



**Premium Tax Act and Automobile Levy, s.65.1 of the Insurance Act
Quarterly Instalment 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

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 the taxes and levy in the relevant box below.

	General Premium Tax \$	Accident and Sickness Premium Tax \$	Automobile Levy \$
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