



New York State Department of Taxation and Finance

## Non-Life Insurance Corporation Franchise Tax Return

All filers must enter tay period:

Tax Law — Article 33

				All mers must enter tax period.					
	Amended return			beginning	ending				
	Employer identification number (EIN)	File number	Business telephone num	ber	If you claim an overpayment, man <b>X</b> in the box	ark			
	Legal name of corporation	<u> </u>	, ,	Trade name/DBA	u. // u. o zox				
	Mailing name (if different from legal name above)			State or country of incorporation	Date received (for Tax Department use	e only)			
	c/o Number and street or PO box			Date of incorporation					
	City	State	ZIP code	Foreign corporations: date began business in NYS					
	is	address above new, mark an in the box	or owner/officer inform file Form DTF-95. If on	identification number, addres ation has changed, you must ly your address has changed, -96. You can get these forms					
	<u> </u>		from our Web site, or be in the instructions.	y fax or phone. See Need hel					
(	<b>Metropolitan transportation busines</b> : capital, own or lease property, or maint Mark an <b>X</b> in the appropriate box. If <i>Y</i> es	ain an office in th	e Metropolitan Com	muter Transportation D	istrict?	o <b>I</b>			
A	. Pay amount shown on line 15. Make Attach your payment here. Detach al	payable to: <b>New</b> check stubs. <i>(Se</i>	York State Corpora e instructions for detail	<b>tion Tax</b> ls.)	Payment enclosed  A.				
В	. Federal return filed: (mark an <b>X</b> in one	box)							
	Form 1120-L • Form 1120	-PC •□	Consolidated basis	• Other:		•			
	ve you been audited by the Internal Retendance Yes, list years:		the past 5 years?		Yes • No	•			
	er primary corporation name and EIN member of an affiliated federal group):	Name			EIN				
	er parent corporation name and EIN over than 50% owned by another corporation):	Name			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*.

Com	putation of tax and installment payme	ents of estimated tax (see i	instructions)				
1	Accident and health insurance premiums from	om 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)						
7	7 Tax due (subtract line 6 from line 5)						
Fi	rst installment of estimated tax for next pe	eriod:		_			
8a							
8b							
9							
10							
11	Balance (if line 10 is less than line 9, subtract lin	ne 10 from line 9)	<u></u>		11.		
12	Penalty for underpayment of estimated tax (	mark an <b>X</b> in the box if Form CT-22	?2 is attached) ●	•	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 ne	ext period		[	17.		
18	Balance of overpayment (subtract line 17 from	n line 16)		•	18.		
19	Amount of overpayment to be credited to Fo	orm CT-33-M		•	19.		
20	Refund of overpayment (subtract line 19 from	line 18)			20.		
21a	Refund of tax credits (see instructions)						
21b	Tax credits to be credited as an overpayment to next year's return (see instructions)						
	2 Issuer's allocation percentage from line 38						%
	Reinsurance allocation percentage from line						%
Sche	edule A — Allocation of reinsurance p attach separate sheet if necessa		f risks cannot be	de	termi	ined (see instructions	,
	Attach separate sheet ii hecessa	В	С			D	
	Name of ceding company	Reinsurance premiums	Reinsurance			einsurance premiums	
		received	allocation %			cated to New York State (column B × column C)	
							+
							+
Totals	from attached sheet						
	Total (add column D amounts; enter here and inc	clude on line 28)	• 24.				+
	The state of the s						

Sch	edule B — Computation of reinsurance allocation percentage (see instru	ctions	:)			
25	New York taxable premiums 25.					
26	· · · · · · · · · · · · · · · · · · ·					
27	New York premiums for annuity contracts and insurance for the elderly • 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				_	
31	Total New York premiums (subtract line 30 from line 29)					
32	Total premiums					
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on line 23)			33.		%
	edule C — Computation of taxable premiums (see instructions)  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)						
Sch	edule D — Computation of issuer's allocation percentage (see instruction	s)				
36	New York gross direct premiums		•	36.		
37				37.		
38	8 Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)			38.		%
Con	nposition of prepayments (see instructions)					
			Date pa	iid	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			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 tay are dita alaimed against surrent year's	franchica tay (and instructional attach applicable gradit forms)					
Summary of tax credits claimed against current year's	Tranicinse tax (see instructions, attach applicable credit forms)					
Fire insurance premiums tax credit	Form CT-601.1					
(enter amount claimed)●	ZEA wage tax credit					
Form CT-33-R	Form CT-602					
Retaliatory tax credits	EZ capital tax credit					
retailatory tax oredits						
Form CT-33.1	Form CT-604					
CAPCO credit	QEZE tax reduction credit  ●					
Form CT-41	Form CT-606					
Credit for employment of	QEZE credit for real property taxes					
persons with disabilities						
Farry OT 40	Form CT-611					
Form CT-43	Brownfield redevelopment tax credit •					
Special additional mortgage	5 07040					
recording tax credit	Form CT-612					
5 OT 44	Remediated brownfield credit for					
Form CT-44	real property taxes					
Investment tax credit for the						
financial services industry	Form CT-613					
	Environmental remediation					
Form CT-249	insurance credit					
Long-term care insurance credit •						
	Form CT-631					
Form CT-250	Security officer training tax credit					
Defibrillator credit						
	Form DTF-624					
Form CT-259	Low-income housing credit					
Fuel cell electric generating						
equipment credit	Form DTF-630					
- 0-00	Green building credit					
Form CT-601						
EZ wage tax credit	Other credits					
	Other credits					
47 Total tax credits claimed above (enter here and on line 6)	• 47.					
48 Total tax credits claimed above that are refund eligible (see						
Third – Do you want to allow another person to discuss this return	with the Tax Dept? (see instructions)  Yes (complete the following) No					
party						
designee Designee's name Designee's	phone number 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 (continue)  Address  City  Signature of individual preparing this return	or yours if self-employed)					
o o i						
a g Address City Si	tate ZIP code ID number Date					
ا ش						

See instructions for where to file.