



**Ohio Treasurer of State Josh Mandel**

is soliciting information for

**Broker-Dealer Services**

**OPENING DATE:**

April 1, 2015 – 3:00 p.m. ET

**DEADLINE FOR SUBMISSION OF RESPONSES:**

May 15, 2015 – 3:00 p.m. ET

**NOTIFICATION FROM TREASURER:**

Beginning June 15, 2015 – 3:00 p.m. ET

# **Broker-Dealer Request for Information**

## **Summary and Objective**

This Request for Information (“RFI”) is issued by the Ohio Treasurer of State (“Treasurer”) to obtain information in connection with the selection of non-exclusive providers of broker-dealer services to the Treasurer.

Among other functions, the Treasurer manages multi-billion dollar investment portfolios composed principally of fixed income securities. The management of these portfolios is governed by Chapter 135 of the Ohio Revised Code and the Treasurer’s internal investment policies and procedures. The Treasurer is requesting information from registered broker-dealers possessing the capability and expertise to provide broker-dealer services in accordance with this governance structure.

The Treasurer’s office will review and substantiate all information requested in this RFI; accordingly, please answer all questions as thoroughly as possible. Any false information submitted in response to this RFI will result in the permanent exclusion of the broker-dealer from any further business dealings with the Treasurer, and any misrepresentations will be reported to both the Ohio Department of Commerce and the Securities and Exchange Commission.

To the extent you require additional space, please submit your responses on a separate document identifying clearly the questions to which they correlate.

**Section I Firm Information**

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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 the firm headquartered in Ohio?

5. Does your firm have an Ohio presence?

6. How many office locations does your firm have in Ohio?

7. What services does your firm currently provide to public sector clients?

8. Does your firm have a trading and/or clearing relationship with any other firm(s) that will be utilized in transactions with the Treasurer's office?

9. If the answer to question 8 is yes, please identify each trading and/or clearing relationship and each entity's CRD number.

_____	CRD# _____

**Section II Broker/Registered Representative Information**

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1. Please provide the information required below for each registered representative who may conduct business with the Treasurer.

Primary Contact

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

Secondary Contact

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

Additional Contact

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

Additional Contact

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

Additional 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. Please provide as Exhibit A to your response the most recent FINRA BrokerCheck report for each of the registered representatives listed above and each of his or her immediate supervisors.
3. Have any of the registered representatives listed in No. 1 been convicted of a felony criminal offense?

If yes, please provide the relevant information.

**Section III Experience/Client Base**

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1. Length of service to the Treasurer (years) \_\_\_\_\_  
Areas of service to the Treasurer \_\_\_\_\_

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 registered representatives of the firm listed in Section II have had experience. Please be advised that any clients listed below may be contacted by the Treasurer as a reference.

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Length of Service: \_\_\_\_\_

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Length of Service: \_\_\_\_\_

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Length of Service: \_\_\_\_\_

Client Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Length of Service: \_\_\_\_\_

**Section IV Investment Information**

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1. Please indicate each of the instruments set forth below in which you transact.

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

Instrumentalities (Please specify) \_\_\_\_\_

2. Please indicate the agency windows, if any, to which your firm currently has access:

FFCB: \_\_\_\_\_ FNMA: \_\_\_\_\_  
FHLB: \_\_\_\_\_ TVA: \_\_\_\_\_  
FHLMC: \_\_\_\_\_ Other: \_\_\_\_\_

3. Does your firm specialize in any of the instruments mentioned above? If so, please specify which instruments and the nature of the specialty.

## **Section V Regulatory and Compliance Information**

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1. Please provide as Exhibit B to your response the most recent FINRA BrokerCheck for your firm.
2. Please provide as Exhibit C to your response the three (3) most recent annual reports filed by your firm pursuant to Securities Exchange Act Rule 17a-5.
3. Please provide as Exhibit D to your response the four (4) most recent quarterly FOCUS reports filed by your firm pursuant to Securities Exchange Act Rule 17a-5.
4. Is your firm a member of the Securities Investor Protection Corporation (SIPC)?
5. Please indicate each regulatory agency or self-regulatory organization by which your firm is examined and/or subject to its rules and regulations.

FINRA \_\_\_\_\_ SEC \_\_\_\_\_ NYSE \_\_\_\_\_  
FDIC \_\_\_\_\_ OCC \_\_\_\_\_

Other \_\_\_\_\_ (e.g., State regulatory agency, although it is not necessary to include regulatory agencies that do not have jurisdiction over your firm's activities in Ohio.)

6. In the past five years, has your firm been alleged and/or found to have failed to meet its net capital obligations under SEC rule 15c3-1 or customer protection obligations under SEC Rule 15c3-3?

If yes, please provide a complete explanation of the allegations and/or findings.

7. In the past five years, has a public sector client claimed that your firm was responsible for a loss in connection with a securities transaction arising from a misunderstanding or misrepresentation of the characteristics of an investment instrument or transaction?

If yes, please provide a complete explanation of the allegations and/or findings.

**Section VI** **Certification**

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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: \_\_\_\_\_

\*This Certification must be signed by a principal of your firm.

**Section VII** **Submission Requirements**

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Please submit your firm's response and all required documents in PDF format sent via e-mail to [bdrfi@tos.ohio.gov](mailto:bdrfi@tos.ohio.gov).

**Please be advised that, for security reasons, the Treasurer's office cannot receive ZIP files of any size. Any e-mail with a ZIP file attached will be automatically returned to you. Accordingly, please send your submission via e-mail in "unzipped" PDF format. If the total e-mail size with attachment(s) exceeds 20 MB, please separate the e-mail into multiple transmissions.**

Any questions regarding this RFI shall be sent via e-mail to [bdrfi@tos.ohio.gov](mailto:bdrfi@tos.ohio.gov).