		aw – Article 33	All filers must	enter tax	period:
Amended return			beginning		ending
Employer identification number (EIN)	File number	Business telephone num	ber		If you claim an overpayment, ma an <b>X</b> in the box
Legal name of corporation			Trade name/DBA		
Mailing name (if different from legal name above)			State or country of in	corporation	Date received (for Tax Department use
c/O Number and street or PO box			Date of incorporatio	n	-
City	State	ZIP code	Foreign corporation: began business in N	s: date IYS	
	If address/phone above is new, mark an <b>X</b> in the box	If you need to updat information for corportypes, you can do so information in Form	oration tax, or othe o online. See <i>Busir</i> CT-1.	r tax ness	Audit (for Tax Department use only)
Mark an <b>X</b> in the appropriate box. If Ye Pay amount shown on line 15. Make	tain an office in the es, you must file For e payable to: <b>New Y</b>	Metropolitan Com rm CT-33-M (see in: fork State Corport	muter Transporta structions)	ation Dist	trict?
/lark an <b>X</b> in the appropriate box. If Ye	tain an office in the es, you must file For e payable to: <b>New Y</b>	Metropolitan Com rm CT-33-M (see in: fork State Corport	muter Transporta structions)	ation Dist	trict? Yes No
Mark an <b>X</b> in the appropriate box. If Ye Pay amount shown on line 15. Make Attach your payment here. Detach a	atain an office in the es, you must file For e payable to: <b>New Y</b> all check stubs. <i>(See</i>	Metropolitan Com rm CT-33-M (see in: fork State Corport	muter Transporta structions)	ation Dist	trict? Payment enclosed
Mark an <b>X</b> in the appropriate box. If Ye Pay amount shown on line 15. Make Attach your payment here. Detach a Federal return filed: <i>(mark an X in one</i>	tain an office in the es, you must file For e payable to: <b>New Y</b> all check stubs. (See e box)	Metropolitan Com rm CT-33-M (see in: fork State Corport	muter Transporta structions) ation Tax ils.)	ation Dist	trict? Payment enclosed
Mark an <b>X</b> in the appropriate box. If Ye Pay amount shown on line 15. Make Attach your payment here. Detach a Federal return filed: <i>(mark an X in one</i>	atain an office in the es, you must file For e payable to: <b>New Y</b> all check stubs. <i>(See</i> e box) D-PC • (Contained on the service on the service of the service	Metropolitan Com rm CT-33-M (see in: <b>fork State Corpor</b> <i>fork State Corpor</i> <i>fork State Corpor</i> <i>consolidated basis</i> e in the past 5 year	muter Transporta structions) ation Tax ils.) • Oth	er:	trict? Payment enclosed A
Mark an X in the appropriate box. If Ye         Pay amount shown on line 15. Make         Attach your payment here. Detach a         Federal return filed: (mark an X in one         Form 1120-L       Form 1120         Have you been audited by the Intern	Atain an office in the es, you must file For payable to: <b>New Y</b> all check stubs. <i>(See</i> <i>box)</i> D-PC • (C) nal Revenue Service N	Metropolitan Com rm CT-33-M (see in: <b>fork State Corpor</b> <i>fork State Corpor</i> <i>fork State Corpor</i> <i>consolidated basis</i> e in the past 5 year	muter Transporta structions) ation Tax ils.) • Oth	er:	trict? Payment enclosed A
Aark an X in the appropriate box. If Ye         Pay amount shown on line 15. Make         Attach your payment here. Detach a         Federal return filed: (mark an X in one         Form 1120-L       Form 1120         Have you been audited by the Intern         If Yes, list years:         Enter primary corporation name and El	N Name	Metropolitan Com rm CT-33-M (see in: <b>fork State Corpor</b> <i>fork State Corpor</i> <i>fork State Corpor</i> <i>consolidated basis</i> e in the past 5 year	muter Transporta structions) ation Tax ils.) • Oth	er:	A Payment enclosed
Mark an X in the appropriate box. If Ye         Pay amount shown on line 15. Make         Attach your payment here. Detach a         Federal return filed: (mark an X in one         Form 1120-L       Form 1120         Have you been audited by the Intern         If Yes, list years:         Enter primary corporation name and El         (if a member of an affiliated federal grout         Enter parent corporation name and El         (if more than 50% owned by another corporation	N       Name         N       Name	Metropolitan Com rm CT-33-M (see in: <b>fork State Corpor</b> <i>instructions for detai</i> Consolidated basis e in the past 5 year	muter Transporta structions) ation Tax is.) • ① Oth rs?		trict?       Yes       No         Payment enclosed       A
<ul> <li>Federal return filed: (mark an X in one</li> <li>Form 1120-L • Form 1120</li> <li>Have you been audited by the Intern If Yes, list years:</li> <li>Enter primary corporation name and Ell (if a member of an affiliated federal grout Enter parent corporation name and Ell</li> </ul>	N       Name         N       Name <td< td=""><td>Metropolitan Com rm CT-33-M (see in: <b>fork State Corpora</b> <i>instructions for detai</i> Consolidated basis e in the past 5 year an <b>X</b> in the appropria</td><td>muter Transporta structions) ation Tax is.) • ① Oth rs? te box)</td><td></td><td>trict?       Yes       No         Payment enclosed       A        </td></td<>	Metropolitan Com rm CT-33-M (see in: <b>fork State Corpora</b> <i>instructions for detai</i> Consolidated basis e in the past 5 year an <b>X</b> in the appropria	muter Transporta structions) ation Tax is.) • ① Oth rs? te box)		trict?       Yes       No         Payment enclosed       A

Attach a copy of your Annual Report of Premiums and Exhibit of Premiums and Losses (New York) as filed with the New York State Department of Financial Services, and copies of the following schedules from your Annual Statement: Exhibit of Premium's Written, Schedule T; Schedule F, Reinsurance, Parts 1 and 3; and Underwriting and Investment Exhibit, Part 1B - Premiums Written.



## Computation of tax

1	Accident and health insurance premiums from line 34 (see instr.) • × .0175	1	
2	Other non-life insurance company premiums from line 35 (see instr.) • × .02		
3	Total tax on premiums (add lines 1 and 2)		
4	Minimum tax.		250 00
5	Tax due before credits (line 3 or line 4 amount, whichever is greater)		230 00
6	Tax credits (enter amount from line 47)		
7	Tax due (subtract line 6 from line 5)	7	
8a			
8b			
9			
10	Total prepayments from line 46	10	
11a	Balance (see instructions)	11a	
11b	Additional amount (see instructions)	11b	
11c	Total before penalties and interest (see instructions)	11c	
12	Estimated tax penalty (see instructions; mark an X in the box if Form CT-222 is attached) •		
13	Interest on late payment (see instructions)		
14	Late filing and late payment penalties (see instructions)		
15	Balance due (add lines 11c through 14 and enter here; enter the payment amount on line A on page 1)		
16a	Overpayment (if line 7 is less than line 10, subtract line 7 from line 10)	16a	
16b	Amount of overpayment previously credited to 2018 MFI (see instructions)		
	Balance of overpayment available (see instructions)		
17	Amount of overpayment to be credited to next period	17	
18	Balance of overpayment (subtract line 17 from line 16c)	18	
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)	21a	
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	%

# Schedule A – Allocation of reinsurance premiums when location of risks cannot be determined (see instructions; attach separate sheet if necessary)

A Name of ceding company	B Reinsurance premiums received	C Reinsurance allocation % (see instr.)	D Reinsurance premiums allocated to New York State (column B × column C)
Totals from attached sheet			
24 Total (add column D amounts; enter here and ind	clude on line 28)		



## Schedule B – Computation of reinsurance allocation percentage (see instructions)

25	New York taxable premiums (see instructions)	2	5		
26	New York ocean marine premiums (see instructions)	20	6		
27	New York premiums for annuity contracts and insurance for the elderly (see instr.) •	27	7		
28	New York premiums on reinsurance assumed (see instructions)	28	3		
29	Total New York gross premiums (add lines 25 through 28)	29			
30	New York premiums ceded that are included on line 29 (see instructions). •	3(	)		
31	Total New York premiums (subtract line 30 from line 29)	3'			
32	Total premiums (see instructions)	32	2		
33	Reinsurance allocation percentage (divide line 31 by line 32; enter here and on	line	• 23) •	33	%

## 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	
	Issuer's allocation percentage (divide line 36 by line 37; enter here and on line 22)	38	%

## Composition of prepayments (see instructions)

		Date paid	Amount
39	Mandatory first installment from Form CT-300 (see instructions) 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 (see instructions)	44	L
45	Overpayment credited from Form CT-33-M Period	4	5
46	Total prepayments (add lines 39 through 45; enter here and on line 10)	40	6



Fire insurance premiums tax credit

Form CT-33-R .......

• Form CT-41

• Form CT-43

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

Form CT-633 ......

Form CT-634 ......

Form CT-639 ......

Form CT-643 ......

Form DTF-624 ......

• Form DTF-630

Other credits .......

Have you been convicted of an offense, or are you an owner of an entity convicted of an offense, defined in		
New York State Penal Law Article 200 or 496, or section 195.20? (see Form CT-1; mark an X in one box)	Yes	

Form CT-249		
Form CT-250		
Form CT-501		
Form CT-601		
Form CT-602		
Form CT-604		
Form CT-606		
Form CT-607		
Form CT-611		
Form CT-611.1		
Form CT-611.2		
Form CT-612		
Form CT-613		
Form CT-631		
47 Total tax credits claimed above (enter here and on line 6; see instructions)	• 47	
48 Total tax credits claimed above that are refund eligible (see instructions)		

#### Amended return information

If filing an	amended	return.	mark an	X in th	e box fo	r any ite	ms that	apply	v and	attach	documentation.

Final federal determination	•	lf marke

Form 1139 •

rked, enter date of determination:	•	_	—

Federal return filed:

Amended Form 1120-L	•	Amended F

ended Form 1120-PC

No

Third – pa designee	Yes No Designee's name (print)			[ (	Designee (	e's phon )	e number		
(see instructio						PIN			
Certificatio	cation: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.								
Authorized	Printed name of authorized person	Signature of authorized person		Official title					
person	E-mail address of authorized person		Telephone number			Date			
Paid	Firm's name (or yours if self-employed)		Firm's EIN Prepar		rer's PTIN or SSN				
preparer use	Signature of individual preparing this return	Address	City Sta			te	ZIP code		
only (see instr.)	E-mail address of individual preparing this return		Preparer's NYTPRIN	or Exc	cl. code	Date			

See instructions for where to file.

