

Finance Financial Institutions Division 1723 Hollis Street, 4<sup>th</sup>. Flr. PO Box 2271 Halifax, NS B3J 3C8

Bus: 9902) 424-6331 Fax: (902) 424-1298

## THE FIRE PREVENTION ACT

	he 31st day of March in each year.  Name of Company	I	Email:	
Ā	Address of Canadian Head Office			
_		RN DECLARING TAX year ended <u>DECEMBE</u>		S
	That the total amount of the gross direct pre the 31st day of December last year, in respect and no more: (Insert amount of gross direct premiums or for dividends or otherwise.)	et of business transacted in tect premiums without an	n the Province of No	ova Scotia, was as follows insurance or for returned
	Total amount of gross direct premiums on P		11 4 11	\$
	That the said amount includes every direct premium which was received by the said company during the said year, ar which			
(2)	(a) was by the term of the policy or a renew (b) was paid in Nova Scotia; or (c) was payable in respect of insurance of payment, whether such premium was earne was transacted in respect of such policy or t elsewhere.	a person or property red d wholly or partly in Nov he payment of such prem	sident or situate in Na Scotia or elsewhe	Nova Scotia at the time ore, or whether the busines artly within Nova Scotia o
(3)	That the sums which are portions of the total hereof, and which during the year ended on			
	by reason of the cancellations of any of sai			\$
				· · · · · · · · · · · · · · · · · · ·
7	TAX CALCULATION	*****	* *	
	Total gross direct Premiums Received on Pro	perty Business		\$
Ι	Deduct:			
	Returned Premiums on Property Business		\$	
	Dividends paid or credited to policyholde Rebates on Property Business Premiums		\$ \$	
]	Total Deductions	(1 remium rvote 1 ium)	Ψ	\$
F	Balance Subject to Tax			\$
7	TAX THEREON AT 1 1/4%			
	\$(CANADIAN FUNDS ONLY)			
	(CANADIAN FUNDS ONLI)			
I	REMITTANCE IS PAYABLE TO THE hereby certify that the information containe ecords of the company insofar as business tr	d in this return is true and	d correct and is in ac	
5	Signature of Authorized Officer & Position	Name of Authorized	l Officer (Type)	 Date

