| :019 | - | aw – Article 33 | All filers must enter | |
|--|--|---|--|--|
| · · · · · | | | | |
| Amended return Final return | | | beginning | ending |
| Employer identification number (EIN) | File number | Business telephone num | nber | If you claim an overpayment, mark an X in the box |
| Legal name of corporation | | | Trade name/DBA | |
| Mailing name (if different from legal name above) | | | State or country of incorpo | Date received (for Tax Department use c |
| c/o Number and street or PO box | | | Date of incorporation | |
| | | | | |
| City | State | ZIP code | Foreign corporations: data began business in NYS | le |
| NAICS business code number (from NYS Pub 910) NYS Principal business activity | If address/phone above is new, mark an X in the box | information for corp | te your address or phor oration tax, or other tax o online. See <i>Business</i> | K |
| capital, own or lease property, or ma Mark an X in the appropriate box. If | | Metropolitan Com | | n District? |
| | Yes, you must file For ake payable to: New Y | Metropolitan Com rm CT-33-M (see in fork State Corpor | muter Transportatior structions) ation Tax | n District? |
| Mark an X in the appropriate box. If A. Pay amount shown on line 15. Ma | Yes, you must file For ake payable to: New Y h all check stubs. (See | Metropolitan Com rm CT-33-M (see in fork State Corpor | muter Transportatior structions) ation Tax | n District? |
| Mark an X in the appropriate box. If A. Pay amount shown on line 15. Ma Attach your payment here. Detach B. Federal return filed: <i>(mark an X in c</i> | Yes, you must file For ake payable to: New Y h all check stubs. (See one box) | Metropolitan Com rm CT-33-M (see in fork State Corpor | muter Transportation structions) ation Tax ils.) | n District? |
| Mark an X in the appropriate box. If A. Pay amount shown on line 15. Ma Attach your payment here. Detach B. Federal return filed: <i>(mark an X in c</i> | Yes, you must file For ake payable to: <i>New Y</i> h all check stubs. <i>(See</i> one box) 120-PC • (0 ernal Revenue Service | Metropolitan Com rm CT-33-M (see in fork State Corpor e instructions for deta Consolidated basis e in the past 5 yea | muter Transportation structions) ation Tax ils.) • Other: rs? | A District? |
| Mark an X in the appropriate box. If Pay amount shown on line 15. Ma Attach your payment here. Detach B. Federal return filed: (mark an X in of Form 1120-L • Form 11 Have you been audited by the Interest of the state of | Yes, you must file For ake payable to: <i>New Y</i> h all check stubs. <i>(See</i> one box) 120-PC • (C ernal Revenue Service | Metropolitan Com rm CT-33-M (see in fork State Corpor e instructions for deta Consolidated basis e in the past 5 yea | muter Transportation structions) ation Tax ils.) • Other: rs? | A District? |
| Mark an X in the appropriate box. If Pay amount shown on line 15. Ma Attach your payment here. Detach Federal return filed: (mark an X in of Form 1120-L • Form 11 Have you been audited by the Inter If Yes, list years: | Yes, you must file For ake payable to: <i>New Y</i> h all check stubs. <i>(See</i> one box) 120-PC • C ernal Revenue Service EIN Name | Metropolitan Com rm CT-33-M (see in fork State Corpor e instructions for deta Consolidated basis e in the past 5 yea | muter Transportation structions) ation Tax ils.) • Other: rs? | A Payment enclosed |
| Mark an X in the appropriate box. If Pay amount shown on line 15. Ma Attach your payment here. Detach B. Federal return filed: <i>(mark an X in c</i> Form 1120-L • Form 11 Have you been audited by the Inte If Yes, list years: | Yes, you must file For ake payable to: <i>New Y</i> h all check stubs. <i>(See</i> one box) 120-PC • (ernal Revenue Service EIN Name EIN Name | Metropolitan Com rm CT-33-M (see in fork State Corpor e instructions for deta Consolidated basis e in the past 5 yea | muter Transportation structions) ation Tax ils.) • Other: rs? | A Payment enclosed |
| Mark an X in the appropriate box. If Pay amount shown on line 15. Mathematical Attach your payment here. Detach B. Federal return filed: (mark an X in or Form 1120-L • Form 11 Have you been audited by the Inter If Yes, list years: Enter primary corporation name and (if a member of an affiliated federal group in the state of the state o | Yes, you must file For ake payable to: New Y h all check stubs. (See one box) 120-PC (Compared to the study of the study | Metropolitan Com rm CT-33-M (see in fork State Corpor <i>e instructions for deta</i> Consolidated basis e in the past 5 yea | muter Transportation structions) ation Tax ils.) • ① Other: rs? | District? Yes No Payment enclosed A |
| Mark an X in the appropriate box. If Pay amount shown on line 15. Match your payment here. Detach B. Federal return filed: (mark an X in or Form 1120-L • Form 11 Have you been audited by the Inter If Yes, list years: Enter primary corporation name and (if a member of an affiliated federal group in the second seco | Yes, you must file For ake payable to: New Y h all check stubs. (See one box) 120-PC (Comparing the second strength of the second strengt of the second strengt ot the second strengt ot the sec | Metropolitan Com rm CT-33-M (see in Fork State Corpor <i>e instructions for deta</i> Consolidated basis e in the past 5 yea an X in the appropria | muter Transportation structions) ation Tax ils.) • ① Other: rs? ate box) | District? Yes No Payment enclosed A |

Attach a copy of your Annual Report of Premiums and Exhibit of Premiums and Losses (New York) as filed with the New York State Department of Financial Services, and copies of the following schedules from your Annual Statement: Exhibit of Premium's Written, Schedule T; Schedule F, Reinsurance, Parts 1 and 3; and Underwriting and Investment Exhibit, Part 1B - Premiums Written.



Computation of tax

| 1 | Accident and health insurance premiums from line 34 (see instr.) ×.0175 | 1 | |
|-----|---|-----|--------|
| 2 | Other non-life insurance company premiums from line 35 (see instr.) • × .02 | 2 | |
| 3 | Total tax on premiums (add lines 1 and 2) | 3 | |
| 4 | Minimum tax | 4 | 250 00 |
| 5 | Tax due before credits (line 3 or line 4 amount, whichever is greater) | 5 | |
| 6 | Tax credits (enter amount from line 47) | 6 | |
| 7 | Tax due (subtract line 6 from line 5) | 7 | |
| | | | |
| 8a | | | |
| 8b | | | |
| 9 | | | |
| 10 | Total prepayments from line 46 | 10 | |
| 11a | Balance (see instructions) | 11a | |
| 11b | Additional amount (see instructions) | 11b | |
| 11c | Total before penalties and interest (see instructions) | 11c | |
| 12 | Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • | | |
| 13 | Interest on late payment (see instructions) | | |
| 14 | Late filing and late payment penalties (see instructions) | | |
| 15 | Balance due (add lines 11c through 14 and enter here; enter the payment amount on line A on page 1) | 15 | |
| 16a | Overpayment (if line 7 is less than line 10, subtract line 7 from line 10) | 16a | |
| 16b | Amount of overpayment previously credited to 2020 MFI (see instructions) | 16b | |
| 16c | Balance of overpayment available (see instructions) | 16c | |
| 17 | Amount of overpayment to be credited to next period | 17 | |
| 18 | Balance of overpayment (subtract line 17 from line 16c) | 18 | |
| 19 | Amount of overpayment to be credited to Form CT-33-M | 19 | |
| 20 | Refund of overpayment (subtract line 19 from line 18) | 20 | |
| 21a | Refund of tax credits (see instructions) | 21a | |
| 21b | Tax credits to be credited as an overpayment to next year's return (see instructions) | 21b | |
| 22 | Issuer's allocation percentage (from line 38) | 22 | % |
| 23 | Reinsurance allocation percentage (from line 33) | 23 | % |

Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

| A Name of ceding company | B Reinsurance premiums received | C Reinsurance allocation % (see instr.) | D Reinsurance premiums allocated to New York State (column B × column C) |
|--|--|--|---|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| Totals from attached sheet | | | |
| 24 Total (add column D amounts; enter here and ind | clude on line 28) | • 24 | |



Schedule B – Computation of reinsurance allocation percentage (see instructions)

| 25 | New York taxable premiums (see instructions) | 2 | 5 | | |
|----|--|-------|---------|----|---|
| 26 | New York ocean marine premiums (see instructions) | 2 | 6 | | |
| 27 | New York premiums for annuity contracts and insurance for the elderly (see instr.) • | 2 | 7 | | |
| 28 | New York premiums on reinsurance assumed (see instructions) | 2 | 8 | | |
| 29 | Total New York gross premiums (add lines 25 through 28) | 2 | 9 | | |
| 30 | New York premiums ceded that are included on line 29 (see instructions). • | 3 | 0 | | |
| 31 | Total New York premiums (subtract line 30 from line 29) | 3 | 1 | | |
| 32 | Total premiums (see instructions) | 3 | 2 | | |
| 33 | Reinsurance allocation percentage (divide line 31 by line 32; enter here and on | ı lin | e 23) • | 33 | % |
| | | | | | |

Schedule C – Computation of taxable premiums (see instructions)

| 34 | Accident and health insurance premiums (enter here and in the first box on line 1) | 34 | |
|----|--|----|--|
| 35 | Other non-life insurance premiums (enter here and in the first box on line 2) | 35 | |

Schedule D – Computation of issuer's allocation percentage (see instructions)

| 36 | New York gross direct premiums | 36 | |
|----|---|----|---|
| 37 | Total gross direct premiums | 37 | |
| 38 | Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22) | 38 | % |

Composition of prepayments (see instructions)

| | | Date paid | Amount |
|----|--|-----------|--------|
| 39 | Mandatory first installment from Form CT-300 (see instructions) 39 | | |
| 40 | Second installment from Form CT-400 40 | | |
| 41 | Third installment from Form CT-400 41 | | |
| 42 | Fourth installment from Form CT-400 42 | | |
| 43 | Payment with extension request from Form CT-5, line 5 43 | | |
| 44 | Overpayment credited from prior years (see instructions) | 44 | |
| | 45 Overpayment credited from Form CT-33-M Period | | |
| 46 | Total prepayments (add lines 39 through 45; enter here and on line 10) | 46 | |



Summary of tax credits claimed against current year's franchise tax (see instructions; attach applicable credit forms)

No

| Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in | | _ |
|---|-----|-------|
| New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) | ′es | |

| Fire insurance premiums tax credit | |
|---|---|
| (enter amount claimed) | Form CT-633 |
| Form CT-33-R | Form CT-634 |
| Form CT-33.1 | Form CT-639 |
| Form CT-41 | Form CT-643 |
| Form CT-43 | Form DTF-624 |
| Form CT-44 | Form DTF-630 |
| Form CT-238 | Other credits |
| Form CT-249 | |
| Form CT-250 | |
| Form CT-501 | |
| Form CT-601 | |
| Form CT-602 | |
| Form CT-604 | |
| Form CT-606 | |
| Form CT-607 | |
| Form CT-611 | |
| Form CT-611.1 | |
| Form CT-611.2 | |
| Form CT-612 | |
| Form CT-613 | |
| Form CT-631 | |
| | |
| 47 Total tax credits claimed above (enter here and on line 6; see instr | |
| 48 Total tax credits claimed above that are refund eligible (see instr | uctions) • 48 |
| | |
| Amended return information | |
| If filing an amended return, mark an X in the box for any items that | apply and attach documentation. |
| Final federal determination• If marked, enter d | ate of determination: • |
| Federal return filed: Form 1139 • Amended Form 1 | 120-L ● Amended Form 1120-PC ● |
| Third – party Yes No | Designee's phone number |
| designee Designee's email address | |
| (see instructions) | PIN |
| Certification: I certify that this return and any attachments are to the | he best of my knowledge and belief true, correct, and complete. |

| | , | 5 | 0 | , | | | |
|--------------|---|-------------------------------|--------------------|----------------|---------|-----------|----------|
| | Printed name of authorized person | Signature of authorized perso | n | Official title | | | |
| Authorized | | | | | | | |
| person | Email address of authorized person | | Telephone n | umber | | Date | |
| | | | () | | | | |
| Paid | Firm's name (or yours if self-employed) | | Firm's EIN | | Prepar | er's PTIN | l or SSN |
| preparer | | | | | | | |
| use | Signature of individual preparing this return | Address | C | ity | Sta | ite | ZIP code |
| only | | | 1 | | | | |
| only | Email address of individual preparing this return | | Preparer's NYTPRIN | or Exc | l. code | Date | |
| (see instr.) | | | | | | | |

See instructions for where to file.

