

New York State Department of Taxation and Finance

Non-Life Insurance Corporation Franchise Tax Return

Tax Law — Article 33

				All filers must enter tax period:			
A	mended return Final return			beginning		ending	
E	Employer identification number (EIN)	File number	Business telephone num	aber		over	ou claim an rpayment, mark
ī	egal name of corporation	•		Trade name/DBA			
П	Mailing name (if different from legal name above)			State or country of inc	orporation Date I	received (for Tax De _l	partment use only)
1	Number and street or PO box			Date of incorporation			
(Dity	State	ZIP code	Foreign corporations: began business in NY	date 'S		
	abo	ddress/phone ve is new, k an X in the box	If you need to upda information for corp types, you can do s information in Form	oration tax, or other o online. See <i>Busine</i>	hone tax	(for Tax Department	t use only)
C N	Metropolitan transportation business apital, own or lease property, or mainta Mark an X in the appropriate box. If Yes, Pay amount shown on line 15. Make pattach your payment here. Detach all	in an office in the you must file For	Metropolitan Com rm CT-33-M (see in York State Corpor	nmuter Transporta structions) ration Tax	tion District	?	
В.	Federal return filed: (mark an X in one both form 1120-L • Form 1120-Filed) Have you been audited by the Internal	PC • 0	Consolidated basis		or:		• 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		
. 1	Did you include a disregarded entity in t	this return? (mark	an X in the appropria	ate box)		Yes	□ No □
	If Yes, enter the name and EIN below.			ames and EINs.			
		Legal name of disregard	lea entity		EIN		

Attach 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: Exhibit of Premiums Written*, Schedule T; Schedule F, *Reinsurance*, Parts 1 and 3; and *Underwriting and Investment Exhibit*, Part 2B - *Premiums Written*.



Computation of tax and installment payments of estimated tax

1 Accident and health insurance premiums from line 34 (see instr.) •

2	Other non-life insurance company premiums from	n line 35 (see instr.) ●	× .02	• 2		
3	Total tax on premiums (add lines 1 and 2)			• 3		
4	Minimum tax	. 4	25	00		
5	Tax due before credits (line 3 or line 4 amount	• 5				
6	Tax credits (enter amount from line 47)	• 6				
7	Tax due (subtract line 6 from line 5)			7		
Fir	rst installment of estimated tax for next p	eriod:				
8a	If you filed a request for extension, enter an	nount from Form CT-5, line 2		• 8a		
8b	If you did not file Form CT-5 and line 7 is over	ver \$1,000, see instructions		■ 8b		
9	Total (add line 7 and line 8a or 8b)	. 9				
10	Total prepayments from line 46			• 10		
11	Balance (if line 10 is less than line 9, subtract lin	e 10 from line 9)	<u></u>	11		
12	Estimated tax penalty (see instructions; mark a	an X in the box if Form CT-222 is attac	:hed) •	• 12		
13	Interest on late payment (see instructions)			• 13		
14	Late filing and late payment penalties (see in	nstructions)		• 14		
15	Balance due (add lines 11 through 14 and ente	er here; enter the payment amount on	line A on page 1)	15		
16	Overpayment (if line 9 is less than line 10, sub	tract line 9 from line 10)		16		
17	Amount of overpayment to be credited to n	ext period		17		
18	Balance of overpayment (subtract line 17 from	n line 16)		• 18		
19	Amount of overpayment to be credited to F	orm CT-33-M		• 19		
20	Refund of overpayment (subtract line 19 from	2 0				
21a	Refund of tax credits (see instructions)	■ 21a				
21b	Tax credits to be credited as an overpayme	nt to next year's return (see instruc	tions)	■ 21b		
22	Issuer's allocation percentage from line 38.			• 22		%
23	Reinsurance allocation percentage from line	e 33		• 23		%
Sche	edule A - Allocation of reinsurance p	remiums when location of ris	sks cannot be d	eterm	ined (see instructions	,
	attach separate sheet if necessa	ry)				
	A Name of ceding company	B Reinsurance premiums received	Reinsurance allocation % (see instr.)		Reinsurance premiums ocated to New York State (column B × column C)	
						+
						\top
Totals	s from attached sheet					
	Total (add column D amounts: enter here and inc	clude on line 28)	24			

× .0175



Sch	edule B — Computation of reinsurance allocation percentage (see instruc	ctions	s)			
25	New York taxable premiums (see instructions)					
26	New York ocean marine premiums (see instructions)					
27	New York premiums for annuity contracts and insurance for the elderly (see instr.) • 27					
28	New York premiums on reinsurance assumed (see instructions)					
29	Total New York gross premiums (add lines 25 through 28)					
30	New York premiums ceded that are included on line 29 (see instructions) • 30					
31	Total New York premiums (subtract line 30 from line 29)					
32	Total premiums (see instructions)					
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)		•	33		%
Sch	edule C — Computation of taxable premiums (see instructions)					
34	Accident and health insurance premiums (enter here and in the first box on line 1)			34		
35	Other non-life insurance premiums (enter here and in the first box on line 2)			35		
Sch	edule D — Computation of issuer's allocation percentage (see instructions	s)				
36	New York gross direct premiums	•	36			
37	37 Total gross direct premiums					
38 Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)				38		%
Con	position of prepayments (see instructions)					
			Date pa	id	Amount	
39	Mandatory first installment	39				
40	Second installment from Form CT-400	40				
41	Third installment from Form CT-400	41				
42	Fourth installment from Form CT-400	42				
43	Payment with extension request from Form CT-5, line 5	43				
44	Overpayment credited from prior years (see instructions)			44		
45	B : 1					
46	Total prepayments (add lines 39 through 45; enter here and on line 10)	<u></u>		46		



Summary	of tax credits claimed against curr	ent year's franchise	tax (see instructions; attach ap	oplicable credit forms)
-	een convicted of an offense, or are you are			
New York S	tate Penal Law Article 200 or 496, or sect	tion 195.20? (see Form C	T-1; mark an X in one box)	Yes • No •
Fire insuran	ce premiums tax credit			
	t claimed)	Form C	T-613 •	
	F-R	Form C	T-631 •	
	s.1•	Form C	T-633 •	
	•	Form C	T-634	
	•	Form C	T-639	
		Form D	TF-624	
	88	Form D	TF-630	
	9	Other c	redits	
	· · · · · · · · · · · · · · · · · · ·			
	9			
	11			
	2			
	11			
	11.1			
	2			
	14			
	ı6•			
	7			
Form CT-61	1			
Form CT-61	1.1			
Form CT-61	2			
47 Total tax	c credits claimed above (enter here and on l	ine 6; see instructions)	• 47	7
48 Total tax	credits claimed above that are refund el	igible (see instructions)	• 48	3
Amended	return information			
If filing an a	mended return, mark an $m{\mathcal{X}}$ in the box for a	any items that apply and	attach documentation.	
Final federa	I determination ● ☐ If ma	rked, enter date of dete	rmination: ●	
			1	
Federal retu	ırn filed: Form 1139 ● Ame	nded Form 1120-L ●	Amended Form 1120-	PC •L
Third - pa	Designee's name (print)			Designee's phone number
designe	163 140			()
(see instructio				PIN
Certificatio	n: I certify that this return and any attach	ments are to the best of	my knowledge and belief true	, correct, and complete.
	Printed name of authorized person	Signature of authorized pe		•
Authorized	E week address of earth of		Talani	D-+-
person	E-mail address of authorized person		Telephone number	Date
Paid	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
preparer	Signature of individual preparing this return	Address	City	State ZIP code
use	oignature of individual preparing this return	/ (dul 633	Oity	Glate ZIF COUE
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPRIN	Date

See instructions for where to file.

