

OVERFLOW SHEET FOR **Schedule B** 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 B**

Overflow Page # 1 of

This schedule covers transactions with — Check (X) one

1 ¹ ☐ **Foreign affiliates**

2 ² ☐ **Foreign parent group**

3 ³ ☐ **Unaffiliated foreign persons**

Country	BEA USE ONLY	Primary insurance		Auxiliary insurance	
		Transaction Code 5 Quarterly premiums earned on primary insurance sold	Transaction Code 6 Quarterly losses incurred on primary insurance sold	Transaction Code 7 Quarterly receipts	Transaction Code 8 Quarterly payments
01. Country total for this page (sum of rows 02–23).....	1 2	3	4	5	6
02.	1 2	3	4	5	6
03.	1 2	3	4	5	6
04.	1 2	3	4	5	6
05.	1 2	3	4	5	6
06.	1 2	3	4	5	6
07.	1 2	3	4	5	6
08.	1 2	3	4	5	6
09.	1 2	3	4	5	6
10.	1 2	3	4	5	6
11.	1 2	3	4	5	6
12.	1 2	3	4	5	6
13.	1 2	3	4	5	6
14.	1 2	3	4	5	6
15.	1 2	3	4	5	6
16.	1 2	3	4	5	6
17.	1 2	3	4	5	6
18.	1 2	3	4	5	6
19.	1 2	3	4	5	6
20.	1 2	3	4	5	6
21.	1 2	3	4	5	6
22.	1 2	3	4	5	6
23.	1 2	3	4	5	6

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.