2007 CT-33-A/	AII Sche Attac Life Ins	ate Department of Taxati dules A, B chment to surance Corpored ned Franchise	, C, D, a Form C oration	:T-33-A		
	All filers m	ust enter tax period	beginning		ending	
Employer identification number (EIN)	File number	Business telephone numb	per			
Mailing name (if different from legal name above) c/o			State or countr	ry of incorporation	Date received (for T	ax Department use only
Number and street or PO box			Date of incorp	poration		
City	State	ZIP code	Foreign corpora business in NY	ations: date began S		
NAICS business code number (see instructions) Principal business activity	If address above is new, mark an X in the box	If your name, employer or owner/officer informa file Form DTF-95. If only you may file Form DTF- from our Web site, or by in the instructions.	tion has change / your address ha 96. You can get t	d, you must as changed, hese forms	Audit (for Tax Depar	rtment use only)

For all combined returns and attachments, the corporation responsible for filing Form CT-33-A is designated the *parent*. The other corporations included in the combined return are designated *subsidiaries*.

Combined parent corporation name	Parent employer identification number					
Metropolitan transportation business tax (MTA surcharge) — During the tax year did you do business, employ capital, own or lease						
property or maintain an office in the Metropolitan Commuter Transportation District (MCTD)? (The MCTD includes counties of New York,						
Prony Kings Queens Bishmond Dutchess Nessey Orange Buttom Backland Suffelly and Westchester)						

This form must be completed for each corporation in the combined group.

Attach this form to Form CT-33-A, Life Insurance Corporation Combined Franchise Tax Return.

Schedule A — Allocation of reinsurance premiums when location of risks cannot be determined (see Form CT-33-A-I, Instructions for Forms CT-33-A, CT-33-A/ATT, and CT-33-A/B; attach separate sheet if necessary)

		37	
A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation %	D Reinsurance premiums allocated to New York State (column B × column C)
Totals from attached sheet			
1 Total (add column D amounts; enter here and	l include on line 37 of Form CT-33-A or Form (CT-33-A/B) • 1.	

Name	Employer identification number

Schedule B — Computation and allocation of subsidiary capital (see instructions; attach separate sheet if necessary)

A — Description of subsidiary capital (list the name of each corporation and the EIN here; for each corporation complete columns B through G on the corresponding lines below)										
Item		Name EIN								
Α										
В										
С										
D										
E										
A Item	B % of voting stock owned	C Average fair market value	D Current liabilities attributable to subsidiary capital	E Net average fair market value (column C – column D)	F Issuer's allocation %	G Value allocated to New York State (see instructions)				
A										
В										
С										
D										
E										
Totals from at	tached sheet				J					
2 Tota										
	• 2.				_					
		sidiary capital (add column G								
Fo	Form CT-33-A/B)									

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 from annual statement (balance sheet)	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				
New York State Insurance Law sections 1303,				
1304, and 1305 (use same method to value				
assets as on lines 4 through 6)	8.			

Schedule D — Computation of adjustment for gains or losses on disposition of property acquired before January 1, 1974 (you may no longer report gain or loss in the same manner you report it on your federal income tax return)									
A Description of property (attach separate sheet if necessary)	B Cost	C Fair market price or value on Jan. 1, 1974	D D Value realized on disposition	ou rep	E New York gain or loss		Federal gain or loss		
Totals from attached sheet									
9 Totals (add amounts in col	umns E and F)			9.					
10 New York adjustment (su Form CT-33-A or Form C	btract line 9, column F,	from line 9, column E; e	nter here and on line			10.			

Schedule E — Officers (appointed or elected) and certain stockholders (include all officers, whether or not receiving any compensation, and all stockholders owning more than 5% of taxpayer's issued capital stock who received any compensation)

Α	В	С	D
Name and address	Social security	Official title	Salary and all other
(give actual residence;	number		compensation received
attach separate sheet if necessary)			from corporation
Totals from attached sheet			
11 Totals (add column D amounts; enter here and on line 87 of Form (CT-33-A or Form CT-33-A/B)	

Certification: Under the penalties of perjury, I declare that this corporation is allowed to file on a combined basis under New York State Law and is also liable for the group tax liability, and I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Sign	ature of authorized person			Official title		Date
eparer only	Signature of individual preparing this return		Firm's name (or yours if self-er	nployed)		
Paid pr use	Address	City	State ZI	P code	ID number	Date

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