

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

Company Name _____

BE-45 Identification Number _____

Form BE-45 **Schedule A**

Overflow Page # 1 of

This schedule covers transactions with — Check (X) one

1 ¹ ☐ **Foreign affiliates**

2 ¹ ☐ **Foreign parent group**

3 ¹ ☐ **Unaffiliated foreign persons**

Country	BEA USE ONLY		Reinsurance premiums		Reinsurance losses	
			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
01. Country total for this page (sum of 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
04.			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 A**, to list every individual foreign country with which you had transactions.