contact Person: _____
Telephone No.: _____
Length of Relationship: _____

7. Does your firm have its own trading capabilities? (Y/N) _____
8. Does your firm have a clearing agreement with any other firm(s), which will be used in transactions with the Treasurer's office? (Y/N) _____
9. If so, please identify each clearing broker and their corresponding CRD#.

_____	CRD# _____

Settlement and Delivery Instructions:

10. Has a public sector client, within the last three years, notified your firm in writing that the firm representative was partially responsible for a loss on a securities transaction arising from a misunderstanding or misrepresentation of the characteristics of an instrument? (Y/N) _____

If yes, please explain.

11. Please provide a statement describing the firm's capital position and any capital line or trading limits that would support or limit the entity conducting business with The Treasurer's Office.

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12. Does your firm regularly report to the Market Reports Division of the Federal Reserve Bank of New York as a “primary dealer”? (Y/N) _____

If yes, how long has your firm been a primary dealer? _____

Section II **Broker Information**

1. Contact Personnel: Provide as an attachment if more space is required.
(Note: Broker CRD# must be disclosed.)

Primary Contact

Name: _____
Title: _____
Telephone No.: _____
Email: _____
CRD#: _____
Years with Firm: _____

Second Contact

Name: _____
Title: _____
Telephone No.: _____
Email: _____
CRD#: _____
Years with Firm: _____

Back Office / Trade Clearing Contact

Name: _____
Title: _____
Telephone No.: _____
Email: _____
CRD#: _____
Years with Firm: _____

2. Provide background information concerning the account representatives listed above. Please include information on the individual’s employment history as it relates to the securities industry, official licenses and certificates, the history and details of any disciplinary actions or complaints and the disposition of each, as well as the history of any arbitration or litigation, the nature of the case and the status of the disposition. Please mark this attached documentation “Attachment A,” (If a FINRA Broker Check Report is available, please provide).

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3. Has/have any of the representative(s) listed in No. 1 been convicted of a felony criminal offense. (Y/N) _____

If yes, please explain?

4. Has/have the representative(s) listed in No. 1 above been authorized by the firm to be its account representative(s)? (Y/N) _____

By whom? _____

5. If applicable, please list the name and contact information of the immediate supervisor of the account representative(s) named in your response to No. 1 above.

Section III **Experience / Client Base**

1. Length of service to the Treasurer's Office (yrs) _____
Areas of service to the office: _____

Describe the extent of your experience with the Treasurer's office regarding investment activity. _____

2. Please provide the following information regarding at least four comparable clients with whom your firm and/or any of the representatives of the firm listed in Section II -No. 1 have had experience.

Client Name: _____
Address: _____

Person to Contact: _____
Telephone Number: _____
Length of Service: _____

Client Name: _____
Address: _____

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Person to Contact: _____
Telephone Number: _____
Length of Service: _____

Client Name: _____
Address: _____

Person to Contact: _____
Telephone Number: _____
Length of Service: _____

Client Name: _____
Address: _____

Person to Contact: _____
Telephone Number: _____
Length of Service: _____

Section IV Allowable Investment Information

1. Place an "X" on the line next to each of the instruments set forth below in which you make an active market (both buy and sell).

US Treasuries	_____	Banker's Acceptances	_____
Federal Agencies	_____	Corporate Notes	_____
Foreign Debt	_____	Repurchase Agreements	_____
Commercial Paper	_____	Money Market Mutual Funds	_____

Federal Agencies (Please specify) _____
Instrumentalities (Please specify) _____

2. Does your firm specialize in any of the instruments mentioned above? If so, please specify which ones. (Y/N) _____

3. Please indicate the channels of communication with which your firm has capability regarding transmitting trade conformations.

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Secure Fax Transmission _____
Secure Email Transmission _____
U.S. Mail Submission _____

Section V **Regulatory Information**

1. Briefly describe any formal system for monitoring the account representative(s) listed as broker contacts, if your firm has established such a program.

2. Is your firm a member of FINRA (formerly NASD)?

(Y/N) _____ CRD# _____

If no, please explain?

3. Is your firm a member of the Securities Investor Protection Corporation (SIPC)?
(Y/N) _____

4. Place an "X" by each regulatory agency by which your firm is examined and/or subject to its rules and regulations.

FDIC _____ SEC _____ NYSE _____

Comptroller of Currency _____ Federal Reserve System _____

Other _____ (ex. State regulatory agency) (*specify*) Multistate firms please note: It is not necessary to include regulatory agencies that do not have jurisdiction over your firms activities in Ohio.

5. At any point in the last five years has the firm failed to meet its net capital requirements subject to SEC rule 15C3-1 or 15C3-3?

(Y/N) _____

If so, please provide a complete explanation of the reason(s) why marked (Attachment C).

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***Additionally, please submit the firm's most recently available quarterly FOCUS report marked (Attachment D).**

6. (Attachment E)

Please provide certified audited financial statements for the last three (3) years. In addition, for those dealers preparing and submitting financial statements to the following organizations, please provide publicly available financial documents filed with these agencies for the previous two (2) years:

Financial Industry Regulatory Authority (FINRA)

Securities and Exchange Commission (SEC)

New York Stock Exchange (NYSE)

Federal Deposit Insurance Corporation (FDIC)

7. In addition to the certification in Section VII, a package will be sent to the representative(s) assigned to the Treasurer's account(s). Included in the package will be a copy of the Investment Policy(s), a list of authorized traders and a copy of the Ohio Treasurer of State's delivery instructions. The representative assigned to the account will be asked to sign and return an acknowledgement of receipt of these items.

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Section VI **Certification**

I have read the Investment Policies of the Treasurer for the Interim Funds of the State of Ohio and for STAR OHIO.

I hereby certify that the above is true and correct to the best of my knowledge and that I am authorized to execute this request for information on behalf of:

I, the undersigned, have the authority to bind the investment organization.

Firm Name: _____

By (Print Name) _____

Signature: _____

Title:* _____

Date: _____

*Note the foregoing form must be signed by a principal of your firm.

Section VII **Submittal Requirements**

One copy of each firm's response shall be submitted to Gordon Short at the following address:

Gordon Short, Chief Investment Officer
Ohio Treasurer Josh Mandel
30 East Broad Street, 9th Floor
Columbus, Ohio 43215-3461
Phone: 614-466-3511

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Section VIII **Acknowledgment**

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 2011, before me personally
Appeared _____ (Name of Officer), known to
me to be the _____ (title) who
Acknowledged the execution the foregoing Certification for and on behalf of
_____ (Company Name),
that the same is his/her own voluntary act and deed and that he/she is duly authorized to
enter into said Certification for and on behalf of
_____ (Company Name).

Notary Public