



**Premium Tax Act  
Quarterly Instalment Return  
Life and Accident & Sickness 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

Quarterly instalments for the taxation year ended: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Mailing Address for  
Premium Tax Purposes: \_\_\_\_\_  
\_\_\_\_\_

For each quarter enter the amount being remitted for taxes in the relevant box below.

	Life Premium Tax \$	Accident and Sickness Premium Tax \$
Quarter 1 instalment		
Quarter 2 instalment		
Quarter 3 instalment		
Quarter 4 instalment		

**Total Amount Remitted:** \$ \_\_\_\_\_

Please make cheque payable to P.E.I. Minister of Finance

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
E-mail