

# Staple forms here New York State Department of Taxation and Finance

## Non-Life Insurance Corporation Franchise Tax Return

|   | Tax Law -   | — Article 33   | All filers mu   | ust enter tax                             | period:            |  |
|---|---|--|---|---|--------------------|--|
| Amended return  |   |  | beginning   |   | ending             |  |
| Employer identification number (EIN)  | File number   | Business telephone num   | ber   |   |                    | If you claim an<br>overpayment, mark<br>an <b>X</b> in the box |
| Legal name of corporation   |   |  | Trade name/DE   | 3A  |                    |  |
| Mailing name (if different from legal name above)   |   |  | State or country  | of incorporation                          | Date received (for | Tax Department use only,                                       |
| C/O<br>Number and street or PO box  |   |  | Date of incorpo   | oration                                   |                    |  |
| City  | State   | ZIP code   | Foreign corpor<br>began busines                           |   |                    |  |
| NAICS business code number (see instructions) Principal business activity   | If address above<br>is new, mark an<br>X in the box | If your name, employed<br>or owner/officer inform<br>file Form DTF-95. If on<br>you may file Form DTF<br>from our Web site, or b | ation has change<br>ly your address h<br>-96. You can get | d, you must<br>as changed,<br>these forms | Audit (for Tax Dep | artment use only)  |
| capital, own or lease property, or Mark an <i>X</i> in the appropriate box.<br><b>A.</b> Pay amount shown on line 15. | If Yes, you must file Fe                            | orm CT-33-M <i>(see ins</i>  | tructions)  |   |                    | . Yes No   |
| Attach your payment here. Deta  | ch all check stubs. (Se                             | ee instructions for detail   | s.)   |   | Α.                 |  |
| B. Federal return filed: (mark an X i   | n one box)  |  |   |   |                    |  |
| Form 1120-L • Form  | 1120-PC •   | Consolidated basis   | •   | Other:                                    |                    | •  |
| ave you been audited by the Internation If <i>Yes</i> , list years:   |   |  |   |   | Yes •              | No •   |
|   | Name  |  |   |   | EIN                |  |
| nter primary corporation name and<br>f a member of an affiliated federal group  |   |  |   |   |                    |  |
| nter parent corporation name and E  |   |  |   |   | 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 Insurance Department, 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 (see instructions)

| 1   | Accident and health insurance premiums from line 34 • × .0175 •                                    | 1   |          |
|-----|--|-----|----------|
| 2   | Other non-life insurance company premiums from line 35 • × .02 •                                   | 2   |          |
| 3   | Total tax on premiums (add lines 1 and 2)  | 3   | •        |
| 4   | Minimum tax  | 4   | . 250 00 |
| 5   | Tax due before credits (line 3 or line 4 amount, whichever is greater)                             | 5   |          |
| 6   | Tax credits (enter amount from line 47)  | 6   | -        |
| 7   | Tax due (subtract line 6 from line 5)  | 7   | -        |
| Fi  | rst installment of estimated tax for next period:  |     |          |
| 8a  | If you filed a request for extension, enter amount from Form CT-5, line 2                          | 8a  | -        |
| 8b  | If you did not file Form CT-5 and line 7 is over \$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 line 10 from line 9)                             | 11  | -        |
| 12  | Penalty for underpayment of estimated tax (mark an X in the box if Form CT-222 is attached) • •    | 12  | -        |
| 13  | Interest on late payment (see instructions)  | 13  | -        |
| 14  | Late filing and late payment penalties (see instructions)  | 14  | -        |
| 15  | Balance due (add lines 11 through 14 and enter here; enter the payment amount on line A on page 1) | 15  | -        |
| 16  | Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)                         | 16  |          |
| 17  | Amount of overpayment to be credited to next period  | 17  | -        |
| 18  | Balance of overpayment (subtract line 17 from line 16)   | 18  | -        |
| 19  | Amount of overpayment to be credited to Form CT-33-M   | 19  |          |
| 20  | Refund of overpayment (subtract line 19 from line 18)  | 20  | -        |
| 21a | Refund of tax credits (see instructions)   | 21a | •        |
| 21b | Tax credits to be credited as an overpayment to next year's return (see instructions)              | 21b | •        |
| 22  | Issuer's allocation percentage from line 38  | 22  | . %      |
| 23  | Reinsurance allocation percentage from line 33   | 23  | . %      |

# Schedule A — Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

| Δ  | B                             | С                        | D  |
|--|-------------------------------|--------------------------|--|
| Name of ceding company                             | Reinsurance premiums received | Reinsurance allocation % | Reinsurance premiums<br>allocated to New York State<br>(column B × column C) |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
|  |                               |                          |  |
| Totals from attached sheet                         |                               |                          |  |
| 24 Total (add column D amounts; enter here and ind | clude on line 28)             | • 24.                    |  |

#### Schedule B — Computation of reinsurance allocation percentage (see instructions)

| 25 | New York taxable premiums   | 25. |  |   |
|----|---|-----|--|---|
| 26 | New York ocean marine premiums  | 26. |  |   |
| 27 | New York premiums for annuity contracts and insurance for the elderly •         | 27. |  |   |
| 28 | New York premiums on reinsurance assumed (see instructions)                     | 28. |  |   |
|    | Total New York gross premiums (add lines 25 through 28)                         |     |  |   |
|    | New York premiums ceded that are included on line 29                            |     |  |   |
|    | Total New York premiums (subtract line 30 from line 29)                         |     |  |   |
|    | Total premiums  |     |  |   |
|    | Reinsurance allocation percentage (divide line 31 by line 32; enter here and on |     |  | % |

### Schedule C — Computation of taxable premiums (see instructions)

| 34 | 34 Accident and health insurance premiums (enter here and in the first box on line 1) |     |  |
|----|---|-----|--|
| 35 | Other non-life insurance premiums (enter here and in the first box on line 2)         | 35. |  |

### Schedule D — Computation of issuer's allocation percentage (see instructions)

| 36 | New York gross direct premiums  | 36. |   |
|----|---|-----|---|
| 37 | Total gross direct premiums   | 37. |   |
| 38 | Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22) | 38. | % |

#### **Composition 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. |         |     |        |
|    | Overpayment credited from prior years                                  |     |         | 44. |        |
| 45 | Overpayment credited from Form CT-33-M Period                          |     |         | 45. |        |
| 46 | Total prepayments (add lines 39 through 45; enter here and on line 10) |     |         | 46. |        |

| Summary of tax credits claimed against current year's  | franchise tax (see instructions; attach applicable credit forms)   |
|--|--|
| Fire insurance premiums tax credit (enter amount claimed)  | Form CT-601.1<br>ZEA wage tax credit   |
| Form CT-33-R<br>Retaliatory tax credits  | Form CT-602<br>EZ capital tax credit   |
| Form CT-33.1<br>CAPCO credit   | Form CT-604     QEZE tax reduction credit  |
| Form CT-41<br>Credit for employment of<br>persons with disabilities  | Form CT-606<br>QEZE credit for real property taxes •   |
| Form CT-43<br>Special additional mortgage  | Form CT-611<br>Brownfield redevelopment tax credit •   |
| Form CT-44   | Form CT-612<br>Remediated brownfield credit for<br>real property taxes                                     |
| financial services industry  | Form CT-613<br>Environmental remediation<br>insurance credit   |
| Long-term care insurance credit  | Form CT-631  |
| Form CT-250 Defibrillator credit •   | Security officer training tax credit  Form DTF-624   |
| Form CT-259 Fuel cell electric generating equipment credit   | Low-income housing credit  |
| Form CT-601  | Green building credit  |
| EZ wage tax credit   | Other credits  |
| <ul><li>47 Total tax credits claimed above (<i>enter here and on line 6</i>)</li><li>48 Total tax credits claimed above that are refund eligible (<i>see in</i>)</li></ul> |  |
| Third –<br>party<br>designee         Do you want to allow another person to discuss this return to<br>Designee's name         Designee's person to<br>(                    | with the Tax Dept? (see instructions) Yes (complete the following) No Personal identification number (PIN) |
| Certification. I certify that this return and any attachments are to   | the best of my knowledge and belief true, correct, and complete.   |
| Signature of authorized person   | Official title Date  |
| Signature of individual preparing this return Firm's name (or  | r yours if self-employed)  |
| Signature of individual preparing this return     Firm's name (o.       Big     Address     City   | ate ZIP code ID number Date  |

See instructions for where to file.

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