2 Totals (add amounts in columns C, D, and E)

CT-33-A/ATT New York State Department of Taxation and Finance Attachment to Form CT-33-A

2002 calendar-yr. filers, check box
Other filers enter tax period:

		Sch	edules	A, B, C, I	J. and E	Otne	er mers enter t	ax periou:	
	Insurance Corporation Combined				ned begi	inning			
				ax Return			ending		
Emplo	yer identification number		File nu				ffice use only		
	Legal name of corporation		Trade na	ame/DBA		Data	va a a is a d		
Mailing name and address	Mailing name (if different from legal name above	(a) and address			State or country of	Date	received		
	c/o	o, and address			incorporation				
	Number and street or PO box Date of incorporation					1			
	Cib.	ZID anda		Fareign corresponding	data				
	City	ZIP code		Foreign corporations: began business in NY	/S				
	s above is new, If your name, employer identification			, ,	lephone number	Audit	use		
check bo (see inst				get these ()					
NAICS	business code number (see instructions)	rincipal business activity							
Coml	bined parent's corporation name								
Coml	bined parent's employer identific	ation number							
Metro	politan transportation busines	ss tax (MTA surch	arge)						
Dur	ring the tax year did you do busi	ness, employ capita	al, own or lea	ase property or	maintain an off	ice in the			
	tropolitan Commuter Transporta	`	, ,				9 /		
Que	eens, Richmond, Dutchess, Nas	sau, Orange, Putna	am, Rocklan	d, Suffolk, and	Westchester.)		Y	es No	
	form must be completed for ea								
	structions for this form see Form					I CT-33-A/B.			
Allaci	n this form to Form CT-33-A, Inst	irance Corporation	Combined	Tancinse iax i	neturri.				
Sche	dule A — Allocation of rein attach separate she		ms when lo	ocation of ris	sks cannot be	determine	ed (see instru	ctions;	
	A allacii separale sile	et ii riecessary)	В		С)	
	Name of ceding company		Reinsurance receiv		Reinsurance allocation %		Reinsurance premiums allocated to New York State		
					anound	,,, ,o	(column B >		
Totals	from attached sheet								
1	Total (add column D amounts; ente	r here and include on	line 39 of For	m CT-33-A or Fo	orm CT-33-A/B)	1.			
Sche	dule B — Computation and	allocation of su	ıbsidiary c	apital (see insi	tructions; attach s	eparate sheet	if necessary)	_	
	A Description of subsidiary	, capital	B %	C	D	E Net averag	F le Issuer's	G Value allocated	
	Description of subsidiary capital List each corporation Employe		of voting	Average fair market	Current liabilities	fair marke			
		identification	stock owned	value	attributable to subsidiary	value (col. C - col. l	M %	State (col. E x col. F)	
		number	OWITCU		capital	(001. 0 - 001. 1		(601. L X 601. F)	
Totals	from attached sheet								

49901020094 CT-33-A/ATT

3 Allocated subsidiary capital (add column G amounts; enter here and on line 54 of Form CT-33-A or Form CT-33-A/B) • 3.

Name						Employer identification number				
Sch	edule C — Computation	of business and inv	vestmen	t capital (s	ee instructio	ons)				
	<u> </u>				4		В		С	
				Beginnir	g of year	Er	nd of year	Avera	ge fair market value basis	
4	Total assets from annual sta	atement (balance sheet)	4.							
5	Fair market value adjustmen	nt (attach computation;								
	if negative amount, use pare	entheses)	5.							
6	Nonadmitted assets from a	nnual statement	6.							
7 Current liabilities			7.							
8	Assets, excluding subsidiar	•								
	on line 2, column C, held									
	New York State Insurance	e Law sections 1303,								
	1304, and 1305 <i>(use same</i>		_							
	on lines 4 through 6)		8.							
Sch	edule D — Computation									
		74 (You may no longer	report gail	n or ioss in t	1		bort it on your	teaerai		
	A Description of property	B Cost	C Fair market		D Value realized		New York		F Federal	
(at	ttach separate sheet if necessary)			or value	on dis	position	gain (loss)		gain (loss)	
			on Jan	. 1, 1974						
Total	s from attached sheet									
	Totals					9.				
	New York adjustment (subtra						n CT-33-A or			
	Form CT-33-A/B; use parent							1	0.	
			,							
Sch	edule E — Officers (app									
	compensation, a	and all stockholders ow	ning more	than 5% of	taxpayer's	issued capita	al stock who re	eceived	any compensation.)	
A Name and address (give actual residence;				B Social secu number		C Official M			D Colony and all other	
							Official title		Salary and all other compensation received	
	attach separat	te sheet if necessary)							from corporation	
	s from attached sheet									
11	Totals (add column D amounts	s; enter here and on line s	96 of Form	CT-33-A or F	orm CT-33-A	4/B)		• 11.		
	ification. Under penalties of									
	is also liable for the group tax	cliability, and I certify the	nat this re	turn and an	y attachme	ents are to the	e best of my k	nowled	ige and belief	
	correct, and complete. ature of elected officer or authorized p	nerson			Official title			Date		
Oigin	atare or elected ember or authorized p	7010011			molal titlo			Date		
_	Firm's name (or yours if self-employed)					ID number		Date		
pare Ily	5 manne (or youro il ooli omployou)							2010		
Firm's name (or yours if self-employed) Address						Signature of ind	ividual preparing t	this return	1	
Paid us						J				