

SCHEDULE—FORMS.

FORM A.

Statement to be made by every Life or Accident Insurance Company, except Companies mentioned in Section fifteen.

(Name of the Company.) \$ cts.
 Assets of the Company.....
 Liabilities of do.
 Amount of Capital Stock.....
 Amount paid thereon.....
 Of what the assets of the Company consist, viz :
 (insert particulars).
 Total premiums received during the year.....
 Number and amount of Policies issued during the
 year
 Amount of claims from death (or accident) do. .
 Expenses of management, agency, &c.....
 Total premiums received during the year in
 Canada
 Number and amount of Policies issued do.
 Amount at risk on total policies issued in Canada.
 Number and amount of policies that have be-
 come claims in Canada, during the year by
 death (or accident).....

FORM B.

Statement to be made by a Fire or Guarantee Insurance Company, whose deposits are not less than one hundred thousand dollars, (except Companies mentioned in section 15,) referred in section four.

\$ cts.
 Assets of the Company.....
 Liabilities of the Company.....
 Amount of Capital Stock.....
 Amount paid thereon.....
 Of what the assets of the Company consist, viz :
 (insert particulars).....
 Amount of losses paid during the year.....
 Amount of losses due and unpaid.....
 Losses adjusted and not due.....
 Losses in suspense and waiting further proof...
 Losses, the payment of which is resisted and for
 what cause.....
 All other claims against the Company.....
 Amount of premiums earned for the past year...
 Amount of premiums unearned for the past year.
 Number and amount of policies issued during
 the year.....