BE-45 Identification Number



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

#### Due date:

Within 30 days of the close of each calendar quarter (or within 45 days of closing the final quarter of your calendar year).

#### **Extension information:**

See Part VI.C., page 19 of the General Instructions.

#### Electronic filing:

www.bea.gov/efile

#### Mail via U.S. Postal Service:

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

### Send via Private Express Delivery:

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

08000	Company Name:
00090	Attention: 0
10000	Address:
10001	City: 10002 State: 0
10003	Address: 0 City: 0 Zip Code: 0
	Fax reports to: (301) 278-9506  Assistance: E-mail: be-45hslp@bea.gov Telephone: (301) 278-9603  FAQ's (and ) lank forms: www.bea.gov ssb
ut this	survey. A BE-45 survey must be completed in its entirety by U.S. insurance companies

**Alternate Contact Information** 

#### Assistance:

## **BE-45 Filing Requirements:**

A response is required if you are notified by BEA. Gour this survey. A BE-45 survey must be completed in its entirety by U.S. insurance companies whose combined reportable insurance transactions with foreign persons exceeded \$1 million (based on absolute value) during the previous calendar year, or are expected to exceed that amount during the current salendar year. See Part 1.A on page 16 of the General Instructions for more information on who must report and reporting requirements.

Authority, Confidentiality, Penalties

This survey is authorized by the obtainational Investment of 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 mandately and the Ast provides that your report to BEA is confidential. Persons who fail to report may be subject to penalties. See page 16 of the General Instructions for additional details.

## Contact Information

## Provide information of person to consult about this report:

10004	Name and Title	10008	Name and Title
	Telephone Number		Telephone Number
10005		10009	
	Fax Number		Fax Number
10006	<b>.</b>	10010	
	E-mail Address		E-mail Address
10007		10011	

NOTE: BEA uses a Secusial 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

	Signature of Authorized Official	Date		Telephone Number
			10027	
	Name	Title		
10012	0			

# Identification of U.S. Reporter

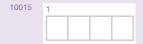
1	What is the U.S. Reporter's calendar quarter covered in this report?
	Month Day Year
	Beginning date
	Month Day Year
	Ending date
2	What was the status of the U.S. Reporter during the reporting period identified in question ?
	10017 1 In existence the entire reporting period — Continue filling out this form.
	2 In existence during only part of the reporting period — Continue filling out this form for 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.
	<sup>1</sup> 3 ☐ Not in existence during the reporting period — In the comments section below, exorum why your company was not in excellent.
	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. entity or business enterplies at any point during the reporting period identified in question 9. See Part IV.E, page 17 of the General Instructions for the definition of U.S. business enterplies
	10018 1 1 No — Continue filling out this form.
	1 2 Yes — Check A or B:
	<sup>2</sup> 1 A — Owned by another U.S. entity or business enterprise for part of the reporting pariod — Enter the name, contact information, and address of the controlling U.S. entity below and continue filling out this form, but only
	report transactions for the period during which the U.S. Reporter was NON owned by another U.S. entity. Provide
	any comments in the section below.  2  B — Owned by another U.S. antity or business enterprise for the entire reporting period — Enter the name, contact
	information, and address of the controlling U.S. on ity delow, provide any comments in the section below, and
	return this form according to the instructions on page 1.
	contact information, and address of the controlling US entity below and continue filling out this form, but only report transactions for the period cluring which the U.S. Reporter was NOS owned by another U.S. entity. Provide any comments in the section below.  2 2 B — Owned by another U.S. antity or business entertries for the entire reporting period — Enter the name, contact information, and address of the controlling U.S. entity below, previous any comments in the section below, and return this form according to the interpretations on page 1.  Name  Comments  Comments  Comments  Comments  Comments  Comments
	Contact name
	10023
	Phone number
	Address — Name and Street
	10025
	City, State Zip
	10025
4	What is the U.S. Reporter's principal line of insurance?
	10019 1 Life insurance
	<sup>1</sup> 2 Property and casuato asurance
	<sup>1</sup> 3 Other — Specin O <sub>0020</sub> O
5	What best describes the 3.S. Reporter's insurance operations?
	10021 1 Insurance company
	1 2 Insurance broker
	<sup>1</sup> 3 Insurance group — Please attach a list of member companies that are consolidated in this report.
6	What is the primary Employer Identification Number used by the U.S. Reporter to file U.S. income or payroll taxes?
Ü	10016 1 Payton taxes:

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## Identification of U.S. Reporter - Continued

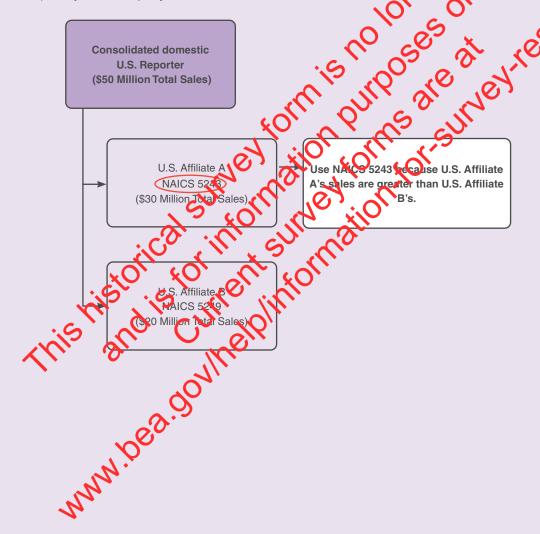
Using the summary of NAICS classifications on the next page, as well as the example below, enter the 4-digit code that best describes the <u>primary</u> sales activity of the consolidated domestic U.S. Reporter. After entering your response, continue to page 5.

Consolidated domestic U.S. Reporter means the fully consolidated domestic U.S. enterprise consisting of (i) the U.S. corporation whose voting securities are not owned more than 50 percent by another U.S. corporation, and, proceeding down each ownership chain from that U.S. corporation, (ii) any U.S. corporation whose voting securities are more than 50 percent owned by the U.S. corporation above it. The fully consolidated domestic U.S. enterprise excludes foreign branches and other foreign affiliates.



# EXAMPLE FOR DETERMINING PRIMARY SALES ACTIVITY (NAIG CODE)

Report the NAICS code that best describes the primary sales activity of the consolidated domestic U.S. Reporter. For example, if 60 percent of the consolidated domestic U.S. Reporter's sales are generated by Affiliate A, an insurance carrier (NAICS 5243), and 40 percent of the consolidated domestic U.S. Reporter's sales are generated by Affiliate B a direct insurance carrier (NAICS 5249), then you should report your NAICS as 5243.



Continue to page 5

## Summary of Industry Classifications – For a full explanation of each code see www.bea.gov/naics2022

Summary of Industry Clas	Silicati	ons – For a full explanation of eac	ii code	
Agriculture, Forestry, Fishing, and Hunt	ing 3332	Industrial machinery	Inforn	nation
1110 Crop production	3333	Commercial and service industry machinery	5121	Motion picture and video industries
1120 Animal production and aquaculture	3334	Ventilation, heating, air-conditioning,		Sound recording industries
1130 Forestry and logging	3335	and commercial refrigeration equipment Metalworking machinery		Newspaper, periodical, book, and directory publishers
<ul><li>1140 Fishing, hunting, and trapping</li><li>1150 Support activities for agriculture and forestry</li></ul>	3336	Engines, turbines, and power		Software publishers Radio and television broadcasting stations
1130 Support activities for agriculture and forestry		transmission equipment		Media streaming distribution services, social networks, and
Mining, Quarrying, and Oil & Gas	3339	Other general purpose machinery		other media networks and content providers
Extraction	3341	Computer and peripheral equipment		Wired and wireless telecommunications (except satellite)
2111 Oil and gas extraction	3342		5174	Satellite telecommunications
2121 Coal	3343 3344	Audio and video equipment Semiconductors and other		All other telecommunications
2123 Nonmetallic minerals	0044	electronic components		Computing infrastructure providers, data processing, web
2124 Iron ores 2125 Gold and silver ores	3345	Navigational, measuring, electromedical,		hosting, and related services Web search portals, libraries, archives, and other information
2126 Copper, nickel, lead, and zinc ores		and control instruments		services
2127 Other metal ores	3346	Manufacturing and reproducing		ce and Insurance
2132 Support activities for oil and gas operations	2251	magnetic and optical media		Depository credit intermediation (Banking)
2133 Support activities for mining, except	3351	Electric lighting equipment Household appliances	5223	Activities related to credit intermediation
for oil and gas operations	3353		5224	Non-depository redit intermediation, except
Utilities	3359			branches and agencies Nonder of the year of the same and agencies
2211 Electric power generation,	3361	Motor vehicles	5229	Nondepository branches and agencies
transmission, and distribution	3362	Motor vehicle bodies and trailers		Securities and commodity contracts intermediation and brokerage
2212 Natural gas distribution	3363	Motor vehicle parts	5238	Oner financial investment activities and
2213 Water, sewage, and other systems	3364 3365	Aerospace products and parts Railroad rolling stock		e) changes
Construction	3366		5242	Agencies, brokerages, and other insurance
2360 Construction of buildings	3369	Other transportation equipment		related activities
2370 Heavy and civil engineering construction	3370	Furniture and related products	5243	Insurance carriers, except direct life insurance carriers Direct life insurance carriers
2380 Specialty trade contractors	3391	Medical equipment and supplies	5249	Direct Me Insurance carriers  Funds, trusts, and other finance vehicles
Manufacturing	3399	Other miscellaneous manufacturing		Funds, trusts, and other finance vihicles
3111 Animal food manufacturing	Who	esale Trade, Durable Goods		state and Rental and Jeasing
3112 Grain and oilseed milling	4231	Motor vehicles and motor vehicle parts and	6313	Real estate.
3113 Sugar and confectionery products		supplies		Automorily e equipment remal and leasing
3114 Fruit and vegetable preserving and	4232	Furniture and home furnishing		Other rental and leasing services
specialty foods	4233	Lumber and other construction materials	5331	except copy (Cried vorks
3115 Dairy products 3116 Meat products	4234	Professional and commercial		
3117 Seafood product preparation and packaging	4235	equipment and supplies  Metal and mineral (except petroleum)	Profes	ssional, Scientific, and Technical Services
3118 Bakeries and tortilla manufacturing	4236	Household appliances, and electrical and	<b>411</b>	Legalservices
3119 Other food products	.200	electronic goods	3412	Accourting, tax preparation, bookkeeping,
3121 Beverages	4237	Hardware, and plumbing and heating		oayroll services Architectural, engineering, and related services
3122 Tobacco		equipment and supplies  Machine V equipment, and supplies		Specialized design services
3130 Textile mills 3140 Textile product mills	4238	Machine V equipment, and supplies		Computer systems design and related services
3150 Apparel	4239	Miscella reous durable grous		Management, scientific, and technical consulting services
	Who	esque Trade, Mon Durable Goods	5417	Scientific research and development services
3160 Leather and allied products 3210 Wood products	4241	estile Trade, Mon Durable Goods Raper and pavel product	5417 5418	Advertising, public relations, and related services
3160 Leather and allied products 3210 Wood products 3221 Pulp, paper, and paperboard mills	4241 424	Raper and payer product  Drugs and druggists' sundries	5417 5418	
3160 Leather and allied products 3210 Wood products 3221 Pulp, paper, and paperboard mills 3222 Converted paper products	4241 424	Raper and payer product  Drugs and druggists' sundries	5417 5418 5419	Advertising, public relations, and related services
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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	4241 4241 4243 4243 4245 4246	Raper and parel product orrugs and daugists' sundrier Apparel plees goods, as di notions Grocery' and related product Farm product raw material Chemical and alliber products	5417 5418 5419 Manag 5512 5513 Admir Manag	Advertising, public relations, and related services Other professional, scientific, and technical services  gement of Companies and Enterprises Holding companies, except bank holding companies Corporate, subsidiary, and regional management offices histrative and Support, Waste gement, and Remediation Services
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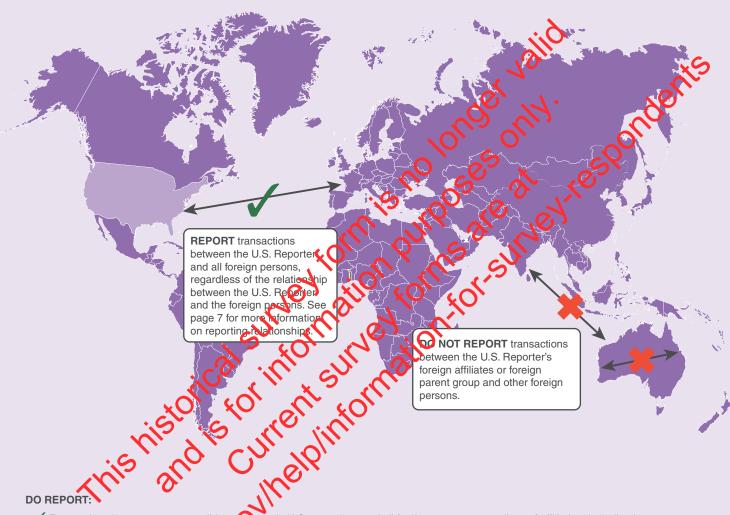
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## **Determination of Reporting Status**

## **Determining Reportable and Non-Reportable Transactions**

The scope of this survey is limited to insurance transactions between the consolidated domestic U.S. Reporter and foreign persons\*. A full list of the services covered can be found on the next page. Additional information, including FAQ's and video tutorials, can be found at: www.bea.gov/ssb.

\* Person, when used throughout this survey, 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 United States Government, a state or local government, and any agency, corporation, financial institution, or other entity or instrumentality thereof, including a government sponsored agency).



✓ Transactions between your consolidated domestic U.S. operations and all foreign persons, regardless of affiliation, including inter-company transactions that you may not consider parsactions under global consolidation.

### DO NOT REPORT:

- \* Transactions between the C.S. Reporter's foreign affiliates and other foreign persons.
- \* Transactions between other U.S. persons and foreign affiliates of the U.S. Reporter.
- Transactions between the U.S. Reporter's domestic operations and other U.S. persons.
- Income on financial instruments (including interest, dividends, capital gains, etc.).
- Reserve transfers or recaptures of reserves.

More information about the scope and purpose of this survey can be found in the General Instructions beginning on page 16.

Continue to the next page

# **Determination of Reporting Status**

In the table below, indicate whether the U.S. Reporter had the transactions listed in the prior year, or if the U.S. Reporter expects to have transactions in the current year by marking "Yes" or "No in column 3.

See additional information for Part II on page 17, and Part V on page 18, of the General Instructions for more details on reportable transactions.

**NOTE** – Exclude transfers or recaptures of reserves when determining your responses below. Such transactions are not reportable on the BE-45 survey.

	wit voy.		
Trans- action code	Transaction Type	Had transactions with foreign persons in the previous year, or had/expects to have, transactions with foreign persons during the current year	If "Yes" in column 3, report transactions on:
(1)	(2)	(3)	(4)
1	Premiums earned on reinsurance assumed from insurance companies resident abroad	20001 1 1 1 20 2 1 No •	Schedul
2	Premiums incurred on reinsurance ceded to insurance companies resident abroad	20002 1 Yes 2 No	School A
3	Losses incurred on reinsurance assumed from insurance companies resident abroad	0 <sup>03</sup> 1	edule A
4	Losses recovered on reinsurance ceded to insurance companies resident abroad	20004 1 Yes 2 No	Schedule A
5	Premiums earned from primary insurance sold to foreign persons	200 1 0 x 2 0 NO	Schedule B
6	Losses incurred on primary insurance sold to foreign person	20006 <sup>1</sup> <b>9</b> Yes <b>2</b> No	Schedule B
7	Auxiliary insurance services, receipts	1 les 2 No	Schedule B
8	Auxiliary insurance services, payments	20008 1 Yes 2 No	Schedule B
10	1   Yes — Continue to the next question.  1   2   No — Stop here and return pages 1 threshyling 6 according to the institutions veal (or are the percent of exceed that exhount in the current year).  20011   1   Yes — For each transaction type greater than \$500.00 during the on the country and affiliation to the foreign transactor(s) on School next page for additional reporting instructions.  1   2   No — Stop here an electural pages 1 through 6 according to the instruction of the ins		rd to report additional details
	Comments		

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# Understanding Reporting Relationships (For use on **Schedules A** and **B**)

Transactions accrued during the reporting period should be reported by the country of the foreign transactor, and by the foreign transactor's relationship to the **U.S. Reporter** and the foreign transactor falls into one of three categories:

Foreign Affiliates – A foreign affiliate is defined as an entity domiciled in a foreign country that is owned at least 10 percent (based on voting interest), directly or indirectly, by the U.S. Reporter.

#### Foreign Parent Group - A Foreign Parent Group means all of the following:

- (i) the foreign parent, which is the first entity outside the United States in a foreign chain of ownership, that owns at least 10 percent (based on voting interest), directly or indirectly, of the consolidated domestic U.S. business enterprise.
- (ii) any foreign entity proceeding up the foreign parent's ownership chain, that owns more than 50 percent of the entity below it up to and including the entity that is not owned more than 50 percent by another foreign entity,
- (iii) any foreign entity, proceeding down the ownership chain(s) of each of these members, that is owned more \$50\$ percent by the entity above it

Unaffiliated Foreign Persons – An unaffiliated foreign person is an entity domiciled abroad that is not owned, or is owned less than 10 percent directly or indirectly, by the U.S. Reporter or the U.S. Reporter's foreign parent.

The diagram below illustrates each of these relationships with regards to the U.S. Reporter. Additional reporting instructions are provided prior to each Schedule on pages 8 and 12.

## **COMPANY B (Germany)**

49% owned by Company A **Unaffiliated Foreign Person** 

NOTE: "Company B" is not part of the foreign parent group since it is not owned, nor does it own another foreign entity, more than 50 percent within the foreign ownership chain. Also, "Company B" is not a foreign affiliate of the Consolidated domestic U.S. Reporter since it is not owned at least 10 percent by the Consolidated domestic U.S. Reporter.

## COMPANY E (Mexico)

20% owned by Consolidated domestic U.S. Reporter

Foreign Affiliate

## COMPANY G (Switzerland)

5% owned by onsolidated domestic U.S. Reporter

**Unaffiliated Foreign Person** 

## COMPANY A (Germany

Foreign Parent of the Consolidated domestic

Member of Foreign Parent Group

Owns 100% of Company (Cand the Consol dated U.S., Reporter

## COMPANY C (France)

Wholly owned by Company A

Member of Foreign Parent Group

# CONSOL BATED SOMESTIC U.S. REPORTER

(The U.S. person filing this BE-45)

Owns > 10% of Companies D, E, and F

## **COMPANY D (USA)**

Subsidiary, owned 100% by Consolidated domestic U.S. Reporter

Company D's transactions with foreign persons are consolidated into the U.S. Reporter's BE-45 filing

## **COMPANY F (United Kingdom)**

50% owned by Consolidated domestic U.S. Reporter

Foreign Affiliate

## **COMPANY H (Ghana)**

No ownership relationship with any other company

**Unaffiliated Foreign Person** 



Continue to Schedules A and B as indicated, based on your response to question 8 on page 6.

## Reporting Instructions for Schedule A

IMPORTANT - Only report transactions accrued during the reporting period. ONLY report transactions between the U.S. Reporter's domestic operations and foreign persons. DO NOT report transactions between the U.S. Reporter's foreign affiliates and foreign persons, between the U.S. Reporter's domestic operations and other U.S. persons, or transactions between other U.S. persons and the U.S. Reporter's foreign affiliates.

#### **How to Report:**

1) Use the following Schedule A's on pages 9-11 to report your quarterly reinsurance transactions based on your relationship with the foreign person(s) (see page 7 for more information on reporting relationships):

Schedule	Relationship with the consolidated domestic U.S. Reporter	Page
A1	Foreign affiliates	9
A2	Foreign parent group	10
А3	Unaffiliated foreign persons	10

- 2) Enter the country(ies) of the transactor(s) in the first column of Schedule A.
- 3) Report the U.S. Reporter's quarterly reinsurance transactions with the foreign transact riale column based transaction type:
  - Transaction code 1 Quarterly premiums earned on reinsurance assumed
  - Transaction code 2 Quarterly premiums incurred on reinsurance ceded
  - Transaction code 3 Quarterly losses incurred on reinsurance assumed
  - Transaction code 4 Quarterly losses recovered on reinsurance ceded

#### Example:

The U.S. Reporter had a total of \$3,525,000 in quarterly premiums incurred nt group in Germany.



Per the table above, premiums incurred on reinsurance ceded are reportable on Schedule A2, which is on page 10.

essaction code 2. On Schedule A2, select "Germany" from the dropdown lox in colu

mounts less than \$500.00 to 0. Do not enter amounts in the shaded **IMPORTANT** - Report amounts in thousands of U.S. portions of each item.

ico in	, 5, 1	Transactions with fo	oreign parent group	
<b>√</b> C B A	Reinsulance	e premiums	Reinsuran	ce losses
Country S ONLY	ransaction code 1 Quarterly premiums earned on reinsurance assumed	Transaction code 2 Quarterly premiums incurred on reinsurance ceded	Transaction code 3 Quarterly losses incurred on reinsurance assumed	Transaction code 4 Quarterly losses recovered on reinsurance ceded
1. Germany 001 1	000	3525 000	5 000	6 000

NOTE - Do not report reserve transfers or recapture

Quarterly premiums and losses should be calculated

For property and casualty insurance companies

Calculate transaction codes 1 and 2 as forces: Premiums written (transaction code 1) or ceded (transaction code 2) during the quarter, plus unearned premiums at the beginning of the quarter, rinus 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 preign person.

Calculate transaction codes 3 and 4 as follows: Losses paid (transaction code 3) or recovered (transaction code 4) during the quarter, plus case reserves at the end of the quarter, plus osses incurred but not reported at the end of the quarter, minus case reserves at the beginning of the quarter, minus losses incurred but not resorted 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 (transaction code 1) and paid (transaction code 2) 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 (transaction code 3) and recovered (transaction code 4) reflect policy claims on reinsurance assumed or ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.

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# **SCHEDULE A1 – Quarterly Reinsurance Transactions with Foreign Affiliates**

## Are you reporting transactions with foreign affiliates?

21000 **1** 1 **1** Yes

- If you checked "Yes" for transaction codes 1–4 in Column 3 of question 8, and you had transactions of this type with your foreign affiliates, reporting below is mandatory.
- 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 20 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

 $\label{eq:NOTE-Do} \textbf{NOTE} - \textbf{Do not report reserve transfers or recaptures of reserves}.$ 

		Transactions with foreign affiliates						
	BEA	Reinsu	rance	premiums	Rein	Reinsurance losses		
Country	USE ONLY	Transaction Cod	le 1	Transaction Code			11	
		Quarterly premiur earned on reinsura assumed	ms ince i	Quarterly premium incurred on reins (rai ceder	Quarrerly losse ce incurred by reinsu assumed	rance recov	yosses gred on nce ceded	
1. Total, lines 2–32 of this page 001	1 2	з О	000	4	<b>5</b>	000	000	
2Select Country 002	1 2	3 О	000	500	00 5	<b>6</b>	000	
3Select Country	1 2	3	00	00	00 5	000 6	000	
4Select Country 004	1 2	3	100	4		000 6	000	
5Select Country 005	1 2	3	000 🧳	4 6	00 5	000 6	000	
6Select Country	1 2	3 <b>KO</b> 0	000	<b>4 6</b> 00	00.5	000 6	000	
7Select Country 007	1 2	3 . 0	) (1)	4 00	000	000 6	000	
8Select Country	1 2		000	KO, KOP		000 6	000	
9Select Country			000	4 00		000 6	000	
10Select Country		3		00		000 6	000	
11Select Country	2	(0, '(4)	000	00		000 6	000	
12Select Country	0 3	3° CV 0	000	00		000 6	000	
13Select Country	1 2	3 0	000 _	4 00	00 5	000 6	000	
14Select Country 014	<b>XO</b> 2		000	4 00	00 5	000 6	000	
15Select Country-	3 2	111110	000	4 00	00 5	000 6	000	
16Select Country		3 0	000	4 00	00 5	000 6	000	
17Select Country	1 2	Č,	000	4 00	00 5	000 6	000	
18Select Country 018	1 1	0	000	4 00	00 5	000 6	000	
19Select Country	1 1/4	3 0	000	4 00	00 5	000 6	000	
20Select Country 020	1 2	3 0	000	4 00	00 5	000 6	000	
21Select Country	2	3 0	000	4 00	00 5	000 6	000	
22Select Country	1 2	3 0	000	4 00	00 5	000 6	000	
23Select Country 023	1 2	3 0	000	4 00	00 5	000 6	000	
24Select Country 024	1 2	3 0	000	4 00	00 5	000 6	000	
25Select Country 025	1 2	3 0	000	4 00	00 5	000 6	000	
26Select County 026	1 2	3 0	000	4 00	00 5	000 6	000	
27Select Country	1 2	3 0	000	00	_	000 6	000	
28Select Country 028	1 2	3 0	000	00	00 5	000 6	000	
29Select Country	1 2	0		00	_	000 6	000	
30Select Country	1 2	0		4 00	_	000 6	000	
31Select Country	1 2	3 0	000	00	00 5	000 6	000	
32. Countries with which transactions were less than \$50,000.00 each, total 032	<sup>1</sup> <b>709</b>	3	000	4	5	000	000	

# SCHEDULE A2 – Quarterly Reinsurance Transactions with the foreign parent group

## Are you reporting transactions with your **foreign parent group**?

22000 **2** 1 2 Yes

- If you checked "Yes" for transaction codes 1–4 in Column 3 of question 3, and you had transactions of this type with your foreign parent group, reporting below is mandatory.
- 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 20 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

**NOTE** – Do not report reserve transfers or recaptures of reserves.

		Transactions with foreign palers group						
	BEA	Reinsu	Reinsurance premiums Reinsurance losses					
Country	USE	Transaction Cod	Transaction Code 1 Transaction Code 2		Transaction Code 3	Transaction Occ. 4		
Country	ONLY	Quarterly premiums earned on reinsurance assumed		Quarterly premium incurred on reins (rai) ce ceded		Quarterly losses incured assumed	Quarter vigses recovered on reinsultance ceded	
1. Total, lines 2–32 of this page 001	1 2	3	000	4	960	5 000	000	
2Select Country	1 2	3	000	3	600	5 600	6 000	
3Select Country 003	1 2	3	000		000	5 000	6 000	
4Select Country 004	1 2	3	200	4	ovo ,	000	6 000	
5Select Country 005	1 2	3	000	4	600	5 000	6 000	
6Select Country	1 2	3 <b>KO</b> ,	000	4 42	000	000	6 000	
7Select Country 007	1 2	3	000	4	000	000	6 000	
8Select Country 008	1 2	ey ail	000	KO, KO	000	5 000	6 000	
9Select Country		*	000	4	000	5 000	6 000	
10Select Country 010	1 5	3		.0	000	000	6 000	
11Select Country	2	(O. (U	000	4	000	000	6 000	
12Select Country	0 3	3, 27,	000	0	000	000	6 000	
13Select Country	1 2	3	000	4	000	5 000	6 000	
14Select Country 014	2	3 <sup>(1)</sup> 40	000	4	000	000	6 000	
15Select Country		11111	000	4	000	000	6 000	
16Select Country-		3 0	000	4	000	000	6 000	
17Select Country 017	1 2	Å/Y	000	4	000	000	6 000	
18Select Country 0 018	1 1	(	000	4	000	000	6 000	
19Select Country 019	1 12	3	000	4	000	000	6 000	
20Select Country 020	1 2	3	000	4	000	000	6 000	
21Select Country	2		000	4	000	000	6 000	
22Select Country	1 2		000	4	000	000	6 000	
23Select Country 023	1 2		000	4	000	000	6 000	
24Select Country 024	1 2	3	000	4	000	000	6 000	
25Select Country 025	1 2	3	000	4	000	5 000	6 000	
26Select County 026	1 2	3	000	4	000	5 000	6 000	
27Select Country 027	1 2		000	4	000	5 000	6 000	
28Select Country 028	1 2		000	4	000	5 000	6 000	
29Select Country 029	1 2		000	4	000	5 000	6 000	
30Select Country	1 2	3	000	4	000	5 000	6 000	
31Select Country 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	<sup>1</sup> <b>709</b>	3	000	4	000	000	000	

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# **SCHEDULE A3 – Quarterly Reinsurance Transactions with Unaffiliated Foreign Persons**

## Are you reporting transactions with unaffiliated foreign persons?

23000 **3** 1 Yes

- If you checked "Yes" for transaction codes 1–4 in Column 3 of question 8, and you had transactions of this type with unaffiliated foreign persons, reporting below is mandatory.
- 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 20 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

**NOTE** – Do not report reserve transfers or recaptures of reserves.

		Transactions with unaffiliated to eith persons							
	DEA	Reinsura	nce premiums	Rein	Reinsurance losses				
Country	BEA USE	Transaction Code 1 Transaction Code 2		de 2 Transaction Co	ode 3 Transaction Code 4				
Country	ONLY	Quarterly premiums earned on reinsurant assumed		Quarterly loss rance incurred in reinsu assumed					
1 Total lines 2 22 of this news	1 2	3 00	20 4	<b>6</b> 5	000				
1. Total, lines 2–32 of this page 2Select Country	1 2	3 00	00 4	250 5 5 X	000 6 000				
Onlant Onwater	1 2			000 5	000 6 000				
Calaat Caumtmi	1 2	3	4 4	040	000 6 000				
	1 2	3	00 4	500 5	000 6 000				
6Select Country	1 2	3 60 00	10 Q S	000	000 6 000				
7Select Country 007	1 2		9 4	000 5 000 5 000 5	000 6 000				
8Select Country	1 2	Z X	00 80 00	000 <sup>5</sup>	000 6 000				
9Select Country	1		00 4	000 5	000 6 000				
10Select Country	1	3		000 5	000 6 000				
11Select Country	2	60.	00 4	000 5	000 6 000				
12Select Country	() · (C)	3 00	000	000 5	000 6 000				
13Select Country	1 2	3 X	4	000 5	000 6 000				
14Select Country XO 014	<b>(O)</b> 2	600 kO	00 4	000 5	000 6 000				
15Select Country	3 8	00	00 4	000 5	000 6 000				
16Select Country	1	3 00	00 4	000 5	000 6 000				
17Select Country 017	1 2	3	00 4	000 5	000 6 000				
18Select Country 018	1	00	00 4	000 5	000 6 000				
19Select Country 019	1 2	3 00	00 4	000 5	000 6 000				
20Select Country	1 2	3 00	00 4	000 5	000 6 000				
21Select Country	2	3 00	00 4	000 5	000 6 000				
22Select Country	1 2	3 00	00 4	000 5	000 6 000				
23Select Country 023	1 2	3 00	00 4	000 5	000 6 000				
24Select Country 024	1 2	3 00	00 4	000 5	000 6 000				
25Select Country 025	1 2		00 4	000 5	000 6 000				
26Select County 026		3 00		000 5	000 6 000				
27Select Country	1 2	3 00		000 5	000 6 000				
28Select Country 028	1 2	3 00		000 5	000 6 000				
29Select Country	1 2	3 00		000 5	000 6 000				
30Select Country	1 2	3 00		000 5	000 6 000				
31Select Country	1 2	3 00		000 5	000 6 000				
32. Countries with which transactions were less than \$50,000.00 each, total 032	<sup>1</sup> <b>709</b>	3	00	000	000 6 000				

## Reporting Instructions for Schedule B

**IMPORTANT** – Only report transactions accrued during the reporting period. ONLY report transactions between the U.S. Reporter's domestic operations and foreign persons. DO NOT report transactions between the U.S. Reporter's foreign affiliates and foreign persons, between the U.S. Reporter's domestic operations and other U.S. persons, or transactions between other U.S. persons and the U.S. Reporter's foreign affiliates.

#### **How to Report:**

1) Report all amounts in thousands of U.S. dollars (omitting 000). Round amounts less than \$500.00 to 0. Do not enter amounts in the shaded portions of each item.

Use the following **Schedule B's** on pages 13–15 to report your quarterly primary and auxiliary insurance transactions based on your relationship with the foreign person(s) (see page 7 for more information on reporting relationships):

Schedule	Relationship with the consolidated domestic U.S. Reporter	Page
B1	Foreign affiliates	13
B2	Foreign parent group	140
В3	Unaffiliated foreign persons	15

- 2) Enter the country(ies) of the transactor(s) in the first column of **Schedule B**
- 3) Report the U.S. Reporter's quarterly primary and auxiliary Insurance transactions with the foreign transactor in the appropriate column based on the transaction type:
  - Transaction Code 5 Quarterly premiums earned on primary insurance sold
  - Transaction Code 6 Quarterly losses incurred on primary insurance sold
  - Transaction Code 7 Quarterly auxiliary insurance receipts
  - Transaction Code 8 Quarterly auxiliary insurance payments

#### **Example:**

The U.S. Reporter had a total of \$6,325,000 in quarterly losses incurred to primary injurance and to its foreign parent group in Switzerland.



Per the table above, losses incurred on primary insurance sold the foreign parent grown are contrible on Schedule B2, which is on page 14

On Schedule B2, enter "Switzerland" from the dropown box in column 1. Enter "6325" under transaction code 6.

Transactions with foreign parent group						
(BEA	Primary in	surance	Auxiliary	insurance		
Country	Søde 5	Transaction Code	6 Transaction Code 7	Transaction Code 8		
UNLIN	,	Quarterly losses incurred on primar insurance sold	Quarterly receipts y	Quarterly payments		
1. Switzerland	000	6325 00	000	6 000		

Quarterly transactions should be calculated as follows:

## For property and casualty insurance companies (Columns 3 and 4)

Report premiums (transaction code 5) as follows emiums written during the current quarter, plus unearned premiums at the beginning of the current quarter, minus unearned premiums at the current quarter. Report premiums net of cancellations. Report premiums gross of commissions and profit commissions paid to or received from a U.S. intermediary (agent or broker) of a foreign person.

Report losses incurred (transaction code 6) as follows: Losses paid during the quarter, plus case reserves at the end of the current quarter, plus losses incurred but not reported at the end of the current quarter, minus case reserves at the beginning of the current quarter, minus losses incurred but not reported at the beginning of the current quarter. Losses paid or recovered should not include loss adjustment expenses (reportable under transaction codes 7 and 8).

## For life insurance companies (Columns 3 and 4)

Report premiums earned (transaction code 5) as follows: 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 transaction code 6 as follows: Losses paid 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 5 and 6)**

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.

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# SCHEDULE B1 - Quarterly Primary and Auxiliary Insurance Transactions with Foreign Affiliates

# Are you reporting transactions with **foreign affiliates**? 31000 **1** 1 Yes

- If you checked "Yes" to any of the transaction codes 5-8 in Column 3 of question 8, and you had transactions of this type with your foreign affiliates, reporting below is mandatory.
- 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 21 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

**NOTE** — For transaction codes 5 and 6, only report premiums and losses related to primary (direct) insurance. Reinsurance premiums and losses should be reported as transaction codes 1 and 2 on **Schedule A**.

		Transactions with foreign attiliates					
BEA USE ONLY				Auxiliary insurance			
				ode 6	Transaction Code 7	Transaction Code 8	
	ONLY	Quarterly premiums earn on primary insurance so		Quarterly loss incurred on prin insurance so	nar,	Quartivity receipts	Quartal ments
1. Total, lines 2–32 of this page 001	1 2	3	000	4	800	5 🗙	000
2Select Country	1 2	3	Q00	4	000	5000	6 000
3Select Country	1 2	3	000	) <sub>4</sub>	000		6 000
4Select Country	1 2	3	000	4	000	5 000	6 000
5Select Country	1 2	3	000	0 5	000	000	6 000
6Select Country	1 2	3	000	4	006	000	6 000
7Select Country	1 2	ix Co	000	40	000	5 000	6 000
8Select Country	1 2	10,000	000	4	000	5 000	6 000
9Select Country	1 2	3		4	000	5 000	6 000
10Select Country	1 2	in sur	000	4:\O'	000	5 000	6 000
11Select Country	<u>ک</u> ۔ در	10 - 11	000	3	000	5 000	6 000
12Select Country	1	3 6 0	000	4	000	5 000	6 000
13Select Country	<b>&amp;O</b> 2		000	4	000	5 000	6 000
14Select Country - C	1 2	S. "	000	4	000	5 000	6 000
15Select Country	1 6	3	000	4	000	5 000	6 000
16Select Country	1 2	<b>76.</b>	000	4	000	5 000	6 000
17Select Country 017	1 2	(S)	000	4	000	5 000	6 000
18Select Country	1 2	3	000	4	000	5 000	6 000
19Select Country 019	1 2	3	000	4	000	5 000	6 000
20Select Country	2	3	000	4	000	5 000	6 000
21Select Country	2	3	000	4	000	5 000	6 000
22Select Country	1 2	3	000	4	000	5 000	6 000
23Select Country 1023	1 2	3	000	4	000	5 000	6 000
24Select Country-	1 2	3	000	4	000	5 000	6 000
25Select County 025	1 2	3	000	4	000	5 000	6 000
26Select Country	1 2	3	000	4	000	5 000	6 000
27Select Country	1 2	3	000	4	000	5 000	6 000
28Select Country	1 2	3	000	4	000	5 000	6 000
29Select Country	1 2	3	000	4	000	5 000	6 000
30Select Country	1 2	3	000	4	000	5 000	6 000
31Select Country	1 2	3	000	4	000	5 000	6 000
32. Countries with which transactions were less than \$50,000.00 each, total 032	<sup>1</sup> <b>709</b>	3	000	4	000	000	6

# SCHEDULE B2 – Quarterly Primary and Auxiliary Insurance Transactions with the foreign parent group

Are you reporting transactions with your foreign parent group?  $2^{1}$ 2 Yes

- If you checked "Yes" to any of the transaction codes 5-8 in Column 3 of question 8, and you had transactions of this type with your foreign parent group, then reporting below is mandatory.
- 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 21 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

**NOTE** — For transaction codes 5 and 6, only report premiums and losses related to primary (direct) insurance. Reinsurance premiums and losses should be reported as transaction codes 1 and 2 on **Schedule A**.

		Transactions with foreign patent group				
Country		Primary i	nsurance	Auxiliary insurance		
	BEA USE	Transaction Code 5 Transaction Code 6		Transaction Code 7	Transaction Code 8	
	ONLY	Quarterly premiums earned on primary insurance sold	Quarterly losses incurred on migrary insurance sold	Charactly receipts	Quartern, payments	
1. Total, lines 2–32 of this page	001 1 2	3 000	4	5	000	
2Select Country	1 2	3 QQC	4 000	5 000	6 000	
3Select Country	003	3 000	4 000	000	6 000	
4Select Country	004 2	3 000	4	5 000	6 000	
5Select Country	005	<sup>3</sup> <b>60</b> 000	<b>9</b> 000	000	6 000	
6Select Country	006	800	4 006	000	6 000	
7Select Country	007	000		5 000	6 000	
8Select Country	008 1 2	3 000 3 000 3 000 3 000 3 000 3 000 000	4 000	5 000	6 000	
<sub>9.</sub> Select Country	009 1	3	000	5 000	6 000	
10Select Country	010	000	000	5 000	6 000	
11Select Country	~ · · · · · · · · · · · · · · · · · · ·	000	000	5 000	6 000	
12Select Country	012 1 2	3 2 000	000	5 000	6 000	
13Select Country	013	0000	4 000	5 000	6 000	
14Select Country-	06 1 2	000	4 000	5 000	6 000	
15Select Country	015	3 000	4 000	5 000	6 000	
16Select Courty	016	000	4 000	5 000	6 000	
17Select Country	017	000	4 000	5 000	6 000	
18Select Country	018	000	4 000	5 000	6 000	
19Select Country	019 1 2	3 000	4 000	5 000	6 000	
20Select Country	020	3 000	4 000	5 000	6 000	
21Select Country	<u>1</u> 2	3 000	4 000	5 000	6 000	
22Select Country	022 2	3 000	4 000	5 000	6 000	
23Select Country	023	3 000	4 000	5 000	6 000	
24Select Country	024	3 000	4 000	5 000	6 000	
25Select Counts	025	3 000	4 000	5 000	6 000	
26Select Country	026	3 000	4 000	5 000	6 000	
27Select Country	027 1 2	3 000	4 000	5 000	6 000	
28Select Country	028	3 000	4 000	5 000	6 000	
29Select Country	029 1 2	3 000	4 000	5 000	6 000	
30Select Country	030 2	3 000	4 000	5 000	6 000	
31Select Country	031	3 000	4 000	5 000	6 000	
32. Countries with which transactions were less than \$50,000.00 each, total	032 <sup>1</sup> <b>709</b> <sup>2</sup>	3 000	000	5	000	

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# SCHEDULE B3 - Quarterly Primary and Auxiliary Insurance Transactions with Unaffiliated Foreign Persons

# Are you reporting transactions with unaffiliated foreign persons ?

33000 **3** 13 Yes

- If you checked "Yes" to any of the transaction codes 5-8 in Column 3 of question 8, and you had transactions of this type with unaffiliated foreign persons, then reporting below is mandatory.
- 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 21 (eFile users select "Add overflow" from the survey selection page).
- For additional instructions, see Part V on page 18 of the General Instructions.

**NOTE** — For transaction codes 5 and 6, only report premiums and losses related to primary (direct) insurance. Reinsurance premiums and losses should be reported as transaction codes 1 and 2 on **Schedule A**.

		Transactions with unaffiliated breign persons					
Country	BEA USE	Primary insurance Auxiliary insurance					
		Transaction Code 5	Transaction Code	Transaction Code 7	Transaction Code 8		
	ONLY	Quarterly premiums earned on primary	Quarterly losses incurred on brilgary	Ourriedly receipts	Quarterly payments		
		insurance sold	insurance sold	O,	<b>6</b> 0,		
				C	X		
1. Total, lines 2–32 of this page 001	1 2	3 000	3000	5000	6 000		
2Select Country	1 2	3 000	000	5 000	6 000		
3Select Country	1 2	3 0000	4	5 000 5 000 000 000	6 000		
4Select Country 004	1 2	3 000	6 000	5 000	6 000		
5Select Country	1 2	3 000	000	000	6 000		
6Select Country	1 2	3 000 000 000 000 000 000 000 000 000 00	4 000 4 000 6 000	000	000		
7Select Country 007	1 2	000	<b>40</b> 000	5 000	000		
8Select Country 008	1	3 000	4 000	5 000	000		
9Select Country 009	150		000	5 000	6 000		
10Select Country	2	000	000	5 000	6 000		
11Select Country	6.	000	000	5 000	6 000		
12Select Country	1 2	3 000	4 000	5 000	6 000		
13Select Country 013	2	2000	4 000	5 000	6 000		
14Select Country-		000	4 000	5 000	6 000		
15Select Country		000	4 000	5 000	6 000		
16Select Country 016	1 2	000	4 000	5 000	6 000		
17Select Country 017		000	000	5 000	6 000		
				5 000	6 000		
19Select Country 019		3 000	4 000	5 000	6 000		
20Select Country	2	3 000	4 000	5 000	6 000		
21Select Country		3 000	4 000	5 000	6 000		
22Select Country 022		3 000	4 000	5 000	6 000		
23Select Country 023	1 2	3 000	4 000	5 000	6 000		
24Select Country 024		3 000	4 000	5 000	6 000		
25Select County 025		3 000	4 000	_	6 000		
26Select Country 026		3 000	4 000	-	6 000		
27Select Country 027	1 2	3 000	4 000	5 000	6 000		
28Select Country 028	1 2	3 000	4 000	_	6 000		
29Select Country 029		3 000	4 000		6 000		
30Select Country	1 2	3 000	4 000	5 000	6 000		
31Select Country 031	1 2	3 000	4 000		6 000		
32. Countries with which transactions were less than \$50,000.00 each, total	<sup>1</sup> <b>709</b>	3 000	000	5	000		
, ,			300	500	230		

### **GENERAL INSTRUCTIONS**

Public reporting burden for this BE-45 report is estimated to average 9 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 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. Whoever willfully fails to report shall be fined, and, if an individual, may be imprisoned for not more than one year, or both. Any officer, director, employee, or agent of any entity 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, U.S. person is not subject to any penalty for failure to report if a valid Office of Management and Budget (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 Buleau is confidential and may be used only for analytical and statistical purposes: Without your prior written permission, the information placin 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 infimume from least process. Per the Cybersecurity Enhancement Act of 20 th your data are protected from Cybersecurity risks through security mannoning of BLAninformation systems.

## 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 reporting, voluntary reporting, and exemption

#### a. Mandatory reporting

A complete BE-45 report is required from each N.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 insures, or that engaged in international sale or purchase transactions in services auxiliary to insurance. Filing is mandaton if he U.S. Reporter's combined reportable transactions exceeded \$8 million (based on absolute value) in the previous calor far year or are expected to exceed that amount during the content calendar year, on an accrual basis: (1) premiums earned and (2) losses, on reinsurance assumed; (3) premiums incurred, and (4) losses, on primary insurance ceded; (5) premiums earned, and (6) losses, on primary insurance sold; (7) sales of, and (8) purchases of, auxiliary insurance services.

## b. Voluntary reporting

If, in the previous year, combined reportable transactions were \$8 million or less (based on absolute value), on an accrual basis, and are

expected to be less than that amount in the current year, then the U.S. insurance company may report transactions at a country and affiliation level of detail on the applicable mandatory schedule(s). Provision of this additional detail is voluntary. The estimates may be judgmental, that is, based on recall, without conducting a detailed records search.

#### c. Exemption

A U.S. insurance company receiving this form from BEA is not required to report data if transactions fall below the threshold described in Part I.A.1.a. However, it must complete and return the survey through page 6.

B. 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 unincorporate enterprises

Consolidate into your BE to report the transactions of unincontrolled enterprises in which your company has voting control. Plea execute following items of determining the voting interest in torical unincorporated enterprises:

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

## a Seneral parmershipe

- Determination of voting interest. The determination of the percentage of voting interest standard 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 be contrary is contained in the partnership agreement, a general partnership is presumed to be controlled agreement, a general partnership agreement, and the general partnership is presumed to be controlled agreement.
- managible patters If one general partner is designated as the managing partner, responsible for the day-to-day operations of the pattership, 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.

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

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### **GENERAL INSTRUCTIONS — Continued**

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.

C. 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.

### **II. WHAT TO REPORT**

- A. Report transactions with affiliated foreign persons as well as with unaffiliated foreign persons (Part V. for more information on reporting relationships). File separate schedules to report transactions with (1) your foreign affiliates, (2) your 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 schedule 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 schedule 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 can limit the transfer of insurance risk include the following: (1) Contract terms that can limit the transfer of insurance risk include the following: (1) Contract terms that can that result in the premium paid by the policyholder plus an ichated 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-lost sharing arrangements between the policyholder and the insurer, (3) Contract coverage period but extends beyond one year and premiums in subsequent periods that may depend on the loss experience of earner years, (4) Limits on the amount of claims to be paid by the insurer, (5) Loss contract that limit or eliminate the risk of loss for a specified per entage of collar amount of claims of thin the range of contract coverage, (6) Fato rable 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 for should **not** be reported on the survey as well.

- B. Do **not** report reserve transfers of captures of reserves on the inception or termination of reinsurance contracts. Such amounts do not represent the provision of a service and should be excluded from reporting on the BE-45 survey. Only include current premiums on transferred amounts.
- C. 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.
- Do not report transactions with foreigners made by your foreign affiliates for their own account.
- E. 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 Intellectual Property with Foreign Persons, and Form BE-125, Quarterly Survey of Transactions in Selected Services and Intellectual Property 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 group phic 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 inflividual branch, partnership, associated group, association, estate trust, composition, or other organisation (whether or not organised under the laws of any State), and any government (including a preign government, the U.S. Government, a State or local government, and any agency, corporation, fix and institution, or other entit (o) instrumentality thereof, including a government-sponsored agency).
- J. United States person means any person resident in the United States or subject of the jurisdiction of the United States.
  - 2. Foreign person means any serson resident outside the United States or subject to the fundiction of a country other than the United States.
- E. Busine's enterprise peans any organization, association, branch, or venture which exists for profit making purposes or to otherwise secure experimental advantage, and any ownership of any real estate. (A business enterprise is a "person" within the definition in paragraph D above.)
- 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.
- 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, which is the first entity outside the United States in a foreign chain of ownership, which owns at least 10 percent (based on voting interest), directly or indirectly, of the consolidated domestic U.S. business enterprise. (ii) any foreign entity, proceeding up the foreign parent's ownership chain, which owns more than 50 percent of the entity below it up to and including that entity which is not owned more than 50 percent by another foreign entity, and (iii) any foreign entity, proceeding down the ownership chain(s) of each of these members, which is owned more than 50 percent by the entity 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.

### **GENERAL INSTRUCTIONS — Continued**

- 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.
- 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 K above.
- M. Country means the country of location of the foreign person with whom a transaction has occurred.

#### V. OTHER INSTRUCTIONS

## A. Distinguishing between unaffiliated and affiliated transactions

This survey covers U.S. insurance companies' direct transactions with affiliated and unaffiliated foreign persons.

Examples of affiliated transactions are:

- A transaction between a U.S. insurance company (U.S. parent) and its foreign affiliate.
- 2. A transaction between a U.S. insurance company (U.S. affiliate) and its foreign parent(s) or member(s) of the foreign parent group(s).

Examples of unaffiliated transactions are:

- A transaction between a U.S. insurance company and an unaffiliated foreign person.
- A transaction between one U.S. insurance company and another U.S. insurance company's foreign affiliate. Such a transaction is probable by the first U.S. insurance company.

Examples of transactions that are not reportable are:

- A transaction between a U.S. affiliate of a foreign parent and another U.S. person.
- A transaction between a U.S. parent's foreign affiliate a roundther foreign person.

# B. Understanding the U.S. insurance company's relationship with foreign persons

The relationship between the U.S. porter and the foreign lesons fair into one of three categories:

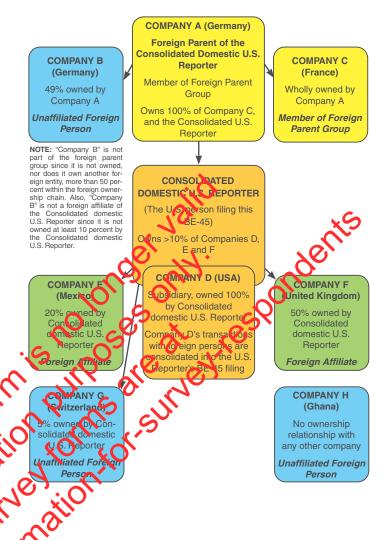
Foreign affiliates – A foreign affiliate is defined as all entity domicaled in a foreign country that is defined at least to percent, directly or includetly, by the U.S. Reporter.

## Foreign parent group means all of the following:

- (i) the foreign parent, which is the first entity outside the United States in a foreign chain of ownership, that owns at leas 10 percent (based on voting interest), directly or indirectly, of the consolidated domestic U.S. business enterprise.
- (ii) any foreign entity proceeding up the feet of parent's ownership chain, that owns more than 50 percent of the entity below it up to and including the entity that is not owned more than 50 percent by another foreign entity,
- (iii) any foreign entity that, proceeding down the ownership chain(s) of each of these members, is owned note than 50 percent by the entity above it.

**Unaffiliated foreign persons** – An unaffiliated foreign person is an entity domiciled abroad that is not owned, or is owned less than ten percent, directly or indirectly, by the U.S. Reporter or the U.S. Reporter's foreign parent.

The diagram in the next column illustrates each of these relationships with regards to the U.S. Reporter.



#### VI. SPECIFIC ITEM INSTRUCTIONS

## Schedule A

#### How to calculate transaction codes 1-4

**NOTE** – Do not include transfers of reserves, and/or recaptures of reserves, on Schedule A. Such transactions should be excluded from reporting on the BE-45 survey. If you have reported these transactions in your data during previous quarters, please provide details about the timing and amount of the transactions in the comment box provided on page 6 of this survey. Only report current premiums on transferred amounts.

## For property and casualty insurance companies

Calculate transaction codes 1 and 2 as follows: Premiums written (transaction code 1) or ceded (transaction code 2) 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 transaction codes 3 and 4 as follows: Losses paid (transaction code 3) or recovered (transaction code 4) 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).

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### **GENERAL INSTRUCTIONS — Continued**

## For life insurance companies

Premiums received (transaction code 1) and paid (transaction code 2) 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 (transaction code 3) and recovered (transaction code 4) reflect policy claims on reinsurance assumed or ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.

#### Schedule B

#### How to calculate transaction codes 5 and 6

#### For property and casualty insurance companies

Report premiums (transaction code 5) as follows: Premiums written during the current quarter, plus unearned premiums at the beginning of the current quarter, minus unearned premiums at the end of the current 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.

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u.s. Report losses incurred (transaction code 6) as follows: Losses paid during the guarter, plus case reserves at the end of the current guarter, plus losses incurred but not reported at the end of the current quarter, minus case reserves at the beginning of the current quarter, minus losses incurred but not reported at the beginning of the current quarter. Losses paid or recovered should not include loss adjustment expenses (reportable under transaction codes 7 and 8).

#### For life insurance companies

Report premiums earned (transaction code 5). 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 transaction code 6 as follows: Losses incurred reflect on direct insurance assumed, adjusted for change of claims and in the course of settlement.

## How to calculate transaction codes 7 and 8 (all companies

Include agent's commissions, insurance provering and agent insurance consulting services, evaluation, allocated loss adjustment expenses, and other adjustment services, adjustment services, salvage administration services, and egulatory and onitoring services on Include agent's commissions, insurance brokering and agency indemnities and recove elvices.

## VI. REPORTING PROCEDURES

- A. Due date A completed BE-45 is due within 30 day of the close of each calendar quarter, except the final quarter of the calendar year, when the reports are due within 45 days of the class of the calendar year.
- B. Calendar year For the purposes of the prim, you must report on a calendar year basis. For example, you fourth quarter report is your reporting quarter that ends in the fourth calendar quarter.
- C. Extension A written request for an extension will be considered if it is received at least 15 days being 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, or send an email to be45help@bea.gov. 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. 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 Analys

Balance of Payments Division, BE-50 (SSB)

e express delivery to BE-50 (SSP)