



**Premium Tax Act R.S.P.E.I. 1988, Cap. P-19
Annual Return - General Insurers**

Superintendent of Insurance
Financial and Consumer Services Division
95 Rochford Street
Shaw Building, 4th Floor, Centre
Charlottetown, PE C1A 7N8

Tel: (902) 218-8452
E-mail: sthorne@gov.pe.ca

This Annual Return is being filed for the taxation year ended: _____

Name of Company: _____

Mailing Address for
Premium Tax Purposes: _____

		General Premiums \$		Accident and Sickness Premiums \$
Gross amount of premiums receivable in respect of business transacted in the province (disregard premiums in respect of reinsurance ceded to the company by other licensed insurers and considerations for annuities).	1		2	
Cash value of dividends paid or credited to policyholders	3		4	
Premiums returned by the company and included in 1 above.	5		6	
Total Taxable Premiums: General: (1 - 3 - 5) Accident and Sickness: (2 - 4 - 6)	7		8	
Tax Payable: General: 4.00% of line 7 Accident and Sickness: 3.75% of line 8	9		10	
Deduct total quarterly installments made by company for the taxation year	11		12	
Tax Payable (Refundable): General: (9 - 11) Accident and Sickness: (10 - 12)	13		14	

Net value of Lines 13 and 14: \$ _____

If net is positive: Cheque is payable to P.E.I. Minister of Finance
If net is negative: Refund to company: \$ _____ or Apply to next taxation year: General \$ _____
A & S \$ _____

CERTIFICATION: I (Print Name) _____ hereby certify that the foregoing statement is true and correct and in accordance with the provisions of the *Premium Tax Act R.S.P.E.I. 1988, Cap. P-19*.

Signature Title Date

Telephone No. E-mail