

**CT-33**

Department of Taxation and Finance

**Life Insurance Corporation
Franchise Tax Return**

Tax Law – Article 33

All filers must enter tax period:Amended return Final return beginning ending

| | | | | |
|---|--|-----------------|---------------------------------------|---|
| Employer identification number (EIN) | | File number | Business telephone number () | If you claim an overpayment, mark an X in the box <input type="checkbox"/> |
| Legal name of corporation | | | Trade name/DBA | |
| Mailing address Care of (c/o) | | | State or country of incorporation | |
| Number and street or PO Box | | | Date of incorporation | Foreign corporations: date began business in NYS |
| City | U.S. state/Canadian province | ZIP/Postal code | Country (if not United States) | For office use only |
| NAICS business code number (from NYS Pub 910) | If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | | | |
| NYS principal business activity | | | | |

During the tax year did you do business, employ capital, own or lease property, or maintain an office in the Metropolitan Commuter Transportation District? If Yes, you must file Form CT-33-M (see *instructions*) Yes No

| | | |
|--|--|---|
| A. Pay amount shown on line 21. Make payable to: New York State Corporation Tax Attach your payment here. Detach all check stubs. (See <i>instructions</i> for details.) | | Payment enclosed <input type="checkbox"/> |
| A | | |

B. Federal return filed: (mark an **X** in one box) **Attach a complete copy of your federal return.**

Form 1120-L Form 1120-PC Consolidated basis Other: _____

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No

If Yes, list years: _____

| | | |
|---|------|-----|
| Enter primary corporation name and EIN (if a member of an affiliated federal group): | Name | EIN |
|---|------|-----|

| | | |
|---|------|-----|
| Enter parent corporation name and EIN (if more than 50% owned by another corporation): | Name | EIN |
|---|------|-----|

C. Did you include a disregarded entity in this return? (mark an **X** in the appropriate box) Yes No
If Yes, enter the name and EIN below. If more than one, attach list with names and EINs.

| | |
|----------------------------------|-----|
| Legal name of disregarded entity | EIN |
|----------------------------------|-----|

D. Are you a residual interest holder in a real estate mortgage investment conduit (REMIC)? Yes No
E. If this corporation is an unauthorized insurance corporation, mark an **X** in the box

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.



Calculation of tax

| | | | | | | |
|---|---|--|----------|---|-----|--------|
| 1 Allocated entire net income (ENI) from line 82 | • | | × 0.071 | • | 1 | |
| 2 Allocated business and investment capital from line 58 ... | • | | × 0.0016 | • | 2 | |
| 3 Alternative tax (see instructions; attach calculation) | • | | × 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 (see instructions) | | | | • | 9a | |
| 9b | | | | | | |
| 9c | | | | | | |
| 10 Section 1505(a)(2) limitation on tax (see instructions) • | | | × 0.02 | • | 10 | |
| 11 Tax before credits (see instructions) | | | | • | 11 | |
| 12 Tax credits (enter amount from line 101; see instructions) | | | | • | 12 | |
| 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..... | | | | • | 16 | |
| 17a Balance (see instructions) | | | | • | 17a | |
| 17b Additional amount (see instructions) | | | | • | 17b | |
| 17c Total before penalties and interest (see instructions) | | | | • | 17c | |
| 18 Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) • <input type="checkbox"/> | | | | • | 18 | |
| 19 Interest on late payment (see instructions) | | | | • | 19 | |
| 20 Late filing and late payment penalties (see instructions) | | | | • | 20 | |
| 21 Balance due (add lines 17c through 20 and enter here; enter the payment amount on line A) | | | | • | 21 | |
| 22a Overpayment (if line 13 is less than line 16, subtract line 13 from line 16) | | | | • | 22a | |
| 22b Amount of overpayment previously credited to 2026 MFI (see instructions) | | | | • | 22b | |
| 22c Balance of overpayment available (see instructions) | | | | • | 22c | |
| 23 Amount of overpayment to be credited to next period | | | | • | 23 | |
| 24 Balance of overpayment (subtract line 23 from line 22c) | | | | • | 24 | |
| 25 Amount of overpayment to be credited to Form CT-33-M | | | | • | 25 | |
| 26 Refund of overpayment (subtract line 25 from line 24) | | | | • | 26 | |
| 27a Refund of tax credits (see instructions) | | | | • | 27a | |
| 27b Tax credits to be credited as an overpayment to next year's tax return (see instructions) | | | | • | 27b | |
| 28 Allocation percentage from line 45 | | | | • | 28 | % |
| 29 Reinsurance allocation percentage from line 39 | | | | • | 29 | % |

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 x column C) |
|---|---|--|---|
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals from attached sheet..... | | | |
| 30 Total (add column D amounts; enter here and include on line 34) | | ● | 30 |



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

| | | | | | | | | |
|--|------|--|--|--|--|--|--|---|
| 31 New York premiums (see instructions) | • 31 | | | | | | | |
| 32 New York ocean marine premiums (see instructions) | • 32 | | | | | | | |
| 33 New York premiums for annuity contracts and insurance for the elderly (see instr.) | • 33 | | | | | | | |
| 34 New York premiums on reinsurance assumed (see instructions) | • 34 | | | | | | | |
| 35 Total New York gross premiums (add lines 31 through 34) | • 35 | | | | | | | |
| 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) | • 37 | | | | | | | |
| 38 Total premiums (see instructions) | • 38 | | | | | | | |
| 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) | • 41 | | | | | | | |
| 42 Total wages, salaries, personal service compensation, and commissions (see instructions) | • 42 | | | | | | | |
| 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: Calculation and allocation of subsidiary capital (attach separate sheets displaying the information formatted as below if necessary)

| A – Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation, complete columns B through G on the corresponding lines below; see instructions) | | | | | | | | |
|---|--|--------------------------------|---|---|--|------|--------------------------------|--|
| Item | Name | | | | | EIN | | |
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| H | | | | | | | | |
| Item | B % of voting stock owned | C Average fair market value | | D Average value of current liabilities attributable to subsidiary capital (see instr.) | E Net average fair market value (column C - column D) | | F Allocation % (see instr.) | G Value allocated to New York State (column E x column F) |
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| H | | | | | | | | |
| Totals from attached sheet..... | | | | | | | | |
| 46 | Totals (add amounts in columns C, D, and E) • 46 | | • | | • | | | |
| 47 | Allocated subsidiary capital (add column G amounts; enter here and in the first box on line 5) | | | | | • 47 | | |



Schedule D: Calculation and allocation of business and investment capital (see instructions)

| | A Beginning of year | B End of year | C Average fair market value basis |
|--|------------------------|------------------|---|
| 48 Total assets from annual statement (balance sheet) | ● | | 48 ● |
| 49 Fair market value adjustment (attach calculation; if negative amount, use a minus (-) sign) | | | 49 ● |
| 50 Nonadmitted assets from annual statement (see instr.) | | | 50 ● |
| 51 Total assets (add lines 48, 49, and 50) ● | ● | | 51 ● |
| 52 Current liabilities (see instructions) | | | 52 ● |
| 53 Total capital (subtract line 52 from line 51) | | | 53 ● |
| 54 Subsidiary capital from line 46, column E | | | 54 |
| 55 Business and investment capital (subtract line 54 from line 53) | | | 55 ● |
| 56 Assets, excluding subsidiary assets included on line 54, held as reserves under NYS Insurance Law sections 1303, 1304, and 1305 (use same method to value assets as on line 51; see instr.) | Beginning of year | End of year | ● |
| | | | 56 |
| 57 Adjusted business and investment capital (subtract line 56 from line 55) | | | 57 ● |
| 58 Allocated business and investment capital (multiply line 57 by the allocation percentage from line 45; enter here and in the first box on line 2) | | | 58 |

Schedule E: Calculation 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 manner you report it on your federal income tax return; see instructions)

| A Description of property (attach separate sheet if necessary) | B Cost (see instructions) | C – Fair market price or value on January 1, 1974 | D Value realized on disposition (see instructions) | E New York gain or loss (see instructions) | F Federal gain or loss (see instructions) |
|--|---------------------------------|---|---|---|--|
| Totals from attached sheet | | | | | |
| 59 Totals (add amounts in columns E and F) | | | 59 | | |
| 60 New York adjustment (subtract line 59, column F, from line 59, column E; enter here and on line 66; use a minus (-) sign for negative amounts) | | | | 60 | |

Schedule F: 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) | B Social Security number | C Official title | D Salary and all other compensation received from corporation |
|---|--------------------------------|---------------------|--|
| Totals from attached sheet | | | |
| 61 Totals (add column D amounts) | ● | 61 | |



Schedule G: Calculation and allocation of ENI

| | | | | |
|---------------------|--|---|-----|--|
| 62 | Federal taxable income before net operating loss (NOL) deduction (see instructions) | • | 62 | |
| Additions | | | | |
| 63 | Dividends-received and other special deductions (used to calculate line 62) | • | 63 | |
| 64 | Dividend or interest income not included in line 62 (attach list; see instructions) | • | 64 | |
| 65 | Interest to stockholders: [] less the greater of 10% of the interest or \$1,000 (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 | |
| Subtractions | | | | |
| 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 calculation; 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) | • | 79 | |
| 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: Calculation of premiums subject to tax under section 1510 and the limitations under section 1505 (see instructions)**Life insurance companies**

| | | | | |
|----|--|---|----|--|
| 83 | Life insurance premiums..... | • | 83 | |
| 84 | Accident and health insurance premiums | • | 84 | |
| 85 | Other insurance premiums (attach list) | • | 85 | |
| 86 | Total premiums subject to tax under section 1510 and the floor limitation under section 1505(b) (add lines 83, 84, and 85, enter here and in the first box on lines 6 and 8) | • | 86 | |
| 87 | Insurance corporations who receive more than 95% of their premiums from annuity contracts, ocean marine insurance, and group insurance on the elderly (see instructions) | • | 87 | |
| 88 | Total premiums subject to the limitation under section 1505(a)(2) (add lines 86 and 87, enter total here and in the first box on line 10) | • | 88 | |

Schedule I

| | |
|----|--|
| 89 | |
| 90 | |
| 91 | |



Schedule J: Composition of prepayments (see instructions)

| | | Date paid | Amount |
|----|--|-----------|--------|
| 92 | Mandatory first installment from Form CT-300 (see instructions) | 92 | |
| 93 | Second installment from Form CT-400 | 93 | |
| 94 | Third installment from Form CT-400 | 94 | |
| 95 | Fourth installment from Form CT-400 | 95 | |
| 96 | Payment with extension request from Form CT-5, line 5 | 96 | |
| 97 | Overpayment credited from prior years (see instructions) | 97 | |
| 98 | Overpayment credited from Form CT-33-M <input type="text" value="Period"/> | 98 | |
| 99 | Total prepayments (add lines 92 through 98; enter here and on line 16) | 99 | |

Summary of tax credits claimed against current year's franchise tax (see instructions for lines 12 and 101)

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box) Yes No

100

Tax credits (file appropriate form or statement for each credit claimed with this form)

| | | |
|--|---|---|
| Fire insurance premiums tax credit.....• | <input type="text"/> Form CT-249 • | <input type="text"/> Form CT-631 • |
| Form CT-33-R....• | <input type="text"/> Form CT-250 ... • | <input type="text"/> Form CT-633 • |
| Form CT-33.1 ...• | <input type="text"/> Form CT-607 ... • | <input type="text"/> Form CT-634 • |
| Form CT-33.2 ...• | <input type="text"/> Form CT-611 ... • | <input type="text"/> Form CT-643 • |
| Form CT-41• | <input type="text"/> Form CT-611.1 • | <input type="text"/> Form CT-651 • |
| Form CT-43• | <input type="text"/> Form CT-611.2 • | <input type="text"/> Form CT-652 • |
| Form CT-44 ...• | <input type="text"/> Form CT-612 ... • | <input type="text"/> Form DTF-624 .. • |
| Form CT-238 ...• | <input type="text"/> Form CT-613 ... • | <input type="text"/> Other credits • |

| | |
|---|----------------------------|
| 101 Total tax credits claimed above (enter here and on line 12) | • <input type="text"/> 101 |
| 102 Total tax credits claimed above that are refund eligible (see instructions) | • <input type="text"/> 102 |

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

| | | |
|--|--|--|
| Final federal determination | • <input type="checkbox"/> | If marked, enter date of determination: • <input type="text"/> - - - |
| NOL carryback.....• | <input type="checkbox"/> | Capital loss carryback |
| Federal return filed: Form 1139 • <input type="checkbox"/> | Amended Form 1120-L • <input type="checkbox"/> | Amended Form 1120-PC ... • <input type="checkbox"/> |

Net operating loss (NOL) information

| | |
|---|------------------------|
| New York State NOL carryover total available for use this tax year from all prior tax years | • <input type="text"/> |
| Federal NOL carryover total available for use this tax year from all prior tax years | • <input type="text"/> |
| New York State NOL carryforward total for future tax years | • <input type="text"/> |
| Federal NOL carryforward total for future tax years | • <input type="text"/> |



| | | | | |
|--|------------------------------|-----------------------------|-------------------------|---------------------------------------|
| Third – party designee (see instructions) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Designee's name (print) | Designee's phone number () |
| | Designee's email address | | | PIN <input type="text"/> |

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

| | | | | | |
|--|---|--------------------------------|---|------------------------|----------|
| Authorized person | Printed name of authorized person | Signature of authorized person | Official title | | |
| | Email address of authorized person | | Telephone number () | Date | |
| Paid preparer use only (see instr.) | Firm's name (or yours if self-employed) | | Firm's EIN <input type="checkbox"/> | Preparer's PTIN or SSN | |
| | Signature of individual preparing this return | Address | City | State | ZIP code |
| | Email address of individual preparing this return | | Preparer's NYTPRIN <input type="checkbox"/> or <input type="checkbox"/> | Excl. code | Date |

See instructions for where to file.

426007250094

