New	York State Department of Taxation and Finance CT 22 Eronobico Tox Poturo	For calendar year or tax period:	1992
√ ₹]	CT-33 Franchise Tax Return For Insurance Corporations beginning		
<u> </u>			
	Tax Law — Article 33 ending		
Emp	loyer identification number File number You must report For office use	only	
	changes to your name, EIN, address		
Nam	Place Label Here or owner/ officer		
	information on Form Date received	i	
Nun	address on return is		
	new, check box.		
Trac	le name Business telephone number (from federal return) Business activity code number		
Prir	cipal business activity State or country of incorporation date Foreign corporations: date began		
	business in NYS Audit use		
	ral return was on: 1120-L • 1120-PC • Consolidated • Other:		
filed			
	bu do business, employ capital, own or lease property or maintain an office in the politan Commuter Transportation District? L Yes L No must file For	red Yes, you	
	you been audited by the Internal Revenue Service in the past 5 years?		
	you been addited by the internal revenue dervice in the past 5 years:	ars. ed <i>Yes</i> to both questions	
	he controlling interest in the corporation's stock changed during the period Yes Will No attach a separ	ate sheet with complete	
cove	ed in this return?		
Α.	Payment - pay amount shown on line 23 — Make check payable to: New York State Corporation Tax	Payment enclosed	
	putation of Tax and Installment Payments of Estimated Tax	·	
	Allocated entire net income (amount from line 88) multiply by .09 . 1		
	Allocated business and investment capital (amount from line 60) multiply by .0016 2 •		
	Alternative tax (attach separate computation; see instructions) multiply by .09		
	Minimum tax	250	00
	Allocated subsidiary capital (amount from line 49) multiply by .0008 5		
6	Life insurance company premiums (amount from line 93) multiply by .008 6		
	Nonlife insurance company premiums:		
7	Accident and health (amount from line 94) multiply by .01		
8	Other (amount from line 95)		
	Total (add line 1, 2, 3 or 4, whichever is largest, and lines 5, 6, 7 and 8)		
10	Limitation on tax (section 1505) (amount from line 99) multiply by .026 10		
11	Tax - Amount from line 9 or 10, whichever is less		
12	Tax credits — ☐ Taxes on certain fire insurance premiums (enter amount) •		
	● ☐ Retaliatory Tax ● ☐ CT-43 ● ☐ CT-45 ☐ DTF-601 ☐ DTF-602		
	(attach forms - see instructions if more than one credit is claimed)		
13	Tax due (subtract line 12 from line 11; if negative amount, enter "0")		
14	Tax surcharge at (multiply line 13 by appropriate rate; see instructions)		•
	Tax and tax surcharge due (add lines 13 and 14)		
	First installment of estimated tax for next period:		
16a	If application for extension was filed, enter amount from Form CT-5, line 5		
16b	If Form CT-5 was not filed and line 15 is over \$1,000, enter 25% (.25) of line 15		
	Total (add line 15 and line 16a or 16b)		
	Prepayments (attach schedule)		
	Balance (if line 18 is less than line 17, subtract line 18 from line 17)		
	Interest on late payment (see instructions)		
	Late filing and late payment penalties (see instructions)		
	Penalty for underpayment of estimated tax (check box if Form CT-222 is attached) (if none, enter "0")		
	Balance Due (add lines 19 through 22; enter payment here and on line A above)		T
	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)		
	Amount of overpayment to be credited to next period		
	Balance of overpayment (subtract line 25 from line 24)		
	Amount of overpayment to be credited to CT-33-M		
	Refund of overpayment (subtract line 27 from line 26)		
	Refund of excess retaliatory tax credit (amount from line 110)		
	Issuer's allocation percentage (from line 113)		<u> </u>
-	Reinsurance allocation percentage (from line 41)		%
3!	nemourance andoation percentage (nom line 41)		70

Pag	ge 2 CT-33 (1992)									
Scł	nedule A - Allocation of Reinsurance Pr	emiums	where Locat	ion of Risks	Cannot Be De	termined (se	e in	structions,	Form	CT-33-I)
	A		В		С	· · · · · · · · · · · · · · · · · · ·		D)	•
Name of Ceding Company (Attach separate sheet if necessary.)			Reinsurance Premiums		Reinsu	rance	Reinsurance Premiums Allocated to New York			
			Receiv		Allocat			(column B ×		
								west		-
				•						-
Tota	als from attached sheet									
	Total (add column D amounts) Include on lin	e 36	<u> </u>		<u> </u>					
Sch	nedule B - Computation of Allocation Pe	rcentag	e. If you do n	ot claim an	allocation enter	100 on line 4	17	For evolan	ation o	of lines
	33 through 47, see page 2 of i			or orann an	anooanon, onto	100 011 11110 -		or explain	ation c	,, ,,,,,,
										
33	New York taxable premiums			·		33 •				
	New York ocean marine premiums					34 •				
35	New York premiums on annuity contract	s and or	insurance fo	or the elderly		35 ●				
36	New York premiums on reinsurance ass	umed fro	m authorized	companies		36 ●				
37	'Total New York gross premiums (add line	s 33 throi	ıgh 36)			37 •				
38	New York premiums ceded that are incl	uded on	line 37		<u>.</u>	38 •		-		
	Total New York premiums (subtract line 3)					39 •				
	Total premiums				_	40 ●				
	New York premium percentage (divide lir								1 •	%
	Weighted New York premium percentag						•••	4	2 •	%
	New York wages, salaries, commissions									
	Total wages, salaries, commissions and								_	
	New York payroll percentage (divide line								5 •	<u>%</u>
	Total New York percentages (add lines 42	-				and the second s			6 • 7 •	%
	Allocation percentage (divide line 46 by te				or instructions) .		• • •	4	./ -	%
	edule C - Computation and Allocation	or Subsi						·		<u> </u>
	Α		В	C	D	E		F		G
*	Description of Subsidiary Capital	ployer	% of Voting Stock	Average Fair Market	Current Liabilitie Attributable	s Net Average Fair Market		Issuer's		Allocate
	List each corporation Ident	ification	Owned	Value	to Subsidiary	Value (col.	C	anocation 70		× col. F
	(Attach separate sheet if necessary.) Nu	mber	<u> </u>		Capital	minus col. [2)		ļ	
	The state of the s		-	: ,			+	7110-1	ļ	
	The state of the s		•			1	-			
						1				
Tota	Is from attached sheet	•.*					_			
	Totals (add amounts in columns C, D and E,			•	•	•	_	· · · · · · · · · · · · · · · · · · ·		
	Allocated subsidiary capital (add column				-1		_		•	
			· · · · · · · · · · · · · · · · · · ·		·		• • •			
SCII	edule D - Computation and Allocation	or Busin	ess and inve	stment Cap	itai B			1	С	
		<u> </u>	Beginning	of Year	End of	fear		Average Fair		alue Basis
50	Total assets from annual statement (balance	e sheet) <u>'</u>	<u> </u>		• :		50	•		
51	Fair market value adjustment (attach compu	ation —	* · · · · · · · ·		. 4					
	if negative amount, use parentheses)				· · · · · · · · · · · · · · · · · · ·		<u>51</u>	•		·
	Non-admitted assets from annual statem						<u>52</u>	•		
	Total assets (add lines 50, 51 and 52)				•		<u>53</u>			
	Current liabilities						<u>54</u>	•		
55 Total capital (subtract line 54 from line 53)								. 55 •		
	Subsidiary capital (from line 48, column E)						<u>56</u>			
	Business and investment capital (subtraction Assets, excluding subsidiary assets include		rom line 55) Beginning	g of Year	End	of Year	57	•		
JO	line 56, held as reserves under NYS Ins	urance	3			1				v
	Law sections 1303, 1304 and 1305 (value	assets					ĖO			
59	same as valued on line 53)		t line 58 from	line 57)	- 		<u>58</u> 59	•		
	- · ·	Adjusted business and investment capital (subtract line 58 from line 57)								ν
	from line 47; enter here and on line 2)						60			
	· · · · · · · · · · · · · · · · · · ·									

Sch 	edule G - Officers (appointed or elected) and Certain Stockholders and all stockholders owning more than 5% of taxpayer's iss			ho received any o			
A Name and Address (Give actual residence. Attach separate sheet if necessary.)		B Social Security Number		C Official	Title	Salary and all Other Compensation Received From Corporation	
_							
	ls from attached sheet		-				
89	Total (add column D amounts)		<u> </u>	<u></u>		. •	
Sch	edule H — Computation of Premiums			Α		В	
			Tax	remiums able Under ction 1510	I	emiums Included n Tax Limitation utation - Section 1505	
Life	insurance companies					- Control of the Cont	
	Life insurance premiums		•		•		
91	Accident and health insurance premiums		•		•		
92	Other insurance premiums (attach list)		• :		•		
93	Total (add lines 90, 91 and 92, column A; enter here and on line 6)						
	life insurance companies			3999			
94	Accident and health insurance premiums (enter column A amount on li	ne 7)			•	· · · · · · · · · · · · · · · · · · ·	
95	Other insurance premiums (enter column A amount on line 8)			<u> </u>	•		
	See instructions before making entries below.						
	rance corporations who receive more than 95% of their premiums			Low rate Wa		The state of the s	
	Annuity contracts				•		
	Ocean marine insurance				•		
	Group insurance on the elderly (Insurance Law, section 4236)				•		
	Total (add column B); enter here and on line 10						
Scn	edule I - Computation of Retaliatory Tax Credit - for Corporatio	ns Org	anized or D	omicilea in Nev	V YORK - I	or tax years prior to	
	1990, attach separate computation.		Α	В		С	
			1990	1991		1992	
	Tax less credits except for retaliatory tax credit						
	Retaliatory tax credit claimed in 1990 and 1991 101						
	Balance (subtract line 101 from line 100)						
103	90% of retaliatory taxes paid in 1992 on 1990 premiums and income (total of line 101 and line 103 may not exceed line 100, column A)	<u> </u>	* <u>* * * * * * * * * * * * * * * * * * </u>				
104	90% of the retaliatory taxes paid in 1992 on 1991 premiums and income (total of line 101 and line 104 may not exceed line 100, column B)			•			
105	90% of retaliatory taxes paid in 1992 on 1992 premiums and income (total may not exceed line 100, column C) 105					•	
106	Total retaliatory tax credit claimed this year (add line 103, column A, line 104, column B and line 105, column C)					•	
107	Retaliatory tax credit used on line 12 to reduce tax due on line 13	to zero	D		107	•	
	Balance of retaliatory tax credit (subtract line 107 from line 106)				108	•	
	Retaliatory tax credit to be carried forward (if you elect this option, e					•	
	Retaliatory tax credit to be refunded (if you elect this option, enter the am			•			

 111 New York gross direct premiums
 111 ●

 112 Total gross direct premiums
 112 ●

certification. I certify that this return and any attachments are to the best of my knowledge and benefit the, correct and complete.				
Date	Signature of elected officer or authorized person	Official title		
Date	Print or type name of paid individual or firm preparing this return	Signature of individual preparing this return		
+				
	•			
Paid preparer's ID number	Paid preparer's address			

%

Schedule J - Computation of Issuer's Allocation Percentage - (Penalty will be imposed for failure to supply this information.)

Mail returns to: NYS Corporation Tax, Processing Unit, P O Box 1909, Albany NY 12201-1909

Attach a copy of your complete federal return, a copy of your Annual Report of Premiums as filed with the New York State Insurance Department and copies of the following schedules from your Annual Statement: Balance Sheet, the Analysis of Assets Exhibit and the Summary by Country portion of Schedule D.