

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 parents and/or other members of the FPG

3 Unaffiliated foreign persons

Country	BEA USE ONLY		Primary insurance		Auxiliary insurance	
			Transaction code 5	Transaction code 6	Transaction code 7	Transaction code 8
			Quarterly premiums earned on primary insurance sold	Quarterly losses incurred on primary insurance sold	Quarterly receipts	Quarterly payments
	(1)	(2)	(3)	(4)	(5)	(6)
01. Country total for this page (sum of rows 02–23)	1	2	3	4	5	6
			000	000	000	000
02.	1	2	3	4	5	6
			000	000	000	000
03.	1	2	3	4	5	6
			000	000	000	000
04.	1	2	3	4	5	6
			000	000	000	000
05.	1	2	3	4	5	6
			000	000	000	000
06.	1	2	3	4	5	6
			000	000	000	000
07.	1	2	3	4	5	6
			000	000	000	000
08.	1	2	3	4	5	6
			000	000	000	000
09.	1	2	3	4	5	6
			000	000	000	000
10.	1	2	3	4	5	6
			000	000	000	000
11.	1	2	3	4	5	6
			000	000	000	000
12.	1	2	3	4	5	6
			000	000	000	000
13.	1	2	3	4	5	6
			000	000	000	000
14.	1	2	3	4	5	6
			000	000	000	000
15.	1	2	3	4	5	6
			000	000	000	000
16.	1	2	3	4	5	6
			000	000	000	000
17.	1	2	3	4	5	6
			000	000	000	000
18.	1	2	3	4	5	6
			000	000	000	000
19.	1	2	3	4	5	6
			000	000	000	000
20.	1	2	3	4	5	6
			000	000	000	000
21.	1	2	3	4	5	6
			000	000	000	000
22.	1	2	3	4	5	6
			000	000	000	000
23.	1	2	3	4	5	6
			000	000	000	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 Columns (3) and (4), only report premiums and losses related to primary (direct) insurance. Reinsurance premiums and losses should be reported as transaction codes 1 through 4 on Schedule A.