



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, 2008.

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, 2005, 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
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THIS FORM MUST BE FILED on or before the 15th 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
 4922-48th Street
 P.O. Box 1320
 YELLOWKNIFE NT X1A 2L9**

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