

Form **BE-45**

**QUARTERLY SURVEY OF INSURANCE TRANSACTIONS BY U.S.
INSURANCE COMPANIES WITH FOREIGN PERSONS
(This report is mandatory and confidential)**

Name and address of U.S. Reporter -
Enter or correct as necessary

10001	
10002	
10003	
10004	

Complete and file this form or file electronically at www.bea.gov/efile.

Assistance is available via phone (202) 606-5588, M-F 8:30 A.M. - 5:00 P.M., eastern time or via e-mail at be45help@bea.gov. Please include the form name and number in all correspondences.

How to file:

- Step 1. Verify or correct name and address of U.S. Reporter named in the mailing label and complete Part 1.
- Step 2. Complete Part 2.
- Step 3. Complete Part 3 and Schedules A and B based on the instructions given in Part 3.
- Step 4. File the completed form within 60 days after the close of each fiscal quarter (or within 90 days after the close of the final quarter of your calendar year).

By mailing to: U.S. Department of Commerce
Bureau of Economic Analysis
BE-50(SSB)
Washington, DC 20230

or delivering form to: U.S. Department of Commerce
Bureau of Economic Analysis
BE-50(SSB)
Shipping and Receiving, Section M-100
1441 L Street, NW
Washington, DC 20005

or Faxing form to: (202)606-5318

File electronically at: www.bea.gov/efile

By e-mailing form to: BE-45submission@bea.gov

(Note: Electronic mail is not inherently confidential; we will treat information we receive as confidential but your e-mail is not necessarily secure against interception by a third party.)

Person to consult concerning questions about this report

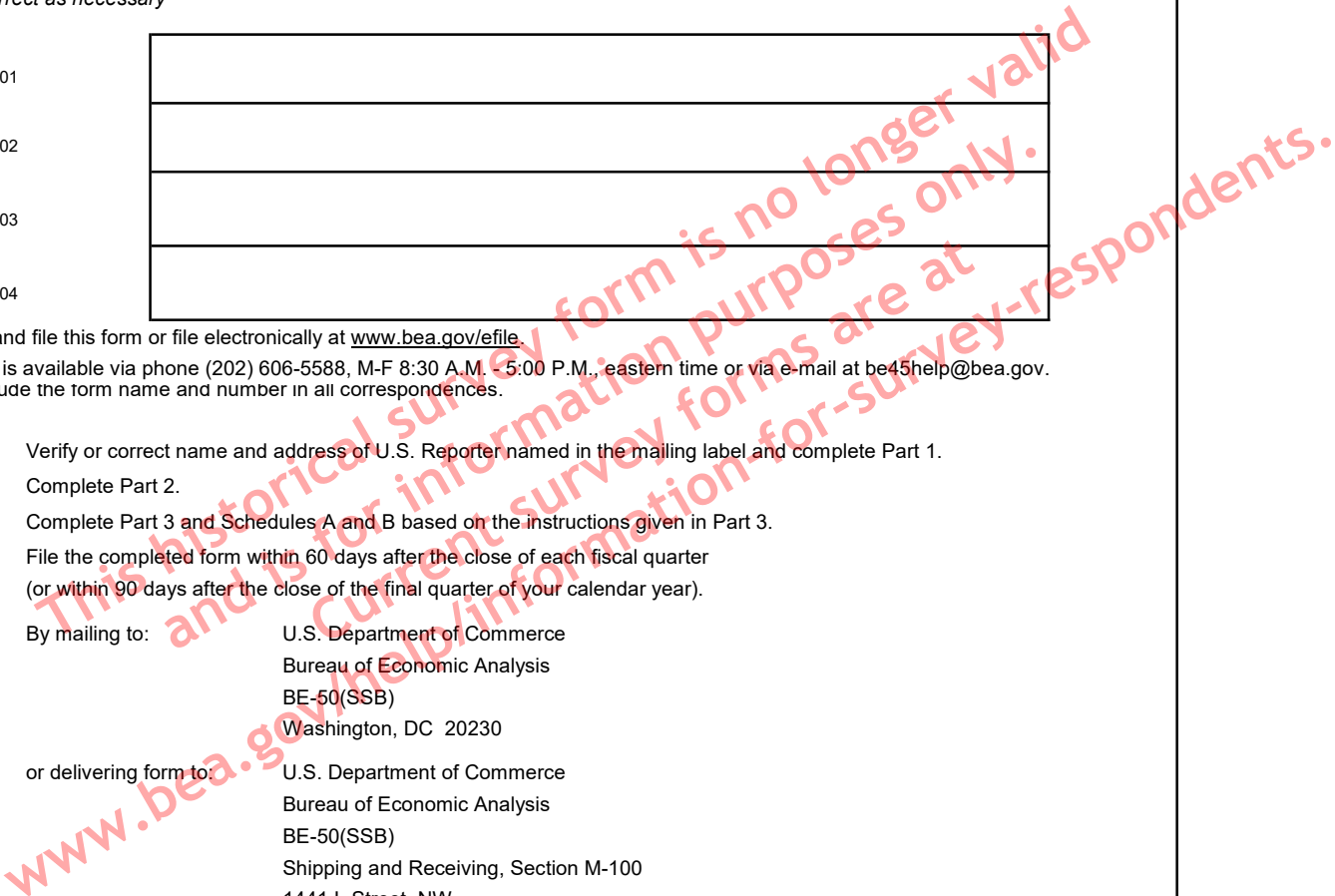
10005	Name
10006	Title
10007	Telephone No: ()
10008	FAX No: ()
10009	Email address

CERTIFICATION - The undersigned official certifies that this report has been prepared in accordance with the applicable instructions, is complete, and is substantially accurate except that, in accordance with VI.G of the General Instructions, estimates have been prepared where the data are not available from customary accounting records or precise data could not be obtained without undue burden.

May we use e-mail to correspond with you to discuss questions relating to this form, including questions that may contain information about your company you may consider confidential? (Note: Electronic mail is not inherently confidential; we will treat information we receive as confidential but your e-mail is not necessarily secure against interception by a third party.)

Authorized official's signature	
Print or type name	Date

10010 1 Yes
 2 No



Part 2

4 **What period does this quarterly report cover?**

10011

Month	Date	Year
1		

Beginning date.....

Month	Date	Year
2		2013

Ending date.....

5 **Enter the 4-digit industry code that best describes the U.S. Reporter from the Summary of Industry Classifications found on pages IV and V of the General Instructions.**

10012

1			
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- 5242 Agencies, brokerages, and other insurance related activities
- 5243 Insurance carriers, except life insurance carriers
- 5249 Life insurance carriers

6 **What is the primary Employer Identification Number used by the U.S. Reporter to File U.S. income or payroll taxes?**

10013 1

		-							
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7 **Was the U.S. Reporter in existence during the entire reporting period?**

10014

1 Yes

2 No -If purchased by another U.S. company complete (8)below. Otherwise, complete the report for the time you were in existence and, in the space at the bottom of this page, explain why you were not in existence for the entire reporting period.

8 **What is your principal line of insurance?**

10016

1 Life insurance

2 Property and casualty insurance

3 Other - Specify

--

9 **What best describes your organization?**

10017

1 Insurance company

2 Insurance broker

3 Insurance Group - Please attach a list of member companies that are consolidated in this report

Part 3
10 Follow the steps in the table below to determine whether you must complete the mandatory tables or are being requested to complete the voluntary tables of Schedules A and B on pages 4 and 5.

Step 1				Step 2				
For which of the following types of insurance services did transactions occur between the U.S. Reporter and FOREIGN PERSONS during the past calendar year or are such transactions expected to occur in the current year? <i>Mark all that apply</i>				Did any of the transactions marked in Step 1 exceed \$8 million last year, or are they expected to exceed \$8 million in the current year? Only mark "Yes" or "No" for the type(s) of transaction(s) that you checked in Step 1.				
<u>Type of Transaction</u>	<u>Code</u>							
Reinsurance premiums earned from insurance companies resident abroad	1	20001	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Reinsurance premiums ceded to insurance companies resident abroad	2	20002	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Losses incurred on reinsurance assumed from insurance companies resident abroad	3	20003	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Losses recovered on reinsurance ceded to insurance companies resident abroad	4	20004	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Premiums earned from primary insurance sold to foreign persons	5	20005	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Losses incurred on primary insurance sold to foreign persons	6	20006	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Auxiliary insurance services, receipts	7	20007	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
Auxiliary insurance services, payments	8	20008	1 <input type="checkbox"/>	2	1 <input type="checkbox"/>	Yes	2 <input type="checkbox"/>	No
None of the above		20009	1 <input type="checkbox"/>					
<i>Go to 11 below</i>				If any type of transaction is marked Yes, then reporting is required or requested as follows: • <u>Quarterly</u> reporting of transaction types 1 and 2 on Schedule A is mandatory • <u>Quarterly</u> reporting of transaction types 3 and 4 on Schedule A is voluntary • <u>Annual</u> reporting of transaction types 3 through 8 on Schedule B is mandatory				

11 Did the U.S. Reporter have any insurance transactions covered by this survey that exceeded \$8 million last year or that are expected to exceed \$8 million this year? (Did you mark "Yes" for any type of transaction in Step 2?)

20010 1 Yes— Report mandatory transactions on the appropriate schedule or please report voluntary transactions in Section II of Schedule A.

 2 No— Then return pages 1 through 3 according to the instruction on page 1.

SCHEDULE A – Quarterly Insurance Transactions with Foreign Affiliates

- If any type of transaction is marked Yes in Step 2 of item 10, then reporting of Section I below is mandatory, and voluntary reporting is requested for Section II below.
- For additional instructions, see the General Instructions A.1.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less 500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with –

21000 (1) ¹ 1 Foreign affiliates

Country	BEA USE ONLY		Section I - Mandatory		Section II - Voluntary	
			Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad
			(3)	(4)	(5)	(6)
1. Total, lines 2-32 this page	0 ⁰¹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
2. Australia	1601 ⁰²	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
3. Barbados	1251 ⁰³	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
4. Belgium	1302 ⁰⁴	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
5. Bermuda	1252 ⁰⁵	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
6. Brazil	1202 ⁰⁶	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
7. Canada	1100 ⁰⁷	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
8. Cayman Islands	1266 ⁰⁸	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
9. Denmark	1305 ⁰⁹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
10. Finland	1306 ¹⁰	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
11. France	1307 ¹¹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
12. Germany	1308 ¹²	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
13. Ireland	1313 ¹³	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
14. Italy	1314 ¹⁴	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
15. Japan	1614 ¹⁵	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
16. Korea, South	1626 ¹⁶	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
17. Mexico	1213 ¹⁷	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
18. Netherlands	1319 ¹⁸	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
19. Norway	1320 ¹⁹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
20. Spain	1323 ²⁰	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
21. Sweden	1324 ²¹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
22. Switzerland	1325 ²²	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
23. United Kingdom	1327 ²³	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
Other countries with which transactions were \$50,000 or more - Specify country (Use supplemental overflow sheets as necessary.)						
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
		0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶
32. Countries with which transactions were less than \$50,000 each, total.	1709 ³²	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

SCHEDULE A – Quarterly Insurance Transactions with Unaffiliated Foreign Persons

- If any type of transaction is marked Yes in Step 2 of item 10, then reporting of Section I below is mandatory, and voluntary reporting is requested for Section II below.
- For additional instructions, see the General Instructions A.1.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less 500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with –

23000 (3) ¹ 3 Unaffiliated foreign persons

Country	BEA USE ONLY		Section I - Mandatory		Section II - Voluntary	
			Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad
			(3)	(4)	(5)	(6)
230	(1)	(2)	(3)	(4)	(5)	(6)
1. Total, lines 2-32 this page	0	0	0	0	0	0
2. Australia	1 601	2 0	3	4	5	6
3. Barbados	1 251	2 0	3	4	5	6
4. Belgium	1 302	2 0	3	4	5	6
5. Bermuda	1 252	2 0	3	4	5	6
6. Brazil	1 202	2 0	3	4	5	6
7. Canada	1 100	2 0	3	4	5	6
8. Cayman Islands	1 266	2 0	3	4	5	6
9. Denmark	1 305	2 0	3	4	5	6
10. Finland	1 306	2 0	3	4	5	6
11. France	1 307	2 0	3	4	5	6
12. Germany	1 308	2 0	3	4	5	6
13. Ireland	1 313	2 0	3	4	5	6
14. Italy	1 314	2 0	3	4	5	6
15. Japan	1 614	2 0	3	4	5	6
16. Korea, South	1 626	2 0	3	4	5	6
17. Mexico	1 213	2 0	3	4	5	6
18. Netherlands	1 319	2 0	3	4	5	6
19. Norway	1 320	2 0	3	4	5	6
20. Spain	1 323	2 0	3	4	5	6
21. Sweden	1 324	2 0	3	4	5	6
22. Switzerland	1 325	2 0	3	4	5	6
23. United Kingdom	1 327	2 0	3	4	5	6
Other countries with which transactions were \$50,000 or more - Specify country (Use supplemental overflow sheets as necessary.)						
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
		2 0	3	4	5	6
32. Countries with which transactions were less than \$50,000 each, total.	1 709	2 0	3	4	5	6

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

SCHEDULE B – Annual Insurance Transactions with Foreign Parent(s) and Other Members of the AFG

(File this schedule only once each year, within 90 days after the close of the calendar year)

- If any type of transaction is marked Yes in Step 2 of item 10, then reporting of Sections III, IV, and V below is mandatory once each year
- For additional instructions, see the General Instructions A.1.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less 500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with –

32000 (2) ¹ Foreign parent(s) and other members of AFG

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		SECTION IV - Reinsurance losses		SECTION V - Auxiliary insurance services	
			Annual Premiums Earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual receipts	Annual payments
320	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total, lines 2-32 this page	0	0	0	0	0	0	0	0
2. Australia	1 601	2 0	3	4	5	6	7	8
3. Barbados	1 251	2 0	3	4	5	6	7	8
4. Belgium	1 302	2 0	3	4	5	6	7	8
5. Bermuda	1 252	2 0	3	4	5	6	7	8
6. Brazil	1 202	2 0	3	4	5	6	7	8
7. Canada	1 100	2 0	3	4	5	6	7	8
8. Cayman Islands	1 266	2 0	3	4	5	6	7	8
9. Denmark	1 305	2 0	3	4	5	6	7	8
10. Finland	1 306	2 0	3	4	5	6	7	8
11. France	1 307	2 0	3	4	5	6	7	8
12. Germany	1 308	2 0	3	4	5	6	7	8
13. Ireland	1 313	2 0	3	4	5	6	7	8
14. Italy	1 314	2 0	3	4	5	6	7	8
15. Japan	1 614	2 0	3	4	5	6	7	8
16. Korea, South	1 626	2 0	3	4	5	6	7	8
17. Mexico	1 213	2 0	3	4	5	6	7	8
18. Netherlands	1 319	2 0	3	4	5	6	7	8
19. Norway	1 320	2 0	3	4	5	6	7	8
20. Spain	1 323	2 0	3	4	5	6	7	8
21. Sweden	1 324	2 0	3	4	5	6	7	8
22. Switzerland	1 325	2 0	3	4	5	6	7	8
23. United Kingdom	1 327	2 0	3	4	5	6	7	8
Other countries with which transactions were \$50,000 or more - Specify country (Use supplemental overflow sheets as necessary.)								
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
		2 0	3	4	5	6	7	8
32. Countries with which transactions were less than \$50,000 each, total.	1 709	2 0	3	4	5	6	7	8

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

SCHEDULE B – Annual Insurance Transactions with Unaffiliated Foreign Persons (File this schedule only once each year, within 90 days after the close of the calendar year)

- If any type of transaction is marked Yes in Step 2 of item 10, then reporting of Sections III, IV, and V below is mandatory once each year
- For additional instructions, see the General Instructions A.1.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less 500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with –

33000 (3) ¹ 3 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		SECTION IV - Reinsurance losses		SECTION V - Auxiliary insurance services	
			Annual Premiums Earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual receipts	Annual payments
			(1)	(2)	(3)	(4)	(5)	(6)
1. Total, lines 2-32 this page	0	0	0	0	0	0	0	0
2. Australia	601	0						
3. Barbados	251	0						
4. Belgium	302	0						
5. Bermuda	252	0						
6. Brazil	202	0						
7. Canada	100	0						
8. Cayman Islands	266	0						
9. Denmark	305	0						
10. Finland	306	0						
11. France	307	0						
12. Germany	308	0						
13. Ireland	313	0						
14. Italy	314	0						
15. Japan	614	0						
16. Korea, South	626	0						
17. Mexico	213	0						
18. Netherlands	319	0						
19. Norway	320	0						
20. Spain	323	0						
21. Sweden	324	0						
22. Switzerland	325	0						
23. United Kingdom	327	0						
Other countries with which transactions were \$50,000 or more - Specify country (Use supplemental overflow sheets as necessary.)								
		0						
		0						
		0						
		0						
		0						
		0						
		0						
		0						
		0						
		0						
32. Countries with which transactions were less than \$50,000 each, total.	709	0						

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**OVERFLOW SHEET FOR SCHEDULE A OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
'WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Transactions with: Foreign affiliates
 (Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums earned on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad						
	(1)	(2)	(3)	(4)	(5)	(6)						
Country total for this page (sum of rows 33-54)	01	0	2	0	3	0	4	0	5	0	6	0
	33		2	0	3		4		5		6	
	34		2	0	3		4		5		6	
	35		2	0	3		4		5		6	
	36		2	0	3		4		5		6	
	37		2	0	3		4		5		6	
	38		2	0	3		4		5		6	
	39		2	0	3		4		5		6	
	40		2	0	3		4		5		6	
	41		2	0	3		4		5		6	
	42		2	0	3		4		5		6	
	43		2	0	3		4		5		6	
	44		2	0	3		4		5		6	
	45		2	0	3		4		5		6	
	46		2	0	3		4		5		6	
	47		2	0	3		4		5		6	
	48		2	0	3		4		5		6	
	49		2	0	3		4		5		6	
	50		2	0	3		4		5		6	
	51		2	0	3		4		5		6	
	52		2	0	3		4		5		6	
	53		2	0	3		4		5		6	
	54		2	0	3		4		5		6	

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE A OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
'WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Transactions with: Foreign affiliates
 (Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums earned on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad	
	(1)	(2)	(3)	(4)	(5)	(6)	
Country total for this page (sum of rows 33-54)	01	0	2 0	3 0	4 0	5 0	6 0
	33		2 0	3	4	5	6
	34		2 0	3	4	5	6
	35		2 0	3	4	5	6
	36		2 0	3	4	5	6
	37		2 0	3	4	5	6
	38		2 0	3	4	5	6
	39		2 0	3	4	5	6
	40		2 0	3	4	5	6
	41		2 0	3	4	5	6
	42		2 0	3	4	5	6
	43		2 0	3	4	5	6
	44		2 0	3	4	5	6
	45		2 0	3	4	5	6
	46		2 0	3	4	5	6
	47		2 0	3	4	5	6
	48		2 0	3	4	5	6
	49		2 0	3	4	5	6
	50		2 0	3	4	5	6
	51		2 0	3	4	5	6
	52		2 0	3	4	5	6
	53		2 0	3	4	5	6
	54		2 0	3	4	5	6

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE A OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
'WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Transactions with: Foreign affiliates
 (Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums earned on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad
	(1)	(2)	(3)	(4)	(5)	(6)
Country total for this page (sum of rows 33-54)	01	0	0	0	0	0
	33	2	0	3	4	6
	34	2	0	3	4	6
	35	2	0	3	4	6
	36	2	0	3	4	6
	37	2	0	3	4	6
	38	2	0	3	4	6
	39	2	0	3	4	6
	40	2	0	3	4	6
	41	2	0	3	4	6
	42	2	0	3	4	6
	43	2	0	3	4	6
	44	2	0	3	4	6
	45	2	0	3	4	6
	46	2	0	3	4	6
	47	2	0	3	4	6
	48	2	0	3	4	6
	49	2	0	3	4	6
	50	2	0	3	4	6
	51	2	0	3	4	6
	52	2	0	3	4	6
	53	2	0	3	4	6
	54	2	0	3	4	6

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-reportants.

**OVERFLOW SHEET FOR SCHEDULE A OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
'WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Transactions with: Foreign affiliates
 (Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums earned on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad
	(1)	(2)	(3)	(4)	(5)	(6)
Country total for this page (sum of rows 33-54)	01	0	0	0	0	0
	33	2	0	3	4	6
	34	2	0	3	4	6
	35	2	0	3	4	6
	36	2	0	3	4	6
	37	2	0	3	4	6
	38	2	0	3	4	6
	39	2	0	3	4	6
	40	2	0	3	4	6
	41	2	0	3	4	6
	42	2	0	3	4	6
	43	2	0	3	4	6
	44	2	0	3	4	6
	45	2	0	3	4	6
	46	2	0	3	4	6
	47	2	0	3	4	6
	48	2	0	3	4	6
	49	2	0	3	4	6
	50	2	0	3	4	6
	51	2	0	3	4	6
	52	2	0	3	4	6
	53	2	0	3	4	6
	54	2	0	3	4	6

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE A OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
'WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums earned on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad
	(1)	(2)	(3)	(4)	(5)	(6)
Country total for this page (sum of rows 33-54)	01	0	0	0	0	0
	33	0	0	0	0	0
	34	0	0	0	0	0
	35	0	0	0	0	0
	36	0	0	0	0	0
	37	0	0	0	0	0
	38	0	0	0	0	0
	39	0	0	0	0	0
	40	0	0	0	0	0
	41	0	0	0	0	0
	42	0	0	0	0	0
	43	0	0	0	0	0
	44	0	0	0	0	0
	45	0	0	0	0	0
	46	0	0	0	0	0
	47	0	0	0	0	0
	48	0	0	0	0	0
	49	0	0	0	0	0
	50	0	0	0	0	0
	51	0	0	0	0	0
	52	0	0	0	0	0
	53	0	0	0	0	0
	54	0	0	0	0	0

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE B OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Form BE-45 Schedule _____

Overflow Page # _____ of _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		Section IV - Reinsurance losses		Section V - Auxiliary insurance services									
			Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual Receipts	Annual Payments								
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						
Country total for this page (sum of rows 33-54)	01	0	2	0	3	0	4	0	5	0	6	0	7	0	8	0
	33		2	0	3		4		5		6		7		8	
	34		2	0	3		4		5		6		7		8	
	35		2	0	3		4		5		6		7		8	
	36		2	0	3		4		5		6		7		8	
	37		2	0	3		4		5		6		7		8	
	38		2	0	3		4		5		6		7		8	
	39		2	0	3		4		5		6		7		8	
	40		2	0	3		4		5		6		7		8	
	41		2	0	3		4		5		6		7		8	
	42		2	0	3		4		5		6		7		8	
	43		2	0	3		4		5		6		7		8	
	44		2	0	3		4		5		6		7		8	
	45		2	0	3		4		5		6		7		8	
	46		2	0	3		4		5		6		7		8	
	47		2	0	3		4		5		6		7		8	
	48		2	0	3		4		5		6		7		8	
	49		2	0	3		4		5		6		7		8	
	50		2	0	3		4		5		6		7		8	
	51		2	0	3		4		5		6		7		8	
	52		2	0	3		4		5		6		7		8	
	53		2	0	3		4		5		6		7		8	
	54		2	0	3		4		5		6		7		8	

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE B OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Form BE-45 Schedule _____

Overflow Page # _____ of _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		Section IV - Reinsurance losses		Section V - Auxiliary insurance services	
			Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual Receipts	Annual Payments
			(1)	(2)	(3)	(4)	(5)	(6)
Country total for this page (sum of rows 33-54)	0 ¹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶	0 ⁷	0 ⁸
33		0	0	0	0	0	0	0
34		0	0	0	0	0	0	0
35		0	0	0	0	0	0	0
36		0	0	0	0	0	0	0
37		0	0	0	0	0	0	0
38		0	0	0	0	0	0	0
39		0	0	0	0	0	0	0
40		0	0	0	0	0	0	0
41		0	0	0	0	0	0	0
42		0	0	0	0	0	0	0
43		0	0	0	0	0	0	0
44		0	0	0	0	0	0	0
45		0	0	0	0	0	0	0
46		0	0	0	0	0	0	0
47		0	0	0	0	0	0	0
48		0	0	0	0	0	0	0
49		0	0	0	0	0	0	0
50		0	0	0	0	0	0	0
51		0	0	0	0	0	0	0
52		0	0	0	0	0	0	0
53		0	0	0	0	0	0	0
54		0	0	0	0	0	0	0

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE B OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Form BE-45 Schedule _____

Overflow Page # _____ of _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		Section IV - Reinsurance losses		Section V - Auxiliary insurance services									
			Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual Receipts	Annual Payments								
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						
Country total for this page (sum of rows 33-54)	01	0	2	0	3	0	4	0	5	0	6	0	7	0	8	0
	33		2	0	3		4		5		6		7		8	
	34		2	0	3		4		5		6		7		8	
	35		2	0	3		4		5		6		7		8	
	36		2	0	3		4		5		6		7		8	
	37		2	0	3		4		5		6		7		8	
	38		2	0	3		4		5		6		7		8	
	39		2	0	3		4		5		6		7		8	
	40		2	0	3		4		5		6		7		8	
	41		2	0	3		4		5		6		7		8	
	42		2	0	3		4		5		6		7		8	
	43		2	0	3		4		5		6		7		8	
	44		2	0	3		4		5		6		7		8	
	45		2	0	3		4		5		6		7		8	
	46		2	0	3		4		5		6		7		8	
	47		2	0	3		4		5		6		7		8	
	48		2	0	3		4		5		6		7		8	
	49		2	0	3		4		5		6		7		8	
	50		2	0	3		4		5		6		7		8	
	51		2	0	3		4		5		6		7		8	
	52		2	0	3		4		5		6		7		8	
	53		2	0	3		4		5		6		7		8	
	54		2	0	3		4		5		6		7		8	

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.

**OVERFLOW SHEET FOR SCHEDULE B OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Form BE-45 Schedule _____

Overflow Page # _____ of _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		Section IV - Reinsurance losses		Section V - Auxiliary insurance services									
			Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual Receipts	Annual Payments								
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						
Country total for this page (sum of rows 33-54)	01	0	2	0	3	0	4	0	5	0	6	0	7	0	8	0
	33		2	0	3		4		5		6		7		8	
	34		2	0	3		4		5		6		7		8	
	35		2	0	3		4		5		6		7		8	
	36		2	0	3		4		5		6		7		8	
	37		2	0	3		4		5		6		7		8	
	38		2	0	3		4		5		6		7		8	
	39		2	0	3		4		5		6		7		8	
	40		2	0	3		4		5		6		7		8	
	41		2	0	3		4		5		6		7		8	
	42		2	0	3		4		5		6		7		8	
	43		2	0	3		4		5		6		7		8	
	44		2	0	3		4		5		6		7		8	
	45		2	0	3		4		5		6		7		8	
	46		2	0	3		4		5		6		7		8	
	47		2	0	3		4		5		6		7		8	
	48		2	0	3		4		5		6		7		8	
	49		2	0	3		4		5		6		7		8	
	50		2	0	3		4		5		6		7		8	
	51		2	0	3		4		5		6		7		8	
	52		2	0	3		4		5		6		7		8	
	53		2	0	3		4		5		6		7		8	
	54		2	0	3		4		5		6		7		8	

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**OVERFLOW SHEET FOR SCHEDULE B OF FORM BE-45, QUARTERLY
SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES
WITH FOREIGN PERSONS**

Company Name _____

Control Number _____

Form BE-45 Schedule _____

Overflow Page # _____ of _____

Transactions with: Foreign affiliates
(Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Country	BEA USE ONLY		Section III - Primary insurance sold to foreign persons		Section IV - Reinsurance losses		Section V - Auxiliary insurance services	
			Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual Receipts	Annual Payments
			(1)	(2)	(3)	(4)	(5)	(6)
Country total for this page (sum of rows 33-54)	0 ¹	0 ²	0 ³	0 ⁴	0 ⁵	0 ⁶	0 ⁷	0 ⁸
33		0	0	0	0	0	0	0
34		0	0	0	0	0	0	0
35		0	0	0	0	0	0	0
36		0	0	0	0	0	0	0
37		0	0	0	0	0	0	0
38		0	0	0	0	0	0	0
39		0	0	0	0	0	0	0
40		0	0	0	0	0	0	0
41		0	0	0	0	0	0	0
42		0	0	0	0	0	0	0
43		0	0	0	0	0	0	0
44		0	0	0	0	0	0	0
45		0	0	0	0	0	0	0
46		0	0	0	0	0	0	0
47		0	0	0	0	0	0	0
48		0	0	0	0	0	0	0
49		0	0	0	0	0	0	0
50		0	0	0	0	0	0	0
51		0	0	0	0	0	0	0
52		0	0	0	0	0	0	0
53		0	0	0	0	0	0	0
54		0	0	0	0	0	0	0

This historical survey form is no longer valid and is for information purposes only. Current survey forms are at www.bea.gov/help/information-for-survey-respondents.