

State of Ohio

Office of the Treasurer of State



2008 Broker / Dealer Request for Information

Richard Cordray, Treasurer of State

2008 Broker/Dealer Request for Information

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 that regulate 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 approved 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.

Treasury personnel will review and substantiate all information and references requested in the document; therefore, please answer all questions as thoroughly as possible. Incomplete submissions will not be considered for approval. 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.

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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: (____) _____
(800) _____

Fax: (____) _____

Headquarters: (____) _____
(800) _____

Fax: (____) _____

4. Does your firm classify as a Minority Business Enterprise (MBE) as defined by the Ohio Revised Code section [123.15.1]? (Y/N) _____

If yes, please describe how you qualify?

5. Is your firm headquartered in Ohio? _____

Does your firm have an Ohio presence? _____

How many office locations do you have in Ohio? _____

How many Ohio residents do you employ? _____

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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

Bank Name: _____
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#
_____	CRD#
_____	CRD#
_____	CRD#
_____	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)

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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.

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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: _____
NASD CRD#: _____
Years with Firm: _____

Second Contact

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

Back Office / Trade Clearing Contact

Name: _____
Title: _____
Telephone No.: _____
Email: _____
NASD 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)
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?

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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. Please list the name and contact information of the immediate supervisor of the account representative(s) named in your response to No. 1 above.

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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 with. If possible, public sector clients located in our geographical area are preferable.

Client Name: _____
Address: _____

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: _____

Client Name: _____
Address: _____

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

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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.

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

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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 NASD?

(Y/N) _____ CRD# _____

If not, why?

3. 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 _____

4. Please certify that your firm and all the assigned brokers are licensed in the State of Ohio.

5. Have there been any "material" litigation, arbitration or regulatory proceedings, either pending, adjudicated or settled, that your firm or any representative of your firm has been subject to within the last five years that involved issues concerning the suitability of the sale or purchase of securities to institutional clients or fraudulent or unfair practices related to the sale of securities to an institutional client?

(Y/N) _____

If so, please describe each matter in thorough detail and attach to the end of this RFI labeled (Attachment B) For purposes of this section, proceedings are "material" if your independent accountant applying generally accepted accounting

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

principles determines that such proceedings require disclosure on your financial statements.

6. 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).

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

7. (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:

National Association of Securities Dealers
Securities and Exchange Commission
New York Stock Exchange
Federal Deposit Insurance Corporation

8. 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.

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

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.

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

Section VII

Submittal Requirements

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

Chris Glaros, General Counsel
Ohio Treasurer's Office
30 East Broad Street, 9th Floor
Columbus, Ohio 43215-3461
Phone: 614-752-5582

STATE OF OHIO
RICHARD CORDRAY, TREASURER OF STATE

Section VIII

Acknowledgment

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 2008, 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