

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	ist enter tax period	d: beginning		ending						
Employer identification number (EIN)	File number	Business telephone nun	nber								
		()									
Legal name of corporation			Trade name	DBA							
Mailing name (if different from legal name above)			State or coun	ry of incorporation	Date received (for Tax	Department use only)					
c/o											
Number and street or PO box			Date of incor	poration							
City	State	ZIP code	Foreign corpo business in N	rations: date began /S							
NAICS business code number (from NYS Pub 910)		16		d door on the	Audit (for Toy Donostro	ant use anti-l					
"	address/phone bove is new,	If you need to phone information			Audit (for Tax Departme	ent use only)					
NYS principal business activity	nark an X in the box	or other tax ty	pes, you can d	o so online.							
WTO principal business activity		See Business	<i>information</i> in	ormation in Form CT-1.							
For all combined returns and attachments	•	•	ing Form CT	-33-A is desi	gnated the <i>parer</i>	t. The other					
corporations included in the combined ret	urn are designate	ed <i>subsidiaries</i> .									
			lal p				_				
Combined parent corporation legal name			Paren	employer identi	itication number						
Metropolitan transportation business to							se				
property, or maintain an office in the Metro						unties of New					
York, Bronx, Kings, Queens, Richmond, D					,						
(Mark an X in the appropriate box.)					Ye	s No [
This form must be completed for each											
Attach this form to Form CT-33-A, <i>Life Ins</i>	urance Corporati	on Combinea Fra	inchise lax F	keturn.							
Schedule A – Allocation of reinsura					etermined (see	Form CT-33-A-	Ι,				
Instructions for Forms CT-33-A, CT-33-A/A	ATT, and CT-33-A	/B; attach separa	te sheet if ne								
A Name of ceding company	Rein	surance premiums	R	C einsurance		D ce premiums					
rtains of seaming company	110111	received	al	ocation %	allocated to New York State						
			(see	instructions)	(column B	× column C)					
Totals from attached sheet											
1 Total (add column D amounts; enter here a	nd include on line 3	7 of Form CT-33-A	or Form CT-33	-A/B) • 1							



Legal nar	me of corpo	oration			EIN		
Schedu	le B – Co	omputation and alloca	ation of subsidiary cap	oital (see i	instructions; attach s	eparate sheet	if necessary)
		ubsidiary capital (list the nam ines below)	e of each corporation and the	EIN here;	for each corporation	complete colu	mns 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)		E let average fair market value umn C – column D)	F Allocation % (see instr.)	G Value allocated to New York State (column E × column F)
Α							
В							
С							
D							
E							
Totals from a	ttached sheet						
2 Tota	ls (ad <u>d am</u>	ounts in columns C, D, and E	-)				
	• 2		•				
3 Alloc	cated subs	sidiary capital (add column	G amounts; enter here and or	n line 52 of	Form CT-33-A or		
Fo	rm CT-33-A	VB)				• 3	

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

			A Beginning of year		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			1			
	assets as on lines 4 through 6)	8		l			

Totals from attached sheet 9 Totals (add amounts in columns E and F)	Schedule		on of adjustment for 1974 (you may no longe									str.)
9 Totals (add amounts in columns E and F)		ion of property	B C – Fair market perty Cost price or value necessary) (see instructions) on Jan. 1, 1974		e 74	Value re	ealized osition	E New York gain or loss			F Federal	
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												-
9 Totals (add amounts in columns E and F)												+
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
9 Totals (add amounts in columns E and F)												
10 New York adjustment (subtract line 9, column F, from line 9, column E; enter here and on line 68 of Form CT-33-A or Form CT-33-A/B; use a minus sign for negative amounts) Schedule E – Officers (appointed or elected) and certain stockholders (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation) A Name and address (give actual residence; attach separate sheet if necessary) Social Security number Official title Salary and all ot compensation rece from corporation Totals from attached sheet 11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge are belief true, correct, and complete. Printed name of authorized person Signature of authorized person Telephone number Date Prime I amme (or yours if self-employed) Preparer's PTIN or SSN Preparer's PTIN or SSN	Totals from	attached sheet										
Schedule E - Officers (appointed or elected) and certain stockholders (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation) A Name and address (give actual residence; attach separate sheet if necessary) Totals from attached sheet	9 Totals	(add amounts in col	umns E and F)				9					
Schedule E – Officers (appointed or elected) and certain stockholders (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation) A Name and address (give actual residence; attach separate sheet if necessary) Social Security number Official title Compensation received any compensation. B C D Salary and all of compensation attached sheet in the compensation of the person of the compensation of the person of the pe	10 New Y	′ork adjustment <i>(รเ</i>	ıbtract line 9, column F,	from line 9, colun	nn E; ent	er here an	d on line 68	of				
Compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation) A B C D Salary and all of compensation received actual residence: attach separate sheet if necessary) Totals from attached sheet	Forn	n CT-33-A or Form C	T-33-A/B; use a minus s	sign for negative a	amounts)					10		
Compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation) A B C D Salary and all of compensation received actual residence: attach separate sheet if necessary) Totals from attached sheet	0 - 111-	E 0555 (I)I	4 1	la a Labara						
Name and address (give actual residence; attach separate sheet if necessary) Totals from attached sheet Totals from attached sheet Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A or Form CT-33-A/B) Totals (add column D amounts) Totals (Schedule											
Totals from attached sheet 11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B) 12 Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York S Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge are belief true, correct, and complete. Authorized person Paid Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN Preparer's PTIN or SSN				ge.e a.a.a.e e,e								
Totals from attached sheet					So		ity	Official	l title		Salary and all oth	
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)			number						from corporation			
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)												
11 Totals (add column D amounts; enter here and on line 87 of Form CT-33-A or Form CT-33-A/B)	Totals from	attached sheet										
Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York S Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge are belief true, correct, and complete. Authorized person Signature of authorized person Official title Email address of authorized person Telephone number () Date Paid Paid Propagare Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN										11		
Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge are belief true, correct, and complete. Authorized person Printed name of authorized person Signature of authorized person Official title	TT TOTALS	(add coldilli D allio	unts, enter here and on	iiiie or or ori oriii c	, 1-33-A C	i i oiiii ci	-55-A/D)			• •		
Authorized person Printed name of authorized person Signature of authorized person Official title Email address of authorized person Telephone number () Paid Prim's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN	Law and is a	also liable for the g	roup tax liability, and									
Paid propagar Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN	Printed name of authorized person			Signature of				Officia				
Paid Firm's name (or yours if self-employed) Firm's EIN Preparer's PTIN or SSN		Email address of authorized person						Jonhono numbor			Date	
rongror	person	Linaii audress oi autilolizeu persoll					()			Date	
nrenarer	Paid	Firm's name (or yours if	self-employed)			F	Firm's EIN		Pre	Preparer's PTIN or SSN		
- · · · · · · · · · · · · · · · · · · ·	preparer	Signature of individual preparing this return Address						City		Sta	ate ZIP code	
use only Email address of individual preparing this return Preparer's NYTPRIN or Excl. code Date		Email address of in-11:-1	address of individual propering this return				Drangerario MVTDDINI on First and Date					
only (see instr.) Email address of individual preparing this return Preparer's NYTPRIN or Excl. code Date		Email address of Indivi	duai preparing this return			Pre	Preparer's NYTPRIN or Exc			oae	Date	

