



BE-45 Identification Number

QUARTERLY SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES WITH FOREIGN PERSONS

Due date:

Within 60 days of the close of each calendar quarter (or within 90 days of closing the final quarter of your calendar year).

Extension information:

See Part VI.C., page 12 of the General Instructions.

Electronic filing:

www.bea.gov/efile

Mail reports to:

Bureau of Economic Analysis
Balance of Payments Division, BE-50 (SSB)
4600 Silver Hill Rd.
Washington, DC 20233

Deliver reports to:

Bureau of Economic Analysis
Balance of Payments Division, BE-50 (SSB)
4600 Silver Hill Rd.
Suitland, MD 20746

Name and address of U.S. Reporter

00080	Company Name: 0	
00090	Attention: 0	
10000	Address: 0	
10001	City: 0	10002 State: 0
10003	Zip Code: 0	

Fax reports to:

(301) 278-9506

Assistance:

E-mail: be-45help@bea.gov
Telephone: (301) 278-9303
Copies of blank forms: <http://www.bea.gov/ssb>

BE-45 Filing Requirements:

A response is required if you are notified by BEA about this survey. A BE-45 survey must be completed in its entirety by U.S. insurance companies who had insurance transactions with foreign persons in excess of \$8 million during the previous calendar year, or are expected to exceed that amount during the current calendar year, in any one of the eight categories. See the General Instructions for more information on who must report and reporting requirements.

Authority, Confidentiality, Penalties

This survey is authorized by the International Investment and Trade in Services Survey Act (P.L. 94-472, 90 Stat. 2059, 22 U.S.C. 3101-3108, as amended). The filing of reports is mandatory and the Act provides that your report to BEA is confidential. Persons who fail to report may be subject to penalties. See page 10 for additional details.

Contact Information**Provide information of person to consult about this report:**

10004	Name 0	
10005	Street 1 0	10008 Telephone Number 1
10006	Street 2 0	10009 Extension 1
10007	City 0	10010 Fax Number 1
	State	10011 E-mail Address 0
	Zip	

NOTE: BEA uses a Secure Messaging System to correspond with you via encrypted message to discuss questions relating to this form. We may use your e-mail address for survey-related announcements and to inform you about secure messages. When communicating with BEA by e-mail, please do not include any confidential business or personal information.

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 Part VI.F. of the General Instructions, estimates may have been provided.

10011 Signature of Authorized Official 0	Date 0	10012 Telephone Number 1
Name 0	Title 0	Extension 1

Part I – Identification of U.S. Reporter

1 What is the U.S. Reporter's calendar quarter covered in this report?

MM/DD/YYYY
10013 1
Beginning date

MM/DD/YYYY
10014 1
Ending date

2 Check the box that best describes the status of the U.S. Reporter during the reporting period identified in question 1.

- 10017 1 In existence the entire reporting period — Continue filling out this form.
- 1 In existence during only part of the reporting period — Continue filling out this form for the portion of the reporting period your company was in existence and, in the comments section below, explain why your company did not exist for a part of the period.
- 1 Not in existence during the reporting period — In the comments section below, explain why your company was not in existence during the reporting period. Please return the form according to instructions on page 1.

3 Was the U.S. Reporter owned more than 50 percent by another U.S. person at any point during the reporting period identified in question 1? See part IV.D, page 11 of the General Instructions for the definition of U.S. person.

- 10018 1 No — Continue filling out this form.
- 1 Yes — Check A or B:
- 2 A — Owned by another U.S. person for part of the reporting period — Enter the name, contact information, and address of the controlling U.S. person below and continue filling out this form, but only report transactions for the period during which the U.S. Reporter was NOT owned by another U.S. person. Provide any comments in the section below.
- 2 B — Owned by another U.S. person for the entire reporting period — Enter the name, contact information, and address of the controlling U.S. person below, provide any comments in the section below, and return this form according to the instructions on page 1.

Name	Comments
0	
11005 Address — Number and Street	
0	
11006 City, State, Zip	
0	
11007	

4 Enter the 4-digit industry code that best describes the U.S. Reporter from the Summary of Industry Classifications found on page 13 of the General Instructions. See part I.C., page 10, of the General Instructions for the definition of consolidated domestic U.S. Reporter.

10015 1

5 What is your principal line of insurance?

- 10019 1 Life insurance
- 1 Property and casualty insurance
- 1 Other — Specify ⁰

6 What best describes your organization?

- 10021 1 Insurance company
- 1 Insurance broker
- 1 Insurance group — Please attach a list of member companies that are consolidated in this report.

7 What is the primary Employer Identification Number used by the U.S. Reporter to file U.S. income or payroll taxes?

10016 1

Part II – Determination of Reporting Status

8 Follow the steps below to determine whether you complete Schedule A and/or B.

Column 1 — 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 expected to occur in the current year?

Column 2 — Did transactions for any of the types checked in Column 1 exceed \$8 million last year, or are they expected to exceed \$8 million in the current year? Only check “Yes” or “No” for the type(s) of transaction(s) for which you checked “Yes” in Column 1.

Check all that apply. See additional information for Part II on page 11, and Schedules A and B on page 12, of the General Instructions for more details on reportable transactions.

Code	Transaction Type	Column 1 – Did (Will) you have transactions of this type?	Column 2 – Did (Will) transactions exceed \$8 million?
1	Reinsurance premiums earned from insurance companies resident abroad	20001 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Reinsurance premiums ceded to insurance companies resident abroad	20002 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Losses incurred on reinsurance assumed from insurance companies resident abroad	20003 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Losses recovered on reinsurance ceded to insurance companies resident abroad	20004 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Premiums earned from primary insurance sold to foreign persons	20005 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Losses incurred on primary insurance sold to foreign persons	20006 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Auxiliary insurance services, receipts	20007 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Auxiliary insurance services, payments	20008 ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No	² <input type="checkbox"/> Yes <input type="checkbox"/> No
	None of the above	20009 ¹ <input type="checkbox"/> Yes	

If transactions are checked “Yes” in Column 2, then reporting is required or requested as follows:

- Quarterly reporting of transaction types 1 and 2 on Schedule A is **mandatory** for all quarters.
- Quarterly reporting of transaction types 3 and 4 on Schedule A is **voluntary**.
- Annual reporting of transaction types 3 through 8 on Schedule B is **mandatory** the fourth quarter only.

9 Did you check “Yes” for any type of transaction in Column 2?

²⁰⁰¹⁰ ¹ Yes — Report mandatory transactions on the appropriate schedule. You may report voluntary data (if applicable) in Section II of Schedule A.

¹ No — Stop here and return pages 1 through 3 according to the instructions on page 1.

You are required to complete separate schedules based on the U.S. Reporter’s relationship with the foreign transactor. Separate copies of each schedule are required to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the foreign parent group (FPG), and (3) unaffiliated foreign persons. For example, if the U.S. Reporter had quarterly reinsurance premiums earned from its foreign affiliates and unaffiliated foreign persons, then you are required to complete the Schedule A for transactions with the U.S. Reporter’s foreign affiliates, and the Schedule A for those transactions with unaffiliated foreign persons. If the U.S. Reporter had no transactions with one or more foreign transactor types, a schedule does not need to be completed for that foreign transactor type. See instruction IV on page 11 of the General Instructions for definitions of foreign affiliates, foreign parent group, and unaffiliated foreign persons.

NOTE — Only report cross-border transactions between the U.S. Reporter’s consolidated U.S. enterprises and foreign persons. Do not report transactions between the U.S. Reporter’s foreign affiliates/foreign parent group and other foreign persons.

Comments

SCHEDULE A – Quarterly Insurance Transactions with Foreign Affiliates

Are you reporting transactions with foreign affiliates?

21000 1 Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 12.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary				
			Code 1 Quarterly premiums earned on reinsurance assumed from foreign affiliates		Code 2 Quarterly premiums incurred on reinsurance ceded to foreign affiliates		Code 3 Quarterly losses incurred on reinsurance assumed from foreign affiliates		Code 4 Quarterly losses recovered on reinsurance ceded to foreign affiliates		
			(1)	(2)	(3)	(4)	(5)	(6)			
1. Total, lines 2–32 of this page.....	001	1	2	3	000	4	000	5	000	6	000
2.	002	1	2	3	000	4	000	5	000	6	000
3.	003	1	2	3	000	4	000	5	000	6	000
4.	004	1	2	3	000	4	000	5	000	6	000
5.	005	1	2	3	000	4	000	5	000	6	000
6.	006	1	2	3	000	4	000	5	000	6	000
7.	007	1	2	3	000	4	000	5	000	6	000
8.	008	1	2	3	000	4	000	5	000	6	000
9.	009	1	2	3	000	4	000	5	000	6	000
10.	010	1	2	3	000	4	000	5	000	6	000
11.	011	1	2	3	000	4	000	5	000	6	000
12.	012	1	2	3	000	4	000	5	000	6	000
13.	013	1	2	3	000	4	000	5	000	6	000
14.	014	1	2	3	000	4	000	5	000	6	000
15.	015	1	2	3	000	4	000	5	000	6	000
16.	016	1	2	3	000	4	000	5	000	6	000
17.	017	1	2	3	000	4	000	5	000	6	000
18.	018	1	2	3	000	4	000	5	000	6	000
19.	019	1	2	3	000	4	000	5	000	6	000
20.	020	1	2	3	000	4	000	5	000	6	000
21.	021	1	2	3	000	4	000	5	000	6	000
22.	022	1	2	3	000	4	000	5	000	6	000
23.	023	1	2	3	000	4	000	5	000	6	000
24.	024	1	2	3	000	4	000	5	000	6	000
25.	025	1	2	3	000	4	000	5	000	6	000
26.	026	1	2	3	000	4	000	5	000	6	000
27.	027	1	2	3	000	4	000	5	000	6	000
28.	028	1	2	3	000	4	000	5	000	6	000
29.	029	1	2	3	000	4	000	5	000	6	000
30.	030	1	2	3	000	4	000	5	000	6	000
31.	031	1	2	3	000	4	000	5	000	6	000
32. Countries with which transactions were less than \$50,000.00 each, total	032	1	2	3	000	4	000	5	000	6	000

SCHEDULE A – Quarterly Insurance Transactions with Foreign Parent(s) and Other Members of the FPG

Are you reporting transactions with foreign parent(s) and other members of the FPG?

22000 2 ¹2 Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 12.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary				
			Code 1 Quarterly premiums earned on reinsurance assumed from the foreign parent group		Code 2 Quarterly premiums incurred on reinsurance ceded to the foreign parent group		Code 3 Quarterly losses incurred on reinsurance assumed from the foreign parent group		Code 4 Quarterly losses recovered on reinsurance ceded to the foreign parent group		
			(1)	(2)	(3)	(4)	(5)	(6)			
1. Total, lines 2–32 of this page.....	001	1	2	3	000	4	000	5	000	6	000
2.	002	1	2	3	000	4	000	5	000	6	000
3.	003	1	2	3	000	4	000	5	000	6	000
4.	004	1	2	3	000	4	000	5	000	6	000
5.	005	1	2	3	000	4	000	5	000	6	000
6.	006	1	2	3	000	4	000	5	000	6	000
7.	007	1	2	3	000	4	000	5	000	6	000
8.	008	1	2	3	000	4	000	5	000	6	000
9.	009	1	2	3	000	4	000	5	000	6	000
10.	010	1	2	3	000	4	000	5	000	6	000
11.	011	1	2	3	000	4	000	5	000	6	000
12.	012	1	2	3	000	4	000	5	000	6	000
13.	013	1	2	3	000	4	000	5	000	6	000
14.	014	1	2	3	000	4	000	5	000	6	000
15.	015	1	2	3	000	4	000	5	000	6	000
16.	016	1	2	3	000	4	000	5	000	6	000
17.	017	1	2	3	000	4	000	5	000	6	000
18.	018	1	2	3	000	4	000	5	000	6	000
19.	019	1	2	3	000	4	000	5	000	6	000
20.	020	1	2	3	000	4	000	5	000	6	000
21.	021	1	2	3	000	4	000	5	000	6	000
22.	022	1	2	3	000	4	000	5	000	6	000
23.	023	1	2	3	000	4	000	5	000	6	000
24.	024	1	2	3	000	4	000	5	000	6	000
25.	025	1	2	3	000	4	000	5	000	6	000
26.	026	1	2	3	000	4	000	5	000	6	000
27.	027	1	2	3	000	4	000	5	000	6	000
28.	028	1	2	3	000	4	000	5	000	6	000
29.	029	1	2	3	000	4	000	5	000	6	000
30.	030	1	2	3	000	4	000	5	000	6	000
31.	031	1	2	3	000	4	000	5	000	6	000
32. Countries with which transactions were less than \$50,000.00 each, total	032	¹ 709	2	3	000	4	000	5	000	6	000

SCHEDULE A – Quarterly Insurance Transactions with Unaffiliated Foreign Persons

Are you reporting transactions with unaffiliated foreign persons?

23000 **3** ¹³ Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with unaffiliated foreign persons, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with unaffiliated foreign persons, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 14.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary			
			Code 1 Quarterly premiums earned on reinsurance assumed from unaffiliated foreign persons		Code 2 Quarterly premiums incurred on reinsurance ceded to unaffiliated foreign persons		Code 3 Quarterly losses incurred on reinsurance assumed from unaffiliated foreign persons		Code 4 Quarterly losses recovered on reinsurance ceded to unaffiliated foreign persons	
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Total, lines 2–32 of this page.....	001			000		000		000		000
2.	002			000		000		000		000
3.	003			000		000		000		000
4.	004			000		000		000		000
5.	005			000		000		000		000
6.	006			000		000		000		000
7.	007			000		000		000		000
8.	008			000		000		000		000
9.	009			000		000		000		000
10.	010			000		000		000		000
11.	011			000		000		000		000
12.	012			000		000		000		000
13.	013			000		000		000		000
14.	014			000		000		000		000
15.	015			000		000		000		000
16.	016			000		000		000		000
17.	017			000		000		000		000
18.	018			000		000		000		000
19.	019			000		000		000		000
20.	020			000		000		000		000
21.	021			000		000		000		000
22.	022			000		000		000		000
23.	023			000		000		000		000
24.	024			000		000		000		000
25.	025			000		000		000		000
26.	026			000		000		000		000
27.	027			000		000		000		000
28.	028			000		000		000		000
29.	029			000		000		000		000
30.	030			000		000		000		000
31.	031			000		000		000		000
32. Countries with which transactions were less than \$50,000.00 each, total	032	1		000		000		000		000

SCHEDULE B – Annual Insurance Transactions with Foreign Affiliates

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

Are you reporting transactions with foreign affiliates?

31000 1 Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 15 (eFile users- select "Add overflow" from the survey selection page).

NOTE — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services								
			Code 5 Annual premiums earned on primary insurance sold to foreign affiliates	Code 6 Annual losses incurred on primary insurance sold to foreign affiliates	Code 3 Annual losses incurred on reinsurance assumed from foreign affiliates	Code 4 Annual losses recovered on reinsurance ceded to foreign affiliates	Code 7 Annual receipts from foreign affiliates	Code 8 Annual payments to foreign affiliates							
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)					
1. Total, lines 2–32 of this page	001	1	2	3	000	4	000	5	000	6	000	7	000	8	000
2.	002	1	2	3	000	4	000	5	000	6	000	7	000	8	000
3.	003	1	2	3	000	4	000	5	000	6	000	7	000	8	000
4.	004	1	2	3	000	4	000	5	000	6	000	7	000	8	000
5.	005	1	2	3	000	4	000	5	000	6	000	7	000	8	000
6.	006	1	2	3	000	4	000	5	000	6	000	7	000	8	000
7.	007	1	2	3	000	4	000	5	000	6	000	7	000	8	000
8.	008	1	2	3	000	4	000	5	000	6	000	7	000	8	000
9.	009	1	2	3	000	4	000	5	000	6	000	7	000	8	000
10.	010	1	2	3	000	4	000	5	000	6	000	7	000	8	000
11.	011	1	2	3	000	4	000	5	000	6	000	7	000	8	000
12.	012	1	2	3	000	4	000	5	000	6	000	7	000	8	000
13.	013	1	2	3	000	4	000	5	000	6	000	7	000	8	000
14.	014	1	2	3	000	4	000	5	000	6	000	7	000	8	000
15.	015	1	2	3	000	4	000	5	000	6	000	7	000	8	000
16.	016	1	2	3	000	4	000	5	000	6	000	7	000	8	000
17.	017	1	2	3	000	4	000	5	000	6	000	7	000	8	000
18.	018	1	2	3	000	4	000	5	000	6	000	7	000	8	000
19.	019	1	2	3	000	4	000	5	000	6	000	7	000	8	000
20.	020	1	2	3	000	4	000	5	000	6	000	7	000	8	000
21.	021	1	2	3	000	4	000	5	000	6	000	7	000	8	000
22.	022	1	2	3	000	4	000	5	000	6	000	7	000	8	000
23.	023	1	2	3	000	4	000	5	000	6	000	7	000	8	000
24.	024	1	2	3	000	4	000	5	000	6	000	7	000	8	000
25.	025	1	2	3	000	4	000	5	000	6	000	7	000	8	000
26.	026	1	2	3	000	4	000	5	000	6	000	7	000	8	000
27.	027	1	2	3	000	4	000	5	000	6	000	7	000	8	000
28.	028	1	2	3	000	4	000	5	000	6	000	7	000	8	000
29.	029	1	2	3	000	4	000	5	000	6	000	7	000	8	000
30.	030	1	2	3	000	4	000	5	000	6	000	7	000	8	000
31.	031	1	2	3	000	4	000	5	000	6	000	7	000	8	000
32. Countries with which transactions were less than \$50,000.00 each, total	032	1	2	3	000	4	000	5	000	6	000	7	000	8	000

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

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

Are you reporting transactions with foreign parent(s) and other members of the FPG?

32000 2 ¹2 Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 15 (eFile users- select "Add overflow" from the survey selection page).

NOTE — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services						
			Code 5 Annual premiums earned on primary insurance sold to the foreign parent group	Code 6 Annual losses incurred on primary insurance sold to the foreign parent group	Code 3 Annual losses incurred on reinsurance assumed from the foreign parent group	Code 4 Annual losses recovered on reinsurance ceded to the foreign parent group	Code 7 Annual receipts from the foreign parent group	Code 8 Annual payments to the foreign parent group					
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
1. Total, lines 2–32 of this page	001	1 2 3	000	4	000	5	000	6	000	7	000	8	000
2.	002	1 2 3	000	4	000	5	000	6	000	7	000	8	000
3.	003	1 2 3	000	4	000	5	000	6	000	7	000	8	000
4.	004	1 2 3	000	4	000	5	000	6	000	7	000	8	000
5.	005	1 2 3	000	4	000	5	000	6	000	7	000	8	000
6.	006	1 2 3	000	4	000	5	000	6	000	7	000	8	000
7.	007	1 2 3	000	4	000	5	000	6	000	7	000	8	000
8.	008	1 2 3	000	4	000	5	000	6	000	7	000	8	000
9.	009	1 2 3	000	4	000	5	000	6	000	7	000	8	000
10.	010	1 2 3	000	4	000	5	000	6	000	7	000	8	000
11.	011	1 2 3	000	4	000	5	000	6	000	7	000	8	000
12.	012	1 2 3	000	4	000	5	000	6	000	7	000	8	000
13.	013	1 2 3	000	4	000	5	000	6	000	7	000	8	000
14.	014	1 2 3	000	4	000	5	000	6	000	7	000	8	000
15.	015	1 2 3	000	4	000	5	000	6	000	7	000	8	000
16.	016	1 2 3	000	4	000	5	000	6	000	7	000	8	000
17.	017	1 2 3	000	4	000	5	000	6	000	7	000	8	000
18.	018	1 2 3	000	4	000	5	000	6	000	7	000	8	000
19.	019	1 2 3	000	4	000	5	000	6	000	7	000	8	000
20.	020	1 2 3	000	4	000	5	000	6	000	7	000	8	000
21.	021	1 2 3	000	4	000	5	000	6	000	7	000	8	000
22.	022	1 2 3	000	4	000	5	000	6	000	7	000	8	000
23.	023	1 2 3	000	4	000	5	000	6	000	7	000	8	000
24.	024	1 2 3	000	4	000	5	000	6	000	7	000	8	000
25.	025	1 2 3	000	4	000	5	000	6	000	7	000	8	000
26.	026	1 2 3	000	4	000	5	000	6	000	7	000	8	000
27.	027	1 2 3	000	4	000	5	000	6	000	7	000	8	000
28.	028	1 2 3	000	4	000	5	000	6	000	7	000	8	000
29.	029	1 2 3	000	4	000	5	000	6	000	7	000	8	000
30.	030	1 2 3	000	4	000	5	000	6	000	7	000	8	000
31.	031	1 2 3	000	4	000	5	000	6	000	7	000	8	000
32. Countries with which transactions were less than \$50,000.00 each, total	032	1 709 2 3	000	4	000	5	000	6	000	7	000	8	000

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)

Are you reporting transactions with unaffiliated foreign persons?

33000 **3** **13** Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **B**, and you had transactions of this type with unaffiliated foreign persons, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- Report all currency amounts in thousands of dollars. Example: If the amount is \$1,555,555.00 report as 1,556.
- Round amounts less than \$500.00 to 0.
- To report additional countries, use the overflow sheet provided on page 15 (eFile users- select "Add overflow" from the survey selection page).

NOTE — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services									
			Code 5 Annual premiums earned on primary insurance sold to unaffiliated foreign persons	Code 6 Annual losses incurred on primary insurance sold to unaffiliated foreign persons	Code 3 Annual losses incurred on reinsurance assumed from unaffiliated foreign persons	Code 4 Annual losses recovered on reinsurance ceded to unaffiliated foreign persons	Code 7 Annual receipts from unaffiliated foreign persons	Code 8 Annual payments to unaffiliated foreign persons								
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)						
1. Total, lines 2–32 of this page	001	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
2.	002	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
3.	003	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
4.	004	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
5.	005	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
6.	006	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
7.	007	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
8.	008	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
9.	009	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
10.	010	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
11.	011	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
12.	012	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
13.	013	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
14.	014	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
15.	015	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
16.	016	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
17.	017	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
18.	018	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
19.	019	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
20.	020	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
21.	021	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
22.	022	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
23.	023	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
24.	024	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
25.	025	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
26.	026	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
27.	027	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
28.	028	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
29.	029	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
30.	030	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
31.	031	1	2	3	000	4	000	5	000	6	000	7	000	8	000	
32. Countries with which transactions were less than \$50,000.00 each, total	032	1	709	2	3	000	4	000	5	000	6	000	7	000	8	000

GENERAL INSTRUCTIONS

Public reporting burden for this BE-45 report is estimated to average 8 hours per response. This burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to Director, Bureau of Economic Analysis (BE-1), 4600 Silver Hill Rd., Washington, DC 20233; and to the Office of Management and Budget, Paperwork Reduction Project 0608-0066, Washington, DC 20503.

Purpose — Reports on this form are required to obtain reliable and up-to-date information on transactions between U.S. insurance companies and foreign persons. The data will be used in compiling the U.S. international transactions accounts and the national income and product accounts. The information will also be used to formulate U.S. policy and to analyze the impact of that policy, and the policies of foreign countries, on such international transactions.

Authority — This survey is being conducted under the authority of the International Investment and Trade in Services Survey Act (P.L. 94-472, 90 Stat. 2059, 22 U.S.C. 3101-3108, as amended – hereinafter “the Act”), and the filing of reports is mandatory under section 5(b)(2) of the Act (22 U.S.C. 3104). Regulations for the survey may be found in 15 CFR Part 801. The survey has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (44 U.S.C. 3501, et seq).

Penalties — Persons who fail to report may be subject to a civil penalty of not less than \$4,454, and not more than \$44,539, and to injunctive relief commanding such person to comply, or both. These civil penalties are subject to inflationary adjustments. Those adjustments are found in 15 CFR 6.4. Persons who willfully fail to report shall be fined not more than \$10,000 and, if an individual, may be imprisoned for not more than one year, or both. Any officer, director, employee, or agent of any corporation who knowingly participates in such violations, upon conviction, may be punished by a like fine, imprisonment, or both. (See 22 U.S.C. 3105.) Notwithstanding the above, a U.S. person is not subject to any penalty for failure to report if a valid OMB control number is not displayed on the form. The control number for Form BE-45 (0608-0066) is displayed at the top of the first page of this form.

Confidentiality — The Act provides that your report to this Bureau is **confidential** and may be used only for analytical and statistical purposes. Without your prior written permission, the information filed in your report **cannot** be presented in a manner that allows it to be individually identified. Your report **cannot** be used for purposes of taxation, investigation, or regulation. Copies retained in your files are immune from legal process.

I. WHO IS TO REPORT AND GENERAL COVERAGE

A. Who must report — A response is required from each U.S. insurance company that was notified by BEA about the survey.

1. Mandatory and voluntary reporting

- (a) Mandatory reporting** — A complete BE-45 report is required from each U.S. insurance company that engaged in reinsurance transactions with foreign persons, that earned premiums from, or incurred losses to, foreign persons in the capacity of primary insurers, or that engaged in international sale or purchase transactions in services auxiliary to insurance. Filing is mandatory if, with respect to these transactions, any of the following eight items was greater than positive \$8,000,000 or less than negative \$8,000,000 for the previous calendar year or is expected to be in the current calendar year, on an accrual basis: (1) premiums earned, and (2) losses, on reinsurance assumed; (3) premiums incurred, and (4) losses, on reinsurance ceded; (5) premiums earned, and (6) losses, on primary insurance sold; (7) sales of, and (8) purchases of, auxiliary insurance services.

Complete Schedule A, columns 3 and 4, for each of the four quarters of the calendar year for transactions that occurred during the reporting quarter.

Complete Schedule B, Sections III, IV, and V, for the fourth quarter of the calendar year for transactions that occurred during the entire calendar year (on an annual basis).

- (b) Voluntary reporting** — Please complete Schedule A, columns 5 and 6, on a voluntary basis for each of the four quarters of the calendar year for losses that occurred during the reporting quarter. Provision of this information is voluntary. The estimates may be judgmental.

2. Exemption — A U.S. person receiving this form from BEA is not required to report data if transactions fall below the threshold described in A.1. However, it must complete and return Parts I and II.

B. Transactions involving a broker — At times, insurance transactions between a U.S. person and a foreign person may be arranged by, billed through, or otherwise facilitated by, a broker, agent, or intermediary. In order to avoid duplication, the data should be reported by the insurance company assuming the risk or recovering or paying the loss. Brokers, agents, and intermediaries are generally not to report.

C. Consolidation — A U.S. enterprise should file a single Form BE-45 covering combined (total) insurance services transactions of all its domestic subsidiaries, and parts, that are insurance services providers.

1. Consolidating unincorporated enterprises

Consolidate into your BE-45 report the transactions of unincorporated enterprises in which your company has voting control. Please see the following items on determining the voting interest in typical unincorporated enterprises.

Partnerships — Most partnerships are either general partnerships or limited partnerships. Consolidation of partnerships and inclusion of their insurance services transactions (purchases and sales) on the BE-45 survey is based on voting control.

(a) General partnerships

Determination of voting interest — The determination of the percentage of voting interest of a general partner is based on who controls the partnership. The percentage of voting interest is not based on the percentage of ownership in the partnership's equity. The general partners are presumed to control a general partnership. Unless a clause to the contrary is contained in the partnership agreement, a general partnership is presumed to be controlled equally by each of the general partners.

Managing partners — If one general partner is designated as the managing partner, responsible for the day-to-day operations of the partnership, this does not necessarily transfer control of the partnership to the managing partner. If the managing partner must obtain approval for annual operating budgets and for decisions relating to significant management issues from the other general partners, then the managing partner does not have a 100 percent voting interest in the partnership.

(b) Limited partnerships

Determination of voting interest — The determination of the percentage of voting interest in a limited partnership is based on who controls the partnership. The percentage of voting interest is not based on the percentage of ownership in the partnership's equity. In most cases, the general partner is presumed to control a limited partnership, and therefore, have a 100 percent voting interest in the limited partnership. If there is more than one general partner, the partnership is presumed to be controlled equally by each of the general partners, unless a clause to the contrary is contained in the partnership agreement. Therefore, unless a clause to the contrary is contained in the partnership agreement, limited partners are presumed to have zero voting interest in a limited partnership.

Managing partners — See discussion under “General Partnerships” above.

(c) Limited Liability Companies (LLCs)

Determination of voting interest — The determination of the percentage of voting interest in an LLC is based on who controls the LLC. The percentage of voting interest is not based on the percentage of ownership in the LLC's equity. LLCs are presumed to be controlled equally by each of its members (owners), unless a clause to the contrary is contained in the articles of organization or in the operating agreement.

GENERAL INSTRUCTIONS — Continued

Managing member – If one member is designated as the managing member responsible for the day-to-day operations of the LLC, this does not necessarily transfer control of the LLC to the managing member. If the managing member must obtain approval for annual operating budgets and for decisions relating to other significant management issues from the other members, then the managing member does not have a 100 percent voting interest in the LLC.

II. WHAT TO REPORT

- A. Report transactions with affiliated foreign persons as well as with unaffiliated foreign persons (see **Definitions IV.J and K**). **File separate schedules to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the foreign parent group, and (3) unaffiliated foreign persons.**
- B. Report transactions with alien insurance groups, whether or not funds remitted to and from these organizations are cleared through their American trust funds.
- C. Note that the criterion for reporting is whether the transaction is between a U.S. person and a foreign person. It is immaterial whether the assets insured are located in the United States or abroad.
- D. Report transactions with U.S. affiliates of foreign firms **for the account of their foreign parent firm**. (Report them on the form covering your transactions with unaffiliated foreign persons.)
- E. Report transactions with foreign persons made by your foreign affiliate **for your account**. (Report them on the form covering your transactions with unaffiliated foreign persons.)

III. WHAT NOT TO REPORT

- A. **Finite insurance and finite reinsurance** — Finite insurance and reinsurance contracts transfer a limited amount of insurance risk from the policyholder to the insurer with the policyholder retaining a significant portion of that risk. Contract terms and features that can limit the transfer of insurance risk include the following: (1) Contract terms that result in the premium paid by the policyholder plus anticipated investment income earned by the insurer on that premium approximately equaling the reimbursements (including claim recoveries and any contract adjustments) expected by the policyholder from the insurer (2) Adjustable features that result in profit-and-loss sharing arrangements between the policyholder and the insurer (3) A contract coverage period that extends beyond one year and premiums for subsequent periods that may depend on the loss experience of earlier years (4) Limits on the amount of claims to be paid by the insurer (5) Loss corridors that limit or eliminate the risk of loss for a specified percentage or dollar amount of claims within the range of contract coverage (6) Favorable contract termination provisions, for example, that would result in a loss to the policyholder (7) Premiums that are a substantial percentage of the maximum coverage provided.

Types of finite insurance include, but are not limited to, loss portfolio transfers, adverse development coverages, and spread loss coverages. There may be other types of finite reinsurance that are not explicitly listed but are substantially identical in function and should **not** be reported on the survey as well.
- B. Do **not** report transactions with U.S. affiliates of foreign firms for their own account. Transactions with these U.S. affiliates are considered domestic-to-domestic for purposes of this survey.
- C. Do **not** report transactions with foreigners made by your foreign affiliates **for their own account**.
- D. Do **not** report premiums to, or losses from, foreign insurance companies on primary or direct insurance. Premiums on such insurance purchased from foreign insurance companies are to be reported on Form BE-120, Benchmark Survey of Transactions in Selected Services and Intangible Assets with Foreign Persons, and Form BE-125, Quarterly Survey of Transactions in Selected Services and Intangible Assets with Foreign Persons.

IV. DEFINITIONS

- A. **Insurance companies**, for purposes of this survey, includes insurance carriers of all types and groups of such companies.
- B. **United States**, when used in a geographic sense, means the several states, the District of Columbia, the Commonwealth of Puerto Rico, and all the territories and possessions of the United States. **NOTE:** The U.S. Virgin Islands and Guam are territories of the United States.
- C. **Foreign**, when used in a geographic sense, means that which is situated outside the United States or which belongs to or is characteristic of a country other than the United States.
- D. **Person** means any individual, branch, partnership, associated group, association, estate, trust, corporation, or other organization (whether or not organized under the laws of any State), and any government (including a foreign government, the U.S. Government, a State or local government, and any agency, corporation, financial institution, or other entity or instrumentality thereof, including a government-sponsored agency).
 - 1. **United States person** means any person resident in the United States or subject to the jurisdiction of the United States.
 - 2. **Foreign person** means any person resident outside the United States or subject to the jurisdiction of a country other than the United States.
- E. **Business enterprise** means any organization, association, branch, or venture which exists for profitmaking purposes or to otherwise secure economic advantage, and any ownership of any real estate. (A business enterprise is a “person” within the definition in paragraph D above.)
- F. **Direct investment** means the ownership or control, directly or indirectly, by one person of 10 percent or more of the voting stock of an incorporated business enterprise or an equivalent ownership interest in an unincorporated business enterprise.
- G. **Parent** means a person of one country who, directly or indirectly, owns or controls 10 percent or more of the voting stock of an incorporated business enterprise or an equivalent ownership interest in an unincorporated business enterprise, which is located outside that country.
 - 1. **U.S. parent** means the U.S. person that has direct investment in a foreign business enterprise.
 - 2. **Foreign parent** means the foreign person, or the first person outside the United States in a foreign chain of ownership, which has direct investment in a U.S. business enterprise, including a branch.
- H. **Foreign parent group** means (i) the foreign parent, (ii) any foreign person, proceeding up the foreign parent's ownership chain, that owns more than 50 percent of the person below it, up to and including the person that is not owned more than 50 percent by another foreign person, and (iii) any foreign person, proceeding down the ownership chain(s) of each of these members, that is owned more than 50 percent by the person above it.
- I. **Affiliate** means a business enterprise located in one country which is directly or indirectly owned or controlled by a person of another country to the extent of 10 percent or more of its voting stock for an incorporated business or an equivalent interest for an unincorporated business, including a branch.
 - 1. **Foreign affiliate** means an affiliate located outside the United States in which a U.S. person has direct investment.
 - 2. **U.S. affiliate** means an affiliate located in the United States in which a foreign person has direct investment.
- J. **Foreign affiliate of a foreign parent** means, with reference to a given U.S. affiliate, any member of the foreign parent group owning the U.S. affiliate that is not a foreign parent of the U.S. affiliate.

GENERAL INSTRUCTIONS — Continued

- K. Affiliated foreign person** means, with respect to a given U.S. person in a direct investment relationship, (i) a foreign affiliate of which the U.S. person is a U.S. parent, or (ii) the foreign parent or other member of the foreign parent group of which the U.S. person is a U.S. affiliate.
- L. Unaffiliated foreign person** means, with respect to a given U.S. person, any foreign person that is not an affiliated foreign person as defined in paragraph J above.
- M. Country** means the country of location of the foreign person with whom a transaction has occurred.

V. SPECIFIC ITEM INSTRUCTIONS

Schedule A

For property and casualty insurance companies

Calculate columns (3) and (4) as follows: Premiums written (column 3) or ceded (column 4) during the quarter, plus unearned premiums at the beginning of the quarter, minus unearned premiums at the end of the quarter. Report premiums net of cancellations. Report premiums gross of commissions and profit commissions paid to or received from foreign persons, including commissions initially paid to or received from a U.S. intermediary (agent or broker) of a foreign person.

Calculate columns (5) and (6) as follows: Losses paid (column 5) or recovered (column 6) during the quarter, plus case reserves at the end of the quarter, plus losses incurred but not reported at the end of the quarter, minus case reserves at the beginning of the quarter, minus losses incurred but not reported at the beginning of the quarter. Losses paid or recovered should not include loss adjustment expenses (reportable on Schedule B).

For life insurance companies

Premiums received (column 3) and paid (column 4) reflect premiums accrued on reinsurance assumed from or ceded to insurance companies resident abroad. These amounts, therefore, are adjusted for changes in due, deferred, and advanced premiums for each quarter. Report premiums gross of commissions and profit commissions paid to or received from foreign persons, including commissions initially paid to or received from a U.S. intermediary (agent or broker) of a foreign person.

Losses paid (column 5) and recovered (column 6) reflect policy claims on reinsurance assumed or ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.

Schedule B

For property and casualty insurance companies (columns 3 and 4)

Report premiums (column 3) as follows: Premiums written during the current year, plus unearned premiums at the beginning of the current calendar year, minus unearned premiums at the end of the current calendar year. Report premiums net of cancellations. Report premiums gross of commissions and profit commissions paid to or received from foreign persons, including commissions initially paid to or received from a U.S. intermediary (agent or broker) of a foreign person.

Report losses paid (columns 4 and 5) or recovered (column 6) as follows: Losses during the current year, plus case reserves at the end of the current year, plus losses incurred but not reported at the end of the current year, minus case reserves at the beginning of the current year, minus losses incurred but not reported at the beginning of the current year. Losses paid or recovered should not include loss adjustment expenses (reportable under column 8).

For life insurance companies (columns 3 and 4)

Report premiums earned (column 3). These amounts should be adjusted for changes in due, deferred, and advanced premiums for the current year. Report premiums gross of commissions and profit commissions paid to

foreign persons, including commissions initially paid to a U.S. intermediary (agent or broker) of a foreign person.

Calculate columns (4), (5), and (6) as follows: Losses paid (columns 4 and 5) and losses recovered (column 6) reflect policy claims on reinsurance assumed or ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.

Auxiliary insurance services (columns 7 and 8)

Include agent's commissions, insurance brokering and agency services, insurance consulting services, evaluation, allocated loss adjustment expenses, and other adjustment services, actuarial services, salvage administration services, and regulatory and monitoring services on indemnities and recovery services.

VI. REPORTING PROCEDURES

- A. Due date** — A completed BE-45 is due within 60 days of the close of each calendar quarter, except the final quarter of the calendar year, when the reports are due within 90 days of the close of the quarter.
- B. Calendar year** — For the purposes of this form, you must report on a calendar year basis. For example, your fourth quarter report is your reporting quarter that ends in the fourth calendar quarter.
- C. Extension** — Requests for an extension of the reporting deadline will not normally be granted. However, in a hardship case, a written request for an extension will be considered if it is received at least 15 days before the due date. You may fax the request to (301) 278-9506 or e-mail the request to BE-45extension@bea.gov. BEA will provide a written response to such a request.
- D. Assistance and additional copies of the forms** — Phone (301) 278-9303 for assistance. Copies of BEA survey forms are also available on BEA's web site: www.bea.gov/ssb.
- E. Rounding** — Report currency amounts in U.S. dollars rounded to thousands (omitting 000). For example, if the amount is \$1,334,515.00, report it as \$1,335.
- F. Estimates** — If actual figures are not available, report estimates and label them as such. When data items cannot be fully subdivided as required, report totals and an estimated breakdown of the totals.
- G. Original and file copies** — File a single original copy of the form. Please use the copy with the address label if such a labeled copy has been provided. In addition, retain a copy of the report in your files to facilitate resolution of problems; these copies should be retained by the U.S. Reporter for a period of not less than three years beyond the original due date.
- H. Where to send the report** — To file a report electronically, see our web site at www.bea.gov/efile for details.
- Send reports through the U.S. Postal Service to:
- Bureau of Economic Analysis
Balance of Payments Division, BE-50 (SSB)
4600 Silver Hill Road
Washington, DC 20233
- Send reports filed by direct private express delivery to:
- Bureau of Economic Analysis
Balance of Payments Division, BE-50 (SSB)
4600 Silver Hill Road
Suitland, MD 20746
- Fax reports to: (301) 278-9506

Summary of Industry Classifications – For a full explanation of each code see www.bea.gov/naics2012

Agriculture, Forestry, Fishing, and Hunting

1110 Crop production
 1120 Animal production and aquaculture
 1130 Forestry and logging
 1140 Fishing, hunting, and trapping
 1150 Support activities for agriculture and forestry

Mining

2111 Oil and gas extraction
 2121 Coal
 2123 Nonmetallic minerals
 2124 Iron ores
 2125 Gold and silver ores
 2126 Copper, nickel, lead, and zinc ores
 2127 Other metal ores
 2132 Support activities for oil and gas operations
 2133 Support activities for mining, except for oil and gas operations

Utilities

2211 Electric power generation, transmission, and distribution
 2212 Natural gas distribution
 2213 Water, sewage, and other systems

Construction

2360 Construction of buildings
 2370 Heavy and civil engineering construction
 2380 Specialty trade contractors

Manufacturing

3111 Animal foods
 3112 Grain and oilseed milling
 3113 Sugar and confectionery products
 3114 Fruit and vegetable preserving and specialty foods
 3115 Dairy products
 3116 Meat products
 3117 Seafood product preparation and packaging
 3118 Bakeries and tortillas
 3119 Other food products
 3121 Beverages
 3122 Tobacco
 3130 Textile mills
 3140 Textile product mills
 3150 Apparel
 3160 Leather and allied products
 3210 Wood products
 3221 Pulp, paper, and paperboard mills
 3222 Converted paper products
 3231 Printing and related support activities
 3242 Integrated petroleum refining and extraction
 3243 Petroleum refining without extraction
 3244 Asphalt and other petroleum and coal products
 3251 Basic chemicals
 3252 Resins, synthetic rubbers, and artificial and synthetic fibers and filaments
 3253 Pesticides, fertilizers, and other agricultural chemicals
 3254 Pharmaceuticals and medicines
 3255 Paints, coatings, and adhesives
 3256 Soap, cleaning compounds, and toilet preparations
 3259 Other chemical products and preparations
 3261 Plastics products
 3262 Rubber products
 3271 Clay products and refractories
 3272 Glass and glass products
 3273 Cement and concrete products
 3274 Lime and gypsum products
 3279 Other nonmetallic mineral products
 3311 Iron and steel mills and ferroalloys
 3312 Steel products from purchased steel
 3313 Alumina and aluminum production and processing
 3314 Nonferrous metal (except aluminum) production and processing
 3315 Foundries
 3321 Forging and stamping
 3322 Cutlery and handtools
 3323 Architectural and structural metals
 3324 Boilers, tanks, and shipping containers
 3325 Hardware
 3326 Spring and wire products
 3327 Machine shops; turned products; and screws, nuts, and bolts
 3328 Coating, engraving, heat treating, and allied activities
 3329 Other fabricated metal products
 3331 Agriculture, construction, and mining machinery
 3332 Industrial machinery
 3333 Commercial and service industry machinery

3334 Ventilation, heating, air-conditioning, and commercial refrigeration equipment
 3335 Metalworking machinery
 3336 Engines, turbines, and power transmission equipment
 3339 Other general purpose machinery
 3341 Computer and peripheral equipment
 3342 Communications equipment
 3343 Audio and video equipment
 3344 Semiconductors and other electronic components
 3345 Navigational, measuring, electromedical, and control instruments
 3346 Manufacturing and reproducing magnetic and optical media
 3351 Electric lighting equipment
 3352 Household appliances
 3353 Electrical equipment
 3359 Other electrical equipment and components
 3361 Motor vehicles
 3362 Motor vehicle bodies and trailers
 3363 Motor vehicle parts
 3364 Aerospace products and parts
 3365 Railroad rolling stock
 3366 Ship and boat building
 3369 Other transportation equipment
 3370 Furniture and related products
 3391 Medical equipment and supplies
 3399 Other miscellaneous manufacturing

Wholesale Trade, Durable Goods

4231 Motor vehicles and motor vehicle parts and supplies
 4232 Furniture and home furnishing
 4233 Lumber and other construction materials
 4234 Professional and commercial equipment and supplies
 4235 Metal and mineral (except petroleum)
 4236 Household appliances, and electrical and electronic goods
 4237 Hardware, and plumbing and heating equipment and supplies
 4238 Machinery, equipment, and supplies
 4239 Miscellaneous durable goods

Wholesale Trade, Non-Durable Goods

4241 Paper and paper product
 4242 Drugs and druggists' sundries
 4243 Apparel, piece goods, and notions
 4244 Grocery and related product
 4245 Farm product raw material
 4246 Chemical and allied products
 4247 Petroleum and petroleum products
 4248 Beer, wine, and distilled alcoholic beverage
 4249 Miscellaneous nondurable goods

Wholesale Trade, Electronic Markets and Agents And Brokers

4251 Wholesale electronic markets and agents and brokers

Retail Trade

4410 Motor vehicle and parts dealers
 4420 Furniture and home furnishings
 4431 Electronics and appliance
 4440 Building material and garden equipment and supplies dealers
 4450 Food and beverage
 4461 Health and personal care
 4471 Gasoline stations
 4480 Clothing and clothing accessories
 4510 Sporting goods, hobby, book, and music
 4520 General merchandise
 4530 Miscellaneous store retailers
 4540 Non-store retailers

Transportation and Warehousing

4810 Air transportation
 4821 Rail transportation
 4833 Petroleum tanker operations
 4839 Other water transportation
 4840 Truck transportation
 4850 Transit and ground passenger transportation
 4863 Pipeline transportation of crude oil, refined petroleum products, and natural gas
 4868 Other pipeline transportation
 4870 Scenic and sightseeing transportation
 4880 Support activities for transportation
 4920 Couriers and messengers
 4932 Petroleum storage for hire
 4939 Other warehousing and storage

Information

5111 Newspaper, periodical, book, and directory publishers
 5112 Software publishers
 5121 Motion picture and video industries
 5122 Sound recording industries

5151 Radio and television broadcasting
 5152 Cable and other subscription programming
 5171 Wired telecommunications carriers
 5172 Wireless telecommunications carriers, except satellite
 5174 Satellite telecommunications
 5179 Other telecommunications
 5182 Data processing, hosting, and related services
 5191 Other information services

Finance and Insurance

5221 Depository credit intermediation (Banking)
 5223 Activities related to credit intermediation
 5224 Nondepository credit intermediation
 5229 Nondepository branches and agencies
 5231 Securities and commodity contracts intermediation and brokerage
 5238 Other financial investment activities and exchanges
 5242 Agencies, brokerages, and other insurance related activities
 5243 Insurance carriers, except life insurance carriers
 5249 Life insurance carriers
 5252 Funds, trusts, and other finance vehicles

Real Estate and Rental and Leasing

5310 Real estate
 5321 Automotive equipment rental and leasing
 5329 Other rental and leasing services
 5331 Lessors of nonfinancial intangible assets, except copyrighted works

Professional, Scientific, and Technical Services

5411 Legal services
 5412 Accounting, tax preparation, bookkeeping, and payroll services
 5413 Architectural, engineering, and related services
 5414 Specialized design services
 5415 Computer systems design and related services
 5416 Management, scientific, and technical consulting services
 5417 Scientific research and development services
 5418 Advertising, public relations, and related services
 5419 Other professional, scientific, and technical services

Management of Companies and Enterprises

5512 Holding companies, except bank holding companies
 5513 Corporate, subsidiary, and regional management offices

Administrative and Support, Waste Management, and Remediation Services

5611 Office administrative services
 5612 Facilities support services
 5613 Employment services
 5614 Business support services
 5615 Travel arrangement and reservation services
 5616 Investigation and security services
 5617 Services to buildings and dwellings
 5619 Other support services
 5620 Waste management and remediation services

Educational Services

6110 Educational services

Health Care and Social Assistance

6210 Ambulatory health care services
 6220 Hospitals
 6230 Nursing and residential care facilities
 6240 Social assistance services

Arts, Entertainment, and Recreation

7110 Performing arts, spectator sports, and related industries
 7121 Museums, historical sites, and similar institutions
 7130 Amusement, gambling, and recreation industries

Accommodation and Food Services

7210 Accommodation
 7220 Food services and drinking places

Other Services

8110 Repair and maintenance
 8120 Personal and laundry services
 8130 Religious, grantmaking, civic, professional, and similar organizations

Public Administration

9200 Public administration

OVERFLOW SHEET FOR SCHEDULE A 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 A This schedule covers transactions with — Check (X) one

Overflow Page # ___ of ___

- 1 Foreign affiliates
- 2 Foreign parent(s) and other members of the FPG
- 3 Unaffiliated foreign persons

Country	BEA USE ONLY		Code 1	Code 2	Code 3	Code 4
			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
00. BEA USE ONLY	1	2	3	4	5	6
01. Country total for this page (sum of 33–54)	1	2	3	4	5	6
33.	1	2	3	4	5	6
34.	1	2	3	4	5	6
35.	1	2	3	4	5	6
36.	1	2	3	4	5	6
37.	1	2	3	4	5	6
38.	1	2	3	4	5	6
39.	1	2	3	4	5	6
40.	1	2	3	4	5	6
41.	1	2	3	4	5	6
42.	1	2	3	4	5	6
43.	1	2	3	4	5	6
44.	1	2	3	4	5	6
45.	1	2	3	4	5	6
46.	1	2	3	4	5	6
47.	1	2	3	4	5	6
48.	1	2	3	4	5	6
49.	1	2	3	4	5	6
50.	1	2	3	4	5	6
51.	1	2	3	4	5	6
52.	1	2	3	4	5	6
53.	1	2	3	4	5	6
54.	1	2	3	4	5	6

NOTE — You may use this Overflow Sheet if there is insufficient space on the Form BE-45, Schedule A, to list every individual foreign country with which you had transactions.

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 B This schedule covers transactions with — Check (X) one

Overflow Page # ___ of ___

- 1 Foreign affiliates
- 2 Foreign parent(s) and other members of the FPG
- 3 Unaffiliated foreign persons

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services		
			Code 5	Code 6	Code 3	Code 4	Code 7	Code 8	
			Annual premiums earned on primary insurance sold to foreign persons	Annual losses incurred on primary insurance sold to foreign persons	Annual losses incurred on reinsurance assumed from insurance companies resident abroad	Annual losses recovered on reinsurance ceded to insurance companies resident abroad	Annual receipts from foreign persons	Annual payments to foreign persons	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
00. BEA USE ONLY	1	2	3	4	5	6	7	8	000
01. Country total for this page (sum of rows 33–53)	1	2	3	4	5	6	7	8	000
33.	1	2	3	4	5	6	7	8	000
34.	1	2	3	4	5	6	7	8	000
35.	1	2	3	4	5	6	7	8	000
36.	1	2	3	4	5	6	7	8	000
37.	1	2	3	4	5	6	7	8	000
38.	1	2	3	4	5	6	7	8	000
39.	1	2	3	4	5	6	7	8	000
40.	1	2	3	4	5	6	7	8	000
41.	1	2	3	4	5	6	7	8	000
42.	1	2	3	4	5	6	7	8	000
43.	1	2	3	4	5	6	7	8	000
44.	1	2	3	4	5	6	7	8	000
45.	1	2	3	4	5	6	7	8	000
46.	1	2	3	4	5	6	7	8	000
47.	1	2	3	4	5	6	7	8	000
48.	1	2	3	4	5	6	7	8	000
49.	1	2	3	4	5	6	7	8	000
50.	1	2	3	4	5	6	7	8	000
51.	1	2	3	4	5	6	7	8	000
52.	1	2	3	4	5	6	7	8	000
53.	1	2	3	4	5	6	7	8	000

NOTE — You may use this Overflow Sheet if there is insufficient space on the Form BE-45, Schedule B, to list every individual foreign country with which you had transactions.

In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.