

Department of Taxation and Finance

Life Insurance Corporation Franchise Tax Return

Tax Law – Article 33

		All filers mu					nust enter tax period:				
Amended return	Final return					beginning			ending		
Employer identification nu	mber (EIN)		File number	Busin	ess telephone numb	er				If you claim overpayme an X in the	nt, mark r
Legal name of corporation	1				,	Trade name/DI	BA				
Mailing address						State or country	of incorporation				
Care of (c/o)											
Number and street or PO	box					Date of incorpor	ation	Foreigi	n corporations	: date began bu	usiness in l
City	U.S. state/Canadia	n province	ZIP/Postal code	e	Country (if not Unite	ed States)		For off	fice use only		
NAICS business code nur			poration tax	, or o onlin	our address other tax type e. See <i>Busil</i> n CT-1.	es, you can	do so				
. Pay amount she	own on line 21. Mak ment here. Detach	ke payab	le to: New Yo	ork S	tate Corpora	tion Tax			Pavn	nent enclos	ed
		all check	stubs (See	instru	tions for details		_	A	,		
				instru	ctions for details	s.)		Α			
	iled: <i>(mark an X in or</i>)	ne box)	Attach a co	instrue mple	ctions for details	s.)		I			•
Federal return f	iled: <i>(mark an X in or</i> . ● Form 11	ne box) 20-PC	Attach a cor	instrue mple Consc	te copy of yo	s.) ur federal r ●	eturn. Other: _				•
. Federal return f Form 1120-L • Have you been	iled: <i>(mark an X in or</i> ● Form 11 audited by the Inter	ne box) 20-PC	Attach a cor	instrue mple Consc	te copy of yo	s.) ur federal r ●	eturn. Other: _				• No •
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Attach a copy of your complete federal return, a copy of your Annual Report of Premiums and Exhibit of Premiums and Losses (New York) as filed with the New York State Department of Financial Services, and copies of the following schedules from your Annual Statement: Assets; Liabilities, Surplus and Other Funds; the Summary by Country portion of Schedule D; the Exhibit of Premiums Written, Schedule T; and Reinsurance Assumed, Part 1 of Schedule S.

See page 7 for third-party designee, certification, and signature entry areas.



Computation of tax

1	Allocated entire net income (ENI) from line 82	× 0.071	• 1		_
	Allocated business and investment capital from line 58	× 0.0016	• 2		
3	Alternative tax (see instructions; attach computation)	× 0.09	• 3		_
4	Minimum tax		4	250 00)
5	Allocated subsidiary capital from line 47	× 0.0008	• 5		_
6	Life insurance company premiums (see instructions)	× 0.007	• 6		
7	Total tax (amount from line 1, 2, 3, or 4, whichever is greatest, plus lines 5 and 6)		• 7		_
8	Section 1505(b) floor limitation on tax (see instructions)	× 0.015	• 8		_
9a	Tax before EZ and ZEA tax credits (see instructions)				
9b	EZ and ZEA tax credits claimed (enter amount from line 100; see instructions)				
9c	Tax after EZ and ZEA tax credits (subtract line 9b from line 9a; do not enter less than 250;	see instr.)	• 9c		_
10	Section 1505(a)(2) limitation on tax (see instructions) •	× 0.02	• 10		_
11	Tax (see instructions)		• 11		_
12	Tax credits (enter amount from line 101; see instructions)				_
13	Tax due (subtract line 12 from line 11; if less than zero, enter 0)		13		_
14a					
14b					
15					
16	Total prepayments from line 99				-
17a	Balance (see instructions)				_
17b	Additional amount (see instructions)				-
	Total before penalties and interest (see instructions)				_
18	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) •				-
19	Interest on late payment (see instructions)				_
20	Late filing and late payment penalties (see instructions)				-
21	Balance due (add lines 17c through 20 and enter here; enter the payment amount on line A)				-
22a	Overpayment (<i>if line 13 is less than line 16, subtract line 13 from line 16)</i>				-
	Balance of overpayment available (see instructions)				-
	Amount of overpayment to be credited to next period				-
23 24	Balance of overpayment (subtract line 23 from line 22c)				-
	Amount of overpayment to be credited to Form CT-33-M				-
	Refund of overpayment (subtract line 25 from line 24)				-
	Refund of tax credits (see instructions)				-
	Tax credits to be credited as an overpayment to next year's tax return (see instructions)				-
	Allocation percentage (from line 45)			%	٦
	Reinsurance allocation percentage from line 39			%	-
	Allocation of reincurrence premiume when location of ricks on			/0	_

Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation % (see instructions)	D Reinsurance premiums allocated to New York State (column B × column C)
Totals from attached sheet			
30 Total (add column D amounts; enter here and	l include on line 34)	• 30	



Schedule B – Computation of allocation percentage (if you do not claim an allocation, enter 100 on line 45; see instructions)

31	New York taxable premiums (see instructions)		
32	New York ocean marine premiums (see instructions)		
33	New York premiums for annuity contracts and insurance for the elderly (see instr.)		
34	New York premiums on reinsurance assumed (see instructions)		
35	Total New York gross premiums (add lines 31 through 34)		
36	New York premiums ceded that are included on line 35 (see instructions) • 36		
37	Total New York premiums (subtract line 36 from line 35)		
38	Total premiums (see instructions)		
39	New York premium percentage (divide line 37 by line 38; enter here and on line 29)	39	%
40	Weighted New York premium percentage (multiply line 39 by nine)	40	%
41	New York wages, salaries, personal service compensation,		
	and commissions (see instructions)		
42	Total wages, salaries, personal service compensation,		
	and commissions (see instructions)		
43	New York payroll percentage (divide line 41 by line 42)	43	%
44	Total New York percentages (add lines 40 and 43)	44	%
45	Allocation percentage (divide line 44 by ten; if line 39 or 43 is zero, see instructions)	45	%

Schedule C – Computation and allocation of subsidiary capital (attach separate sheets displaying the information formatted as below if necessary)

	ription of sub pelow; see inst		each corporation and the EIN he	re; for each corporation, complete	columns B throi	ugh G on the corresponding
Item			Name			EIN
А						
В						
С						
D						
E						
F						
G						
Н						
A Item	B % of voting stock owned	C Average fair market value (see instructions)	D Average value of current liabilities attributable to subsidiary capital (see instr.	market value	F Allocation % (see instr	
Α						
В						
С						
D						
E						
F						
G						
H						
Totals fro attached	om I sheet					
46 Tota	als (add amounts		•	•		
in col	lumns C, <u>D,</u>					
and E	/					
47 Allo	ocated subs	sidiary capital <i>(add column</i> (G amounts; enter here and in	the first box on line 5)	• 47	



Beginning of year End of year Average fur market value basis 48 Total assets from annual statement (balance sheet) 48 44 44 9 Fair market value adjustment (attach computation; if negative amount, use a minus (-) sign) 48 48 49 50 Norabilitie assets from annual statement (sented total acaptite) (adjustment (attach computation; if negative amount, use a minus (-) sign) 50 51 51 51 Total acaptite) (adjustment (attach computation; if negative amount, use a minus (-) sign) 53 51 54 52 Current liabilities (see instructions) 53 54 55 55 53 Total acaptite] (aubtract line 52 from line 53) 56 55 55 54 Subsidiony assets included on line 54, heid as reserves under IVS issurate Line X05 56 57 55 57 Adjusted business and investment capital (subtract line 56 from line 55) 56 56 56 58 Cost as assets (or computation of adjustment for gains or losses on disposition of property acquired before January 1, 1974 (you may no longer report gain or loss in the same marrier you report it on your folder all incomites are turn; see instructions) (see instructions)	Sche	edule D – Computa	tion and allocat	tion o	fbusines	s and	investment c	apita	l (see in	struc	tions)			
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Sch	edule G – Computation and allocation of ENI		
62	Federal taxable income before net operating loss (NOL) deduction (see instructions)	62	
Addi	tions		
63	Dividends-received and other special deductions (used to compute line 62)	63	
64	Dividend or interest income not included in line 62 (attach list; see instructions)	64	
65	Interest to stockholders: less 10% or \$1,000, whichever is greater (see instr.)	65	
66	Adjustment for gains or losses on disposition of property acquired before January 1, 1974		
	(from line 60)	66	
67	Deductions attributable to subsidiary capital (attach list; see instructions)	67	
68	New York State franchise tax deducted on federal return (attach list; see instructions)	68	
69a	Amount deducted on your federal return as a result of a safe harbor lease (see instructions)	69a	
69b	Amount that would have been required to be included on your federal return except for a		
	safe harbor lease (see instructions)	69b	
70	Total amount of federal depreciation from Form CT-399 (see instructions)	70	
71	Other additions (from Form CT-225; see instructions)	71	
72	Total (add lines 62 through 71)	72	
Subt	ractions		
73	Income from subsidiary capital (attach list; see instructions)	73	
74	Fifty percent of dividends from nonsubsidiary corporations (attach list; see instructions)	74	
75	Gain on installment sales made before January 1, 1974 (attach list; see instructions)	75	
76	New York NOL deduction (attach statement showing computation; see instructions)	76	
77a	Amount included on your federal return as a result of a safe harbor lease (see instructions)	77a	
77b	Amount that could have been deducted on your federal return except for a safe harbor lease (see instr.) •	77b	
78	Total amount of New York depreciation allowed under Article 33 section 1503(b) from		
	Form CT-399 (see instructions)●	78	
79	Other subtractions (from Form CT-225; see instructions)		
80	Total subtractions (add lines 73 through 79)	80	
81	ENI (subtract line 80 from line 72)	81	
82	Allocated ENI (multiply line 81 by line 45; enter here and in the first box on line 1)	82	

Schedule H – Computation of premiums (see instructions)

Life i	nsurance companies		A Premiums taxable under section 1510		B Premiums included in tax limitation/floor computation – section 1505
83	Life insurance premiums	83			•
84	Accident and health insurance premiums	84			•
85	Other insurance premiums (attach list)	85			•
86	Total (add lines 83, 84, and 85; enter column A total in the first box on line 6				•
	and enter column B total in the first box on line 8)	86			
87	Insurance corporations who receive more than 95% of their premiums for ocean marine insurance, and group insurance on the elderly (see instr		•	87	
88	Total (add lines 86 and 87, column B; enter total here and in the first box on line	10)	•	88	
Sche	edule I				

89	
90	
91	



Schedule J	- Composition	of prepayments (see instructions)			
	•	••••		Date paid	Amount
92 Manda	tory first installmen	t from Form CT-300 (see instructions)			
93 Second	d installment from F				
94 Third ir	stallment from For				
95 Fourth	installment from Fo				
•		equest from Form CT-5, line 5		·	
-	•	m prior years <i>(see instructions)</i>			
	ayment credited fro				
		es 92 through 98; enter here and on line 16)			
		imed against current year's franchise ta			b, 12, 100, and 101)
		offense, or are you an owner of an entity convic			
		le 200 or 496, or section 195.20? (see Form CT-1	l; mark an X in on	e box)	Yes No
EZ and ZEA	tax credits (attach	appropriate form for each credit claimed)			
Form CT-601.	•	Form CT-602 •			
		its claimed above; amount cannot reduce the ta		100	
the m	inimum tax (enter h	ere and on line 9b)		• 100	
Tax credits (attach appropriate	form or statement for each credit claimed)			
Fire insuranc					
premiums tax credit		Form CT-606 •	Form	CT-652 •	
Form CT-33-R		Form CT-607 •		DTF-624 •	
Form CT-33.1.		Form CT-611 •		DTF-630 •	
Form CT-33.2.		Form CT-611.1		r credits ●	
Form CT-41.		Form CT-611.2 •			
Form CT-43.		Form CT-612 •			
Form CT-44.		Form CT-613 •			
Form CT-238		Form CT-631 •			
Form CT-249		Form CT-633 •			
Form CT-250	-	Form CT-634 •			
Form CT-501		Form CT-643 •			
Form CT-604	••••	Form CT-651 •			
		do not include EZ and ZEA tax credits claimed on line 100		'	
102 Total tax	c credits claimed al	bove that are refund eligible (see instructions)		• 102	
Amended r	eturn informatio	on			
If filing an am	ended return, mar	k an X in the box for any items that apply and at	tach documenta	ation.	
Final federal	determination		ination:		
NOL carryba	ck	• Capital loss carryback			•
Federal retur	n filed: Form	1139 ● Amended Form 1120-L ●	Amended	Form 1120-PC	· •
Net operati	ng loss (NOL) ir	nformation			
New York Sta	te NOL carryover to	otal available for use this tax year from all prior ta	x years	•	
		ailable for use this tax year from all prior tax year			
New York Sta	ate NOL carryforwa	rd total for future tax years		•	
		for future tax years			



Third – pa designed (see instructio	Designee's email address			Des (signee's phor) PIN	e number
Certificatio	n: I certify that this return and any attachm	nents are to the best of my	knowledge and be	lief true, cor	rrect, and o	complete.
Authorized	Printed name of authorized person	Signature of authorized person		Official title		
person	Email address of authorized person		Telephone nu ()	ımber	Date	
Paid	Firm's name (or yours if self-employed)		Firm's EIN	P	Preparer's PTI	N or SSN
preparer use	Signature of individual preparing this return	Address	Cit	У	State	ZIP code
only (see instr.)	Email address of individual preparing this return		Preparer's NYTPRIN	or Excl. c	code Date	
See instruct	ions for where to file.					

