

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 ente	r tax period:	beginnir	ng		ending						
Employer identification number (EIN)	File number	number Business telephone number					<u> </u>						
		()										
Legal name of corporation				Trade na	me/D	BA							
					Outrospection								
Mailing name (if different from legal name above)					State or country of incorporation Date received (for Tax Department use only)								
c/o Number and street or PO box				Date of in	oorn	aration							
Number and Street of PO box				Date of it	icorp	oration							
City State ZIP code						tions: date began							
a n	code number (from NYS Pub 910) If address/phone above is new, mark an X in the box If you need to upo phone information or other tax types					ation tax,	Audit (for Tax Department use only)						
NYS principal business activity				rmation in Form CT-1.									
For all combined returns and attachments corporations included in the combined re-	•		,	g Form	СТ-	33-A is des	ignated the <i>pare</i>	ent. The other					
Combined parent corporation legal name					Parent employer identification number								
New York, Bronx, Kings, Queens, Richmo (Mark an X in the appropriate box.) This form must be completed for each Attach this form to Form CT-33-A, Life Instructions for Forms CT-33-A, CT-33-A/A	corporation in t urance Corporat	he con ion Co	nbined group mbined Franc	hise Ta	x Re	eturn.	Ye	No No	\-/,				
A	11, and 01-33-A	7 D, allo		ileet II	HEC	C C		D					
Name of ceding company	Rein	surance recei	II.	allo	nsurance cation % nstructions)	Reinsurance premiums allocated to New York State (column B × column C)							
									_				
									+				
									+				
									+				
									+				
									+				
									\top				
Totals from attached sheet													
1 Total (add column D amounts; enter here a	nd include on line 3	7 of Fo	rm CT-33-A or F	orm CT-	-33-	4/B) • 1							



Legal naı	me of corpo	oration			EIN		
Schedu	le B — (Computation and alloca	ation of subsidiary cap	oital (see inst	ructions; attach	separate shee	et if necessary)
		subsidiary capital (list the nam lines below)	ne of each corporation and the	e EIN here; for	r each corporatic	on complete c	columns B through G on the
Item			Name				EIN
Α							
В							
С							
D							
Е						T	
A Item	B % of voting stock owned	C Average fair market value (see instructions)	Current liabilities attributable to subsidiary capital (see instructions)	mar	E average fair rket value C – column D)	Issuer's allocation % (see instr.)	G Value allocated to New York State (column E × column F)
Α							
В							
С							
D							
Е							
Totals from a	ttached sheet						
2 Tota	ls (ad <u>d am</u>	ounts in columns C, D, and E)	1.1				
	• 2						
3 Alloc	cated sub	sidiary capital <i>(add column</i> (G amounts; enter here and on	line 52 of For	rm CT-33-A or		
Fo	rm CT-33-)	A/B)				• 3	

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

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

Schedule		ion of adjustment , 1974 (you may no long									
	A tion of property ate sheet if necessary)	B Cost (see instructions)	price or valu on Jan. 1, 19	C - Fair market price or value Va		ed on ons)	Rew York gain or loss (see instruction		F Federal gain or loss (see instructions)		
ntals from	attached sheet										
		umns E and F)				9					
	•	ubtract line 9, column F, i					f	Τ'			
	•	CT-33-A/B; use a minus s						10			
chedule		ppointed or electen, and all stockholders ow			payer's issued		ck who receive			ation)	
	Namo	A and address		9,	B ocial security		C Official title			D Salary and all other	
Name and address (give actual residence; attach separate sheet if necessary)				number			Official title	compensation receive from corporation			
ntals from	attached sheet										
		unts; enter here and on I						11			
TT TOTALS	(add coldinin D anio	unts, enter here and on i	ine or or rount c	/1-00-A	01 1 01111 01-33	-A/D)		<u> </u>			
ertificatio	n: Under the pena	Ities of perjury, I decla	re that this cor	poratio	n is allowed t	to file on a	a combined	basis	under N	lew York	
tate Law a	nd is also liable fo	r the group tax liability									
nd beliet tr	rue, correct, and co	•	10: 1 (000000000000000000000000000000000000000				
uthorized	Printed name of autho	name of authorized person Signature of authorized person					Official title				
person	E-mail address of authorized person					Telephone number			Date		
Paid	Firm's name (or yours if	f self-employed)				EIN		Prepar	arer's PTIN or SSN		
Paid				paring this return Address					State ZIP code		
Paid preparer use	Signature of individual	preparing this return	Address				City	Sta	ite	ZIP code	