



# INSURANCE CORPORATION TAX RETURN

Filed pursuant to the **Insurance Act** of the Territory of Nunavut by Companies transacting insurance for the year ending December 31, 2007.

Company Name (do not abbreviate):

Address:

1. Total Gross Insurance Premiums Receivable in the Territory of Nunavut	Life	\$		Total 1
	Other than Life	\$		\$
2. Less:				
(a) Premiums returned (i.e. direct written premiums receivable as reported in the Annual Statements to the Superintendent of Insurance)	Life	\$		
	Other than Life	\$		
(b) Dividends paid or accredited to policy holders in the Territory of Nunavut as reported in the Annual Statements	Life	\$		
	Other than Life	\$		
(c) Other adjustments (attach description)		\$		\$
3. Taxable premium income (total #1 less total #2)				\$
4. Tax payable (3% of #3)		\$		\$
5. (a) Fire premiums included in #3 (b) Tax on fire premiums (1% of #5)				\$
6. Total tax payable (#4 + #5b)				\$

**Canadian funds only**

DECLARATION: I declare that the foregoing is a true and correct statement of the taxable premium income of the Company for the year ending December 31, 2006, and that the amount of tax herewith is the amount required to be paid in respect of the business of said Company for the said period.

Dated at \_\_\_\_\_ in the Province/State of \_\_\_\_\_  
 This \_\_\_\_\_ day of \_\_\_\_\_ 200\_.

_____	_____	_____
Please print – Surname Given Names	Title	Signature

**THIS FORM MUST BE FILED** on or before the 15<sup>th</sup> day of March each year together with the tax payment payable to the **Government of Nunavut** and send to:

**c/o The Superintendent of Insurance  
 Dept. of Finance, Treasury Division  
 Government of the NWT  
 4922-48<sup>th</sup> Street, 3<sup>rd</sup> Floor  
 YELLOWKNIFE NT X1A 1N2**

**FAILURE TO DO SO WILL RESULT IN PENALTIES BEING IMPOSED UNDER THE *INSURANCE ACT***