## CT-33-A/ATT Schedules A, B, C, D, and E — Attachment to Form CT-33-A Life Insurance Corporation Combined Franchise Tax Return

Employer identification number (EIN)	All filers n	Business telephone numbe	0 0		ending	
Employer identification number (EIN)	File number	( )	r			
Legal name of corporation	_		Trade name/E	BA		
Mailing name (if different from legal name above)			State or count	ry of incorporation	Date received (for Tax	x Department use onl
c/o						
Number and street or PO box			Date of incorp	ooration		
City	State	ZIP code	Foreign corpor business in NY	ations: date began S		
NAICS business code number (from federal return)	If address/phone above is new, mark an <b>X</b> in the box	If you need to updo	for corporati	on tax,	Audit (for Tax Departi	ment use only)
Principal business activity	mark and in the box	or other tax types, See <i>Business infor</i>				
etropolitan transportation busines						
etropolitan transportation busines se property or maintain an office in						
w York, Bronx, Kings, Queens, Rich Mark an <b>X</b> in the appropriate box.)	nmond, Dutchess, Nas	ssau, Orange, Putnan	n, Rockland	l, Suffolk, ar	nd Westchester	r.)
is form must be completed for ea				•••••		
ach this form to Form CT-33-A, <i>Life</i>			se Tax Retu	rn.		
hedule A — Allocation of reins tructions for Forms CT-33-A, CT-33					ermined (see F	Form CT-33-A-
Α		В	C		D	
Name of ceding company	Reinsi	urance premiums received	Reinsu allocat		Reinsurance allocated to Ne (column B ×	ew York State
tals from attached sheet						



Legal nar	al name of corporation					Employer identification number			
Schedu	le B — C	Computation and alloca	ation of subsidiary cap	ital (see inst	ructions; attach	separate shee	et if necessary)		
		subsidiary capital (list the nam ines below)	e of each corporation and the	EIN here; for	each corporation	on complete c	olumns B through G on the		
Item			Name				EIN		
Α									
В									
С									
D									
E									
A Item	<b>B</b> % of voting stock owned	<b>C</b> Average fair market value	D Current liabilities attributable to subsidiary capital	mar	E verage fair ket value C – column D)	F Issuer's allocation %	G Value allocated to New York State (column E × column F)		
Α									
В									
С									
D									
E									
Totals from a	ttached sheet								
2 Tota	ls (add am	ounts in columns C, D, and E)				_			
		sidiary capital <i>(add column C</i> 4/B)				• 3			

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

			<b>A</b> Beginning of year		<b>B</b> 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	7					
8	Assets, excluding subsidiary assets included						
	on line 2, column C, held as reserves under			i			
	New York State Insurance Law sections 1303,			ı			
	1304, and 1305 (use same method to value			ì			
	assets as on lines 4 through 6)	8		i			

		n of adjustmen <sup>:</sup> 974 (you may no loi							rn)
	A tion of property ate sheet if necessary)	<b>B</b> Cost	Fair marke price or valu on Jan. 1, 19	ue	<b>D</b> Value realized on disposition	E New Yor gain or lo		<b>F</b> Feder gain or I	
tals from	attached sheet								
9 Totals	(add amounts in colum	ns E and F)				9			
10 New \	ork adjustment (subt	ract line 9, column F	from line 9, colu	mn E; ente	r here and on line	68 of			
	n CT-33-A or Form CT-						10		
		d address I residence;			B al security number	Official title	)	Salary and a compensation	
	(give actua	d address I residence; sheet if necessary)			al security	Official title	<b>;</b>	_	receiv
	(give actua	l residence;			al security	Official title	<del>)</del>	Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title	•	Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title	)	Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title		Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title		Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title		Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title	)	Salary and a compensation	receiv
	(give actua	l residence;			al security	Official title		Salary and a compensation	receiv
otals from	(give actua	I residence; sheet if necessary)		n	al security number			Salary and a compensation	receiv
	(give actua attach separate s	I residence; sheet if necessary)		n	al security number			Salary and a compensation	receiv
	(give actua attach separate s	I residence; sheet if necessary)		n	al security number			Salary and a compensation	receiv
11 Totals	attached sheet (add column D amount	I residence; sheet if necessary)  ts; enter here and or es of perjury, I dec	line 87 of Form (	n CT-33-A or	al security number  Form CT-33-A/B) is allowed to file	e on a combined		Salary and a compensation from corpo	receivoration
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ertificatio ate Law a nd belief tr uthorized person Paid preparer	attached sheet  attached sheet  (add column D amount  n: Under the penaltie nd is also liable for the ue, correct, and com  Printed name of authorize  E-mail address of authoris  Firm's name (or yours if self	ts; enter here and or es of perjury, I dec ne group tax liabili plete. nd person zed person employed) eparing this return	lare that this coty, and I certify  Signature of	n CT-33-A or rporation that this re	al security number  Form CT-33-A/B)  is allowed to file eturn and any a person  Tele (	e on a combined ttachments are official title phone number		Salary and a compensation from corporation from corporati	receiv pration

