

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

	All filers mu	st ente	r tax period:	beginnir	ng		ending						
Employer identification number (EIN)	File number	Business	s telephone number				<u> </u>						
		()										
Legal name of corporation				Trade na	me/D	BA							
						State or country of incorporation							
Mailing name (if different from legal name above)					ouritry	oi incorporation	Date received (for Tax L	Department use only)					
c/o Number and street or PO box					Date of incorporation								
Number and Street of PO box				Date of it	icorp	oration							
City	State	Z	IP code	Foreign co business in	orpora n NYS	tions: date began							
IAICS business code number (from NYS Pub 910) If address/phone above is new, mark an X in the box If you need to upophone information or other tax types					pora	ation tax,	Audit (for Tax Department use only)						
NYS principal business activity			ee Business info										
For all combined returns and attachments corporations included in the combined re-	•		,	g Form	СТ-	33-A is des	ignated the <i>pare</i>	ent. The other					
Combined parent corporation legal name					Parent employer identification number								
New York, Bronx, Kings, Queens, Richmo (Mark an X in the appropriate box.) This form must be completed for each Attach this form to Form CT-33-A, Life Instructions for Forms CT-33-A, CT-33-A/A	corporation in t urance Corporat	he con ion Co	nbined group mbined Franc	hise Ta	x Re	eturn.	Ye	No No	\-/,				
A	11, and 01-33-A	7 D, allo		ileet II	HEC	C C		D					
Name of ceding company	Rein	Reinsurance premiums received			allo	nsurance cation % nstructions)	Reinsurand allocated to I	ce premiums New York State × column C)					
									_				
									+				
									+				
									+				
									+				
									+				
									\top				
Totals from attached sheet													
1 Total (add column D amounts; enter here a	nd include on line 3	7 of Fo	rm CT-33-A or F	orm CT-	-33-	4/B) • 1							



Legal naı	me of corpo	oration			EIN		
Schedu	le B — (Computation and alloca	ation of subsidiary cap	oital (see insti	ructions; attach	separate she	et if necessary)
		subsidiary capital (list the nam lines below)	ne of each corporation and the	EIN here; for	each corporatic	on complete c	columns B through G on the
Item			Name				EIN
Α							
В							
С							
D							
E							
A Item	% of voting stock owned	C Average fair market value (see instructions)	Current liabilities attributable to subsidiary capital (see instructions)	mar	E verage fair ket value C – column D)	F Issuer's allocation % (see instr.)	G Value allocated to New York State (column E × column F)
Α							
В							
С							
D							
Е							
Totals from a	ttached sheet						
2 Tota	ls (add am	ounts in columns C, D, and E)	1-1			4	
	• 2						
		sidiary capital (add column (,
Fo	rm CT-33-,	A/B)				• 3	

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

			A Beginning of year	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 (see instructions)	7			
8	Assets, excluding subsidiary assets included				
	on line 2, column C, held as reserves under				
	New York State Insurance Law sections 1303,				
	1304, and 1305 (use same method to value				
	assets as on lines 4 through 6)	8			

Description attach separate si		B Cost (see instructions)	C – Fair market price or value on Jan. 1, 1974 (see instructions)		Value rea on dispo (see instru	sition	New \ gain or (see instru	loss	F Federal gain or loss (see instructions)
				\vdash					
				\Box					
	ached sheet								
•		umns E and F)					0 - (
		btract line 9, column F, fr						10	
FOIIII C	1-33-A OF FORTI C	T-33-A/B; use a minus sig	in for negative arr	iourii	s)			10	
	Name (give act attach separat		Social security number			Official t	itle	Salary and all othe compensation received from corporation	
1 Totals (ad	ld column D amou	unts; enter here and on lir	e 87 of Form CT-	33-A	or Form CT-	33-A/B)		• 11	
ite Law and i		ties of perjury, I declare the group tax liability, emplete.							
rthorized Prir	Printed name of authorized person Signature of authorized persor						Official	title	
	E-mail address of authorized person						one number)		Date
person E-n					F.	m's EIN		Prepa	rer's PTIN or SSN
Paid Firm	m's name (or yours if s	self-employed)			Firi	III S LIIN		'	
Paid Firm		self-employed) preparing this return	Address		Firi	III S LIIV	City	St	ate ZIP code

