OVERFLOW SHEET FOR Schedule B OF FORM BE-140, BENCHMARK SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES WITH FOREIGN PERSONS

Company Name _____ **Control Number** _____

Form BE-140 Schedule B This schedule covers transactions with — *Check (X) one* **Overflow Page # ___ of ___**

1 [1]1 ☐ **Foreign affiliates**

2 [1]2 ☐ **Foreign parents and/or other members of the FPG**

3 [1]3 ☐ **Unaffiliated foreign persons**

	Country	BEA USE ONLY (1)	BEA USE ONLY (2)	Primary insurance: Transaction code 5 — Premiums earned on primary insurance sold (3)	Primary insurance: Transaction code 6 — Losses incurred on primary insurance sold (4)	Auxiliary insurance: Transaction code 7 — Receipts for auxiliary insurance services (5)	Auxiliary insurance: Transaction code 8 — Payments for auxiliary insurance services (6)
01.	**Country total for this page (sum of rows 02–23)**	1	2	3 000	4 000	5 000	6 000
02.	--Select Country--	1	2	3 000	4 000	5 000	6 000
03.	--Select Country--	1	2	3 000	4 000	5 000	6 000
04.	--Select Country--	1	2	3 000	4 000	5 000	6 000
05.	--Select Country--	1	2	3 000	4 000	5 000	6 000
06.	--Select Country--	1	2	3 000	4 000	5 000	6 000
07.	--Select Country--	1	2	3 000	4 000	5 000	6 000
08.	--Select Country--	1	2	3 000	4 000	5 000	6 000
09.	--Select Country--	1	2	3 000	4 000	5 000	6 000
10.	--Select Country--	1	2	3 000	4 000	5 000	6 000
11.	--Select Country--	1	2	3 000	4 000	5 000	6 000
12.	--Select Country--	1	2	3 000	4 000	5 000	6 000
13.	--Select Country--	1	2	3 000	4 000	5 000	6 000
14.	--Select Country--	1	2	3 000	4 000	5 000	6 000
15.	--Select Country--	1	2	3 000	4 000	5 000	6 000
16.	--Select Country--	1	2	3 000	4 000	5 000	6 000
17.	--Select Country--	1	2	3 000	4 000	5 000	6 000
18.	--Select Country--	1	2	3 000	4 000	5 000	6 000
19.	--Select Country--	1	2	3 000	4 000	5 000	6 000
20.	--Select Country--	1	2	3 000	4 000	5 000	6 000
21.	--Select Country--	1	2	3 000	4 000	5 000	6 000
22.	--Select Country--	1	2	3 000	4 000	5 000	6 000
23.	--Select Country--	1	2	3 000	4 000	5 000	6 000

NOTE — You may use this Overflow Sheet if there is insufficient space on the Form BE-140, **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**.