

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 enter tax period:	beginning		ending				
Employer identification number (EIN)	File number	Business telephone number							
		()							
Legal name of corporation			Trade name/[DBA					
			State or countr	y of incorporation					
Mailing name (if different from legal name above)			State of countr	y or incorporation	Date received (for Tax I	Department use only)			
c/o Number and street or PO box			Date of incorp	oration					
Number and Sugget of PO DOX		Date of incorp	bate of meorporation						
City	State	Foreign corporations: date began business in NYS							
		date your address or x, or other tax types,			Audit (for Tax Department use only)				
NYS principal business activity		online. See <i>Busir</i> Form CT-1.	ness inform	<i>ation</i> in	n				
For all combined returns and attachments corporations included in the combined ret						t. The other			
Combined parent corporation legal name	Parent	employer identi	fication number						
property, or maintain an office in the Metr York, Bronx, Kings, Queens, Richmond, I (Mark an X in the appropriate box.) This form must be completed for each Attach this form to Form CT-33-A, Life Ins	Outchess, Nassau corporation in tl surance Corporati	he combined group on Combined Franc	Rockland, S 5. hise Tax R	Suffolk, and eturn.	Westchester.) Ye	es No			
Instructions for Forms CT-33-A, CT-33-A/									
A Name of ceding company		B surance premiums received	Re allo	C insurance ocation % instructions)	Reinsurand allocated to N	D ce premiums New York State × column C)			
							_		
							_		
Totals from attached sheet									
1 Total (add column D amounts; enter here a	and include on line 3	7 of Form CT-33-A or F	orm CT-33-	A/B) 1					



Legal nar	name of corporation EIN										
Schedu	le B – Co	omputation and allocat	ion of subsidiary capi	tal (see ins	tructions; attach s	separate sheet	if necessary)				
	ription of su sponding li	ubsidiary capital (list the name nes below)	of each corporation and the	EIN here; for	r each corporation	complete colu	mns B through G on the				
Item			Name				EIN				
Α											
В											
С											
D											
E											
A Item	B % of voting stock owned	C Average fair market value (see instructions)	D Current liabilities attributable to subsidiary capital (see instructions)	ma	E average fair arket value n C – column D)	F Allocation % (see instr.)	Value allocated to New York State (column E × column F)				
Α											
В											
С											
D											
Е											
Totals from at	ttached sheet										
2 Tota	ls <i>(add amc</i>	ounts in columns C, D, and E)									
	• 2			•							
3 Alloc	cated subs	sidiary capital <i>(add column G</i>	amounts; enter here and on	line 52 of Fo	orm CT-33-A or						
Fo	rm CT-33-A	VB)				• 3					

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

			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				

Schedule	D – Computation January 1,	on of adjustmer 1974 (you may no lo												e instr.)
	A tion of property ate sheet if necessary)	B Cost (see instructions)		C – Fair market price or value on Jan. 1, 1974 (see instructions)		on	D ue realized disposition instructions	1	E New York gain or loss (see instructions				F Federal gain or loss (see instructions)	
				,		,			`					
					_									
			Н											
	attached sheet													
	(add amounts in col	,						9				\perp		
	ork adjustment (su											40		
Forr	n CT-33-A or Form C	; I-33-A/B; use a min	us s	sign for negative a	moun	its)						10		
Schedule	E – Officers (ap	ppointed or elections and all stockholders												
	Nama	A				B				C	4:41 -		D	- 41
Name and address (give actual residence; attach separate sheet if necessary)				Social S num		numb			O	Official title			Salary and all compensation re from corpora	eceived
Totals from	attached sheet													
11 Totals	(add column D amo	unts; enter here and	on	line 87 of Form C	T-33-A	A or Forn	n CT-33-A	/B)			•	11		
0														01.1
	n: Under the pena also liable for the g													
	correct, and comple						,						,	
Authorized	Printed name of authorized person Signature of auth				uthorized person				Official title					
person	Email address of authorized person						Telephone number				Date			
Paid	Firm's name (or yours if self-employed)					Firm's EIN Preparer's F					er's PTIN or SSN			
preparer	Signature of individual preparing this return Address								City	/		Sta	ate ZIP cod	le
only (see instr.)	Email address of individual preparing this return						Preparer's	NYTPR	IN	or	Excl.	code	Date	
	<u> </u>												I	

