

Staple forms here New York State Department of Taxation and Finance

Non-Life Ins Franchise Ta	surance Corporation
Franchise ia	ax Return

	lax Law —	Article 33	All filers mu	ist enter tax	period:		
Amended return			beginning		ending		
Employer identification number (EIN)	File number	Business telephone nu	nber			If you claim an overpayment, m an X in the box	iark
Legal name of corporation			Trade name/DE	3A			
Mailing name (if different from legal name above)			State or country	of incorporation	Date received (for Ta	x Department use	e only)
c/o Number and street or PO box			Date of incorpo	oration	-		
City	State	ZIP code	Foreign corpor began busines		-		
NAICS business code number (from federal return) Principal business activity	If address/phone above is new, mark an X in the box	If you need to update information for corpoi types, you can do so www.nystax.gov and option. Otherwise, se	ation tax, or other online. Visit our W ook for the chang	tax eb site at e my address	Audit (for Tax Depart	tment use only)	
capital, own or lease property, or ma Mark an X in the appropriate box. If	∕es, you must file Fo	rm CT-33-M (see ii	nstructions)		١		0
A. Pay amount shown on line 15. Mai Attach your payment here. Detach					A.	ent enclosed	
B. Federal return filed: (mark an X in on	e box)						
Form 1120-L • Form 112	20-PC •	Consolidated basis	s •	Other:			•
ave you been audited by the Internal F If Yes, list years:					Yes •	No	•
	. Name				EIN		
nter primary corporation name and Ell a member of an affiliated federal group):							
nter parent corporation name and EIN more 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.

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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	2		
3	Total tax on premiums (add lines 1 and 2)	3	3.	
4	Minimum tax	4	. 250	00
5	Tax due before credits (line 3 or line 4 amount, whichever is greater)	5	j.	
6	Tax credits (enter amount from line 47)	6	j.	
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	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) •	12	2.	
13	Interest on late payment (see instructions)	13	3.	
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	5.	_
16	Overpayment (if line 9 is less than line 10, subtract line 9 from line 10)	16	j.	
17	Amount of overpayment to be credited to next period	17		
18	Balance of overpayment (subtract line 17 from line 16)	18	3.	_
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)	21 a	a.	
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	j	%

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 allocated to New York State (column B × column C)
Totals from attached sheet			
24 Total (add column D amounts; enter here and inc	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.		
29	Total New York gross premiums (add lines 25 through 28)	29.		
30	New York premiums ceded that are included on line 29	30.		
31	Total New York premiums (subtract line 30 from line 29)	31.		
32	Total premiums	32.		
	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on			%

Schedule 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.	

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	lid	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 tax credits claimed against current year's franchise tax (see instructions; attach applicable credit forms)

Fire insura	ce premiums tax credit	
(enter amou	t claimed)	
	-R• Form CT-604	
Form CT-3	.1• Form CT-606	
Form CT-4	• Form CT-611•	
Form CT-43	• Form CT-611.1•	
Form CT-4	• Form CT-612•	
Form CT-2	9• Form CT-613•	
Form CT-2	0• Form CT-631•	
Form CT-2	9• Form DTF-624•	
Form CT-6	1• Form DTF-630•	
Form CT-6	1.1• Other credits•	
48 Total	ax credits claimed above (enter here and on line 6)	
If filing an	mended return, mark an \boldsymbol{X} in the box for any items that apply.	
Final feder	I determination	
Federal ret	rn filed: Form 1139 • Amended Form 1120-L • Amended Form 1120-PC •	
Third – pa designe	Yes No (() Designee's e-mail address (()	phone number
(see instruct	· /	PIN
Certificati	n: I certify that this return and any attachments are to the best of my knowledge and belief true, correct,	and complete.
Authoriz	Signature of authorized person Official title	
perso		ate
Paid	Firm's name (or yours if self-employed)	ir
preparer use	Signature of individual preparing this return Address City State	
only	E-mail address of individual preparing this return	ate

See instructions for where to file.

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