

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 m	ust e	nter tax period:	begini	ning		ending		
Employer identification number (EIN)		File number		ness telephone numb						
			()						
Legal name of corporation			,	,	Trade	name/D	BA			
					04-4-		of in one an # -			
Mailing name (if different from legal name above)					State o	country	of incorporation	Date received (for Tax Department use on	ly)	
c/o										
Number and street or PO box					Date o	f incorpo	pration			
City		State		ZIP code	Foreign	corporates in NYS	ions: date began			
NAICS business code number (from NYS Pub 910)	above is		7	If you need to u	pdate yo	our ado	dress or tion tax,	Audit (for Tax Department use only)		
						s, you can do so online. formation in Form CT-1.				
For all combined returns and attachmer corporations included in the combined r Combined parent corporation legal name								fication number		
Metropolitan transportation business										
property, or maintain an office in the Me York, Bronx, Kings, Queens, Richmond	, Dutch	iess, Nassai	u, Or	ange, Putnam,	Rockla	ınd, S	uffolk, and	Westchester.)	_	
(Mark an X in the appropriate box.)								Yes No) [
This form must be completed for each Attach this form to Form CT-33-A, <i>Life I</i>						ax Re	eturn.			
Schedule A – Allocation of reinsu Instructions for Forms CT-33-A, CT-33-A								termined (see Form CT-33-	A-I,	
A Name of ceding company		Reinsurance premiums received				Reinsurance allocation % (see instructions)		D Reinsurance premiums allocated to New York State (column B × column C)		
									+	
									+	
									+	
									\top	
Totals from attached sheet										
1 Total (add column D amounts: enter her	e and in	clude on line .	37 of	Form CT-33-A or	Form C	T-33-A	/B) • 1		1	



Legal nai	me of corpor	ration			EIN		
Schedu	le B – Co	mputation and allocat	ion of subsidiary capi	tal (see instru	ctions; attach s	separate sheet	if necessary)
	cription of su esponding lin		of each corporation and the E	EIN here; for ea	ach corporation	n complete colu	ımns B through G on the
Item			Name				EIN
Α							
В							
С							
D							
Е							
A Item	% of voting stock owned	C Average fair market value (see instructions)	Current liabilities attributable to subsidiary capital (see instructions)	mark	E erage fair et value :- column D)	F 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 amo	unts in columns C, D, and E)				_	
			amounts; enter here and on l			• 3	

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

			Beginning of year	End of year	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				

	A n of property sheet if necessary)	1974 (you may no longe B Cost (see instructions)	C – Fair market price or value on Jan. 1, 1974 (see instructions)	Va	D alue realized of disposition see instructions)	New gain d	York or loss cructions)	F Federal gain or loss (see instruction
tale from a	ttached sheet							
		lumns E and F))		
0 New Yo	rk adjustment <i>(su</i>	ubtract line 9, column F, i CT-33-A/B; use a minus s	from line 9, column	E; enter he	ere and on line 6	68 of	10	
:hedule E		and all stockholders own		f taxpayer's				
	(give ac	and address ctual residence; te sheet if necessary)		Social	security hber	Official	title	Salary and all of compensation receiptom corporation
:als from a	ttached sheet							
		unts; enter here and on						
Totals (a	add column D amo	nunts; enter here and on lities of perjury, I decla group tax liability, and	line 87 of Form CT-	33-A or Fo	rm CT-33-A/B)	on a combin	• 11 ed basis u	
1 Totals (a rtification: w and is als ief true, co	under the penalso liable for the g	nunts; enter here and on lities of perjury, I decla group tax liability, and ete.	line 87 of Form CT-	33-A or Fo ration is a eturn and	rm CT-33-A/B) . Illowed to file o any attachme	on a combin	ed basis une best of i	
1 Totals (a rtification: w and is als ief true, count thorized	Under the penalso liable for the greet, and comple	lties of perjury, I decla group tax liability, and ete. rized person	line 87 of Form CT- are that this corpo I certify that this re	33-A or Fo ration is a eturn and	rm CT-33-A/B) illowed to file of any attachments	on a combinents are to the	ed basis une best of i	
1 Totals (a rtification: v and is als ief true, col thorized person Paid F	Under the penal so liable for the g rrect, and comple trinted name of author	lties of perjury, I decla group tax liability, and ete. rized person	line 87 of Form CT- are that this corpo I certify that this re	33-A or Fo ration is a eturn and	rm CT-33-A/B) illowed to file of any attachments	on a combinents are to the	ed basis une best of i	my knowledge ai
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