

Ministry of Revenue Client Accounts and Services Branch 33 King Street West PO Box 620 Oshawa ON L1H 8E9

This return is to be filed within 6 months of the year end by insurance corporations and other entities liable to calculate, collect and remit Ontario premium tax under the

Insurance Premium Tax Return

Pursuant to the Corporations Tax Act

For taxation years ending after December 31, 2008

 Corporations Tax Act. This includes incorpora administrators of funded and unfunded ben Benefit Arrangements; insurance brokers placing insurance contra reciprocal or inter-insurance exchanges wit 	efit plans also referred	l to as Uninsured surers; and	Ontario Corporations Tax Account no. (MOR) This Return covers the taxati Start	on year End _{year} month day
Identification				
Legal name (including punctuation)			Date of incorporation or amalgamation	
			Enter if applicable	
Mailing address			Canada Revenue Agency Bu	siness No. Enter if applicable
				RC
			Ontario Retail Sales Tax Ven	dor Permit no.
			Enter if applicable Use Head Office no.	
			Ontario Employer Health Tax	Account no.
			Enter if applicable	
The mailing address has changed since last Return was filed.	Date of change	year month day	Use Head Office no. Jurisdiction incorporated	
Registered Head Office address	I I			
Location of books and records			If not incorporated in Ontario, s Ontario business activity comm Commenced year month day	
			Type of insurance (Canadian Canadian Fraternal, etc.)	Life, Foreign, General,
Name of person to contact about this Return	Telephone	Fax	Preferred language / Langue	de préférence
			English / anglais	French / français
				boxes and complete required
Certification I am an authorized signing officer of the entity. including accompanying schedules, and that th the best of my knowledge, correct and complet agreement with the books and records of the e	e information given on e, and that the information	this return is, to	corporation of which 50% or more residents.) (fed.s.125(7)(b)) 2 Other Private	CPC) all year (Generally a private ore shares are owned by Canadian
Name (please print)	Title		3 Public 5 Other entity (specify. e.g. indivi	idual, sole proprietor, trust) 🔻
Full residence address			Medical Services Act? Are you a reciprocal or inter- of the Insurance Act? Are you an insurance broker	tered under the <i>Prepaid Hospital and</i> insurance exchange within the meaning remitting premium tax with respect to
			insurance contracts placed v	with unlicensed insurers?
Signature	Date		Corporations only -	
orginature			 Taxation year end change Final taxation year up to dissolution 	
Note: Section 76 of the <i>Corporations Tax Act</i> p misleading statements or omissions.	provides penalties for m	naking false or	 Final taxation year before amalgamation Floating fiscal year end 	Ministry use

Page 1 of 2

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	f overpayment: Refund (Refer to Guide)				= 975
Apply to 980	Apply to				980 (Includes credit interest)
Make your cheque (drawn on a Canadian financial institution) or a money order in Canadian funds, payable to the Minister of Finance and print your Corporations Tax Account number on the back of cheque or money order. (Refer to Guide for other payment methods.)	Make your cheque (drawn on a Canadian financial institution)	or a money order in	Canadian funds, p	ayable to the Minister of Fin	nance

0134E (2009/06)