2003			es A, B, C ent to Fo						
Y	Li	ife Insura	nce Corpora Franchise Ta	tion					
								s check box:	
				baginning	Other	filers ente	· · -	riod:	
Employer identification number		-ile number B	usiness telephone numbe	beginning		er	nding		
		(	)						
Legal name of corporation			/	Trade name/DBA					
Mailing name (if different from legal name abo	ove)			State or country of in	corporation D	ate received (fo	or Tax Depa	artment use only)	
c/o									
Number and street or PO box				Date of incorporation					
City	State ZIP	ZIP code Foreign corporations: date beg business in NYS							
NAICS business code number (see instructions	/ 11 auditess		our name, employer id						
Principal business activity	Principal business activity			or owner/officer information has changed, you must file Form DTF-95. If only your address has changed, you may file Form DTF-96. You can get these forms by fax, phone, or from our Web site. See the <i>Need help</i> ?					
Combined parent's corporation name	۹	sec	ction of the instructions						
Combined parent's employer identifi									
Metropolitan Commuter Transporta Queens, Richmond, Dutchess, Nas <b>This form must be completed for e</b> For instructions for this form see Forr Attach this form to Form CT-33-A, <i>Life</i>	ssau, Orange, P ach corporatior	utnam, Rockl n in the comb	and, Suffolk, and				Ye	s 🗌 No	
Allach this form to Form CT-55-A, En	e insurance Corp	tructions for F poration Com	Forms CT-33-A, C	T-33-A/ATT, and Tax Return.	d CT-33-A	/B.			
Schedule A — Allocation of reir	e insurance Corp nsurance pren	poration Com	Forms CT-33-A, C bined Franchise	Tax Return.			instruc	tions;	
	e insurance Corp nsurance pren	niums wher	Forms CT-33-A, C bined Franchise	Tax Return.	e determ	ined (see Reins allocate	D surance ed to Ne	tions; premiums w York State column C)	
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Name	Employer identification number								
Schedule C — Computation	of business and inve	estmen	t capital (	see instructi A	ions)	В		С	
			Beginni	ng of year	E	nd of year	Av	erage fair market value basis	
4 Total assets from annual statement (balance sheet)									
5 Fair market value adjustment (attach computation;									
if negative amount, use parentheses)									
<ul><li>6 Nonadmitted assets from annual statement</li><li>7 Current liabilities</li></ul>									
8 Assets, excluding subsidial									
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		s							
on lines 4 through 6)									
					·				
Schedule D — Computation									
January 1, 19	74 (you may no longer re		n or loss in C	ine same n	nanner you re	E	Teaerai	F	
Description of property	Cost	Fair market		Value realized		New Yo		Federal	
(attach separate sheet if necessary)			or value . 1, 1974	on di	sposition	gain (los	ss)	gain (loss)	
Totals from attached sheet									
9 Totals									
10 New York adjustment (subtr							1		
Form CT-33-A/B; use paren	theses for negative amount	s)					10		
Schedule E — Officers (app	pointed or elected) ar	nd certa	ain stockl	nolders (i	include all off	cers. whether	or not re	eceiving anv	
compensation,	and all stockholders own	ing more	e than 5% o	f taxpayer's	s issued capit	al stock who re	eceived a	any compensation)	
		B		C		D			
Name and address (give actual residence;				Social security number		Official title		Salary and all other compensation received	
attach separa	ate sheet if necessary)							from corporation	
Totals from attached sheet									
11 Totals (add column D amount		7 of Form	CT-33-A or	Form CT-33-	-A/B)		• 11.		
Certification. Under penalties of	perjury, I declare that th	is corpo	ration is all	owed to file	e on a combir	ned basis unde	er New Y	ork State Law	
and is also liable for the group ta	x liability, and I certify that	at this re	turn and ar	ny attachm	ents are to th	e best of my k	knowledg	ge and belief	
true, correct, and complete.			I	0.000					
Signature of authorized person				Official title				Date	
Firm's name (or yours if self-employed)	)				ID number		Date		
							Duie		
Firm's name (or yours if self-employed)					Signature of inc	lividual preparing	this return		
Laic Laic				-	0				
LL									