## CT-33-A/ATT Schedules A, B, C, D, and E — Attachment to Form CT-33-A Life Insurance Corporation Combined Franchise Tax Return

Employer identification number (EIN)	All filers n	Business telephone numbe	0 0		ending	
Employer identification number (EIN)	File number	( )	r			
Legal name of corporation	_		Trade name/E	BA		
Mailing name (if different from legal name above)			State or count	ry of incorporation	Date received (for Tax	x Department use onl
c/o						
Number and street or PO box			Date of incorp	ooration		
City	State	ZIP code	Foreign corpor business in NY	ations: date began S		
NAICS business code number (from federal return)	If address/phone above is new, mark an <b>X</b> in the box	If you need to updo	for corporati	on tax,	Audit (for Tax Departi	ment use only)
Principal business activity	mark and in the box	or other tax types, See <i>Business infor</i>				
etropolitan transportation busines						
etropolitan transportation busines se property or maintain an office in						
w York, Bronx, Kings, Queens, Rich Mark an <b>X</b> in the appropriate box.)	nmond, Dutchess, Nas	ssau, Orange, Putnan	n, Rockland	l, Suffolk, ar	nd Westchester	r.)
is form must be completed for ea				•••••		
ach this form to Form CT-33-A, <i>Life</i>			se Tax Retu	rn.		
hedule A — Allocation of reins tructions for Forms CT-33-A, CT-33					ermined (see F	Form CT-33-A-
Α		В		;	D	
Name of ceding company	Reinsi	urance premiums received	Reinsu allocat		Reinsurance allocated to Ne (column B ×	ew York State
tals from attached sheet						



Legal nar	ne of corp	oration		Employer iden	Employer identification number				
Schedu	le B — (	Computation and alloc	ation of subsidiary ca	pit	al (see instructions; attach	separate shee	et if necessary)		
		subsidiary capital (list the nam lines below)	ne of each corporation and th	he E	IN here; for each corporatio	n complete c	columns B through G on the		
Item			Name		EIN				
Α									
В									
С									
D									
Е									
<b>A</b> Item	<b>B</b> % of voting stock owned	<b>C</b> Average fair market value	Current liabilities attributable to subsidiary capital		<b>E</b> Net average fair  market value  (column C – column D)	F Issuer's allocation %	<b>G</b> Value allocated to New York State (column E × column F)		
Α									
В									
С									
D									
E									
Totals from a	ttached sheet								
2 Tota	· .	ounts in columns C, D, and E)	-		_	_			
	• 2			•					
3 Alloc	cated sub	sidiary capital (add column (	G amounts; enter here and o	n lin	e 52 of Form CT-33-A or		T		
Fo	rm CT-33-7	4/B)				● 3			

## Schedule C — Computation of business and investment capital (see instructions)

			<b>A</b> Beginning of year		<b>B</b> End of year	C Average fair market value basis	
4	Total assets (see instructions)	4					
5	Fair market value adjustment (attach computation;						
	show any negative amounts with a minus (-) sign)	5					
6	Nonadmitted assets from annual statement	6					
7	Current liabilities	7					
8	Assets, excluding subsidiary assets included						
	on line 2, column C, held as reserves under			i			
	New York State Insurance Law sections 1303,			l			
	1304, and 1305 (use same method to value			ì			
	assets as on lines 4 through 6)	8		i			

	January 1, 1	<b>9 i 4</b> (you mav no ion	iger report dain or	1033 111 1	no samo manno ve		on your rou		COILIE LAN LELUITII
	A cion of property ste sheet if necessary)	<b>B</b> Cost	Fair marke price or valu on Jan. 1, 19	t ie	D Value realized on disposition		E New York gain or loss		<b>F</b> Federal gain or loss
otals from	attached sheet								
	(add amounts in colum	,			_	9		$\perp$	
	ork adjustment (subti								
Forn	n CT-33-A or Form CT-3	33-A/B; use a minus	sign for negative	amounts	s)			10	
	Name and (give actual	d address I residence; heet if necessary)	willing more than s		payer's issued capi B ocial security number		C ficial title	any c	D Salary and all oth compensation receifrom corporation
	Name and (give actual	d address Tresidence;	villing more triair c		B ocial security		С	any c	Salary and all oth compensation recei
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	Name an (give actua attach separate s	d address I residence; heet if necessary)		Sc	B ocial security number	Of	C fficial title		Salary and all oth compensation recei
11 Totals	Name and (give actual attach separate s	d address I residence; heet if necessary)	line 87 of Form (	Sc CT-33-A	B Docial security number  or Form CT-33-A/E	Of	C ficial title	11	Salary and all oth compensation receifrom corporation
11 Totals	Name and (give actual attach separate s	d address I residence; heet if necessary)  s; enter here and on	line 87 of Form (	Sc CT-33-A	B Docial security number  or Form CT-33-A/E  on is allowed to fi	Of	C ficial title	11asis	Salary and all oth compensation receifrom corporation
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