



BE-45 Identification Number

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

**Due date:**

Within 60 days of the close of each calendar quarter (or within 90 days of closing the final quarter of your calendar year).

**Extension information:**

See Part VI.C., page 12 of the General Instructions.

**Electronic filing:**

[www.bea.gov/efile](http://www.bea.gov/efile)

**Mail reports to:**

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

**Deliver reports to:**

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**

00080	Company Name: 0	
00090	Attention: 0	
10000	Address: 0	
10001	City: 0	10002 State: 0
10003	Zip Code: 0	

**Fax reports to:**

(301) 278-9506

**Assistance:**

E-mail: [be-45help@bea.gov](mailto:be-45help@bea.gov)  
Telephone: (301) 278-9303  
Copies of blank forms: <http://www.bea.gov/ssb>

**BE-45 Filing Requirements:**

A response is required if you are notified by BEA about this survey. A BE-45 survey must be completed in its entirety by U.S. insurance companies who had insurance transactions with foreign persons in excess of \$8 million during the previous calendar year, or are expected to exceed that amount during the current calendar year, in any one of the eight categories. See the General Instructions for more information on who must report and reporting requirements.

**Authority, Confidentiality, Penalties**

This survey is authorized by the International Investment and 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 mandatory and the Act provides that your report to BEA is confidential. Persons who fail to report may be subject to penalties. See page 10 for additional details.

**Contact Information****Provide information of person to consult about this report:**

10004	Name 0		
10005	Street 1 0	10008	Telephone Number 1
10006	Street 2 0	10009	Extension 1
10007	City 0	State	Zip
10010		10011	Fax Number 1
		10012	E-mail Address 0

**NOTE:** BEA uses a Secure 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 1	Extension 1
Name 0	Title	10012	

10011

## Part I – Identification of U.S. Reporter

### 1 What is the U.S. Reporter's calendar quarter covered in this report?

MM/DD/YYYY  
10013 1  
Beginning date . . . . .

MM/DD/YYYY  
10014 1  
Ending date . . . . .

### 2 Check the box that best describes the status of the U.S. Reporter during the reporting period identified in question 1.

- 10017 1  In existence the entire reporting period — Continue filling out this form.
- 1  In existence during only part of the reporting period — Continue filling out this form for the portion of 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.
- 1  Not in existence during the reporting period — In the comments section below, explain why your company was not in existence 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. person at any point during the reporting period identified in question 1? See part IV.D, page 11 of the General Instructions for the definition of U.S. person.

- 10018 1  No — Continue filling out this form.
- 1  Yes — Check A or B:
- 2  A — Owned by another U.S. person for part of the reporting period — Enter the name, contact information, and address of the controlling U.S. person below and continue filling out this form, but only report transactions for the period during which the U.S. Reporter was NOT owned by another U.S. person. Provide any comments in the section below.
- 2  B — Owned by another U.S. person for the entire reporting period — Enter the name, contact information, and address of the controlling U.S. person below, provide any comments in the section below, and return this form according to the instructions on page 1.

	Name	Comments
11005	Address — Number and Street 0	
11006	City, State, Zip 0	
11007		

### 4 Enter the 4-digit industry code that best describes the U.S. Reporter from the Summary of Industry Classifications found on page 13 of the General Instructions. See part I.C., page 10, of the General Instructions for the definition of consolidated domestic U.S. Reporter.

10015 1  
\_\_\_\_\_

### 5 What is your principal line of insurance?

- 10019 1  Life insurance
- 1  Property and casualty insurance
- 1  Other — Specify <sup>0</sup> \_\_\_\_\_

### 6 What best describes your organization?

- 10021 1  Insurance company
- 1  Insurance broker
- 1  Insurance group — Please attach a list of member companies that are consolidated in this report.

### 7 What is the primary Employer Identification Number used by the U.S. Reporter to file U.S. income or payroll taxes?

10016 1  
\_\_\_\_\_

## Part II – Determination of Reporting Status

### 8 Follow the steps below to determine whether you complete Schedule A and/or B.

**Column 1** — For which of the following types of insurance services did transactions occur between the U.S. Reporter and **foreign persons** during the past calendar year or are expected to occur in the current year?

**Column 2** — Did transactions for any of the types checked in Column 1 exceed \$8 million last year, or are they expected to exceed \$8 million in the current year? Only check “Yes” or “No” for the type(s) of transaction(s) for which you checked “Yes” in Column 1.

*Check all that apply. See additional information for Part II on page 11, and Schedules A and B on page 12, of the General Instructions for more details on reportable transactions.*

Code	Transaction Type	Column 1 – Did (Will) you have transactions of this type?	Column 2 – Did (Will) transactions exceed \$8 million?
1	Reinsurance premiums earned from insurance companies resident abroad	20001 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Reinsurance premiums ceded to insurance companies resident abroad	20002 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Losses incurred on reinsurance assumed from insurance companies resident abroad	20003 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Losses recovered on reinsurance ceded to insurance companies resident abroad	20004 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Premiums earned from primary insurance sold to foreign persons	20005 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Losses incurred on primary insurance sold to foreign persons	20006 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
7	Auxiliary insurance services, receipts	20007 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
8	Auxiliary insurance services, payments	20008 <sup>1</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	<sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
	None of the above	20009 <sup>1</sup> <input type="checkbox"/> Yes	

If transactions are checked “Yes” in Column 2, then reporting is required or requested as follows:

- Quarterly reporting of transaction types 1 and 2 on Schedule A is **mandatory** for all quarters.
- Quarterly reporting of transaction types 3 and 4 on Schedule A is **voluntary**.
- Annual reporting of transaction types 3 through 8 on Schedule B is **mandatory** the fourth quarter only.

### 9 Did you check “Yes” for any type of transaction in Column 2?

<sup>20010</sup> <sup>1</sup>  Yes — Report mandatory transactions on the appropriate schedule. You may report voluntary data (if applicable) in Section II of Schedule A.

<sup>1</sup>  No — Stop here and return pages 1 through 3 according to the instructions on page 1.

You are required to complete separate schedules based on the U.S. Reporter’s relationship with the foreign transactor. Separate copies of each schedule are required to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the foreign parent group (FPG), and (3) unaffiliated foreign persons. For example, if the U.S. Reporter had quarterly reinsurance premiums earned from its foreign affiliates and unaffiliated foreign persons, then you are required to complete the Schedule A for transactions with the U.S. Reporter’s foreign affiliates, and the Schedule A for those transactions with unaffiliated foreign persons. If the U.S. Reporter had no transactions with one or more foreign transactor types, a schedule does not need to be completed for that foreign transactor type. See instruction IV on page 11 of the General Instructions for definitions of foreign affiliates, foreign parent group, and unaffiliated foreign persons.

**NOTE** — Only report cross-border transactions between the U.S. Reporter’s consolidated U.S. enterprises and foreign persons. Do not report transactions between the U.S. Reporter’s foreign affiliates/foreign parent group and other foreign persons.

Comments

## SCHEDULE A – Quarterly Insurance Transactions with Foreign Affiliates

### Are you reporting transactions with foreign affiliates?

21000 1  Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 12.
- 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 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary				
			Code 1 Quarterly premiums earned on reinsurance assumed from foreign affiliates		Code 2 Quarterly premiums incurred on reinsurance ceded to foreign affiliates		Code 3 Quarterly losses incurred on reinsurance assumed from foreign affiliates		Code 4 Quarterly losses recovered on reinsurance ceded to foreign affiliates		
			(1)	(2)	(3)	(4)	(5)	(6)			
<b>1. Total, lines 2–32 of this page.....</b>	001	1	2	3	000	4	000	5	000	6	000
2.	002	1	2	3	000	4	000	5	000	6	000
3.	003	1	2	3	000	4	000	5	000	6	000
4.	004	1	2	3	000	4	000	5	000	6	000
5.	005	1	2	3	000	4	000	5	000	6	000
6.	006	1	2	3	000	4	000	5	000	6	000
7.	007	1	2	3	000	4	000	5	000	6	000
8.	008	1	2	3	000	4	000	5	000	6	000
9.	009	1	2	3	000	4	000	5	000	6	000
10.	010	1	2	3	000	4	000	5	000	6	000
11.	011	1	2	3	000	4	000	5	000	6	000
12.	012	1	2	3	000	4	000	5	000	6	000
13.	013	1	2	3	000	4	000	5	000	6	000
14.	014	1	2	3	000	4	000	5	000	6	000
15.	015	1	2	3	000	4	000	5	000	6	000
16.	016	1	2	3	000	4	000	5	000	6	000
17.	017	1	2	3	000	4	000	5	000	6	000
18.	018	1	2	3	000	4	000	5	000	6	000
19.	019	1	2	3	000	4	000	5	000	6	000
20.	020	1	2	3	000	4	000	5	000	6	000
21.	021	1	2	3	000	4	000	5	000	6	000
22.	022	1	2	3	000	4	000	5	000	6	000
23.	023	1	2	3	000	4	000	5	000	6	000
24.	024	1	2	3	000	4	000	5	000	6	000
25.	025	1	2	3	000	4	000	5	000	6	000
26.	026	1	2	3	000	4	000	5	000	6	000
27.	027	1	2	3	000	4	000	5	000	6	000
28.	028	1	2	3	000	4	000	5	000	6	000
29.	029	1	2	3	000	4	000	5	000	6	000
30.	030	1	2	3	000	4	000	5	000	6	000
31.	031	1	2	3	000	4	000	5	000	6	000
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	<b>1</b>	<b>709</b>	3	000	4	000	5	000	6	000

# SCHEDULE A – Quarterly Insurance Transactions with Foreign Parent(s) and Other Members of the FPG

## Are you reporting transactions with foreign parent(s) and other members of the FPG?

22000 2 <sup>1</sup>2  Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 12.
- 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 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary				
			Code 1 Quarterly premiums earned on reinsurance assumed from the foreign parent group		Code 2 Quarterly premiums incurred on reinsurance ceded to the foreign parent group		Code 3 Quarterly losses incurred on reinsurance assumed from the foreign parent group		Code 4 Quarterly losses recovered on reinsurance ceded to the foreign parent group		
			(1)	(2)	(3)	(4)	(5)	(6)			
<b>1. Total, lines 2–32 of this page.....</b>	001	1	2	3	000	4	000	5	000	6	000
2.	002	1	2	3	000	4	000	5	000	6	000
3.	003	1	2	3	000	4	000	5	000	6	000
4.	004	1	2	3	000	4	000	5	000	6	000
5.	005	1	2	3	000	4	000	5	000	6	000
6.	006	1	2	3	000	4	000	5	000	6	000
7.	007	1	2	3	000	4	000	5	000	6	000
8.	008	1	2	3	000	4	000	5	000	6	000
9.	009	1	2	3	000	4	000	5	000	6	000
10.	010	1	2	3	000	4	000	5	000	6	000
11.	011	1	2	3	000	4	000	5	000	6	000
12.	012	1	2	3	000	4	000	5	000	6	000
13.	013	1	2	3	000	4	000	5	000	6	000
14.	014	1	2	3	000	4	000	5	000	6	000
15.	015	1	2	3	000	4	000	5	000	6	000
16.	016	1	2	3	000	4	000	5	000	6	000
17.	017	1	2	3	000	4	000	5	000	6	000
18.	018	1	2	3	000	4	000	5	000	6	000
19.	019	1	2	3	000	4	000	5	000	6	000
20.	020	1	2	3	000	4	000	5	000	6	000
21.	021	1	2	3	000	4	000	5	000	6	000
22.	022	1	2	3	000	4	000	5	000	6	000
23.	023	1	2	3	000	4	000	5	000	6	000
24.	024	1	2	3	000	4	000	5	000	6	000
25.	025	1	2	3	000	4	000	5	000	6	000
26.	026	1	2	3	000	4	000	5	000	6	000
27.	027	1	2	3	000	4	000	5	000	6	000
28.	028	1	2	3	000	4	000	5	000	6	000
29.	029	1	2	3	000	4	000	5	000	6	000
30.	030	1	2	3	000	4	000	5	000	6	000
31.	031	1	2	3	000	4	000	5	000	6	000
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	<sup>1</sup> 709	2	3	000	4	000	5	000	6	000

## SCHEDULE A – Quarterly Insurance Transactions with Unaffiliated Foreign Persons

Are you reporting transactions with unaffiliated foreign persons?

23000 3 <sup>1</sup>3  Yes

- If you checked "Yes" for transaction types 1 and/or 2 in Column 2 of item **8**, and you had transactions of this type with unaffiliated foreign persons, reporting of Section I below is mandatory.
- If you checked "Yes" for transaction types 3 and/or 4 in Column 2 of item **8**, and you had transactions of this type with unaffiliated foreign persons, reporting of Section II below is voluntary.
- For additional instructions, see part V on page 14.
- 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 14 (eFile users- select "Add overflow" from the survey selection page).

Country	BEA USE ONLY		Section I – Mandatory				Section II – Voluntary			
			Code 1 Quarterly premiums earned on reinsurance assumed from unaffiliated foreign persons		Code 2 Quarterly premiums incurred on reinsurance ceded to unaffiliated foreign persons		Code 3 Quarterly losses incurred on reinsurance assumed from unaffiliated foreign persons		Code 4 Quarterly losses recovered on reinsurance ceded to unaffiliated foreign persons	
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
<b>1. Total, lines 2–32 of this page.....</b>	001		000	000	000	000	000	000	000	
2.	002		000	000	000	000	000	000	000	
3.	003		000	000	000	000	000	000	000	
4.	004		000	000	000	000	000	000	000	
5.	005		000	000	000	000	000	000	000	
6.	006		000	000	000	000	000	000	000	
7.	007		000	000	000	000	000	000	000	
8.	008		000	000	000	000	000	000	000	
9.	009		000	000	000	000	000	000	000	
10.	010		000	000	000	000	000	000	000	
11.	011		000	000	000	000	000	000	000	
12.	012		000	000	000	000	000	000	000	
13.	013		000	000	000	000	000	000	000	
14.	014		000	000	000	000	000	000	000	
15.	015		000	000	000	000	000	000	000	
16.	016		000	000	000	000	000	000	000	
17.	017		000	000	000	000	000	000	000	
18.	018		000	000	000	000	000	000	000	
19.	019		000	000	000	000	000	000	000	
20.	020		000	000	000	000	000	000	000	
21.	021		000	000	000	000	000	000	000	
22.	022		000	000	000	000	000	000	000	
23.	023		000	000	000	000	000	000	000	
24.	024		000	000	000	000	000	000	000	
25.	025		000	000	000	000	000	000	000	
26.	026		000	000	000	000	000	000	000	
27.	027		000	000	000	000	000	000	000	
28.	028		000	000	000	000	000	000	000	
29.	029		000	000	000	000	000	000	000	
30.	030		000	000	000	000	000	000	000	
31.	031		000	000	000	000	000	000	000	
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	1709	000	000	000	000	000	000	000	

## SCHEDULE B – Annual Insurance Transactions with Foreign Affiliates

(File this schedule only once each year, within 90 days after the close of the calendar year)

**Are you reporting transactions with foreign affiliates?**

31000 1  Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **8**, and you had transactions of this type with your foreign affiliates, reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- 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 15 (eFile users- select "Add overflow" from the survey selection page).

**NOTE** — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services								
			Code 5 Annual premiums earned on primary insurance sold to foreign affiliates	Code 6 Annual losses incurred on primary insurance sold to foreign affiliates	Code 3 Annual losses incurred on reinsurance assumed from foreign affiliates	Code 4 Annual losses recovered on reinsurance ceded to foreign affiliates	Code 7 Annual receipts from foreign affiliates	Code 8 Annual payments to foreign affiliates							
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)					
<b>1. Total, lines 2–32 of this page</b>	001	1	2	3	000	4	000	5	000	6	000	7	000	8	000
2.	002	1	2	3	000	4	000	5	000	6	000	7	000	8	000
3.	003	1	2	3	000	4	000	5	000	6	000	7	000	8	000
4.	004	1	2	3	000	4	000	5	000	6	000	7	000	8	000
5.	005	1	2	3	000	4	000	5	000	6	000	7	000	8	000
6.	006	1	2	3	000	4	000	5	000	6	000	7	000	8	000
7.	007	1	2	3	000	4	000	5	000	6	000	7	000	8	000
8.	008	1	2	3	000	4	000	5	000	6	000	7	000	8	000
9.	009	1	2	3	000	4	000	5	000	6	000	7	000	8	000
10.	010	1	2	3	000	4	000	5	000	6	000	7	000	8	000
11.	011	1	2	3	000	4	000	5	000	6	000	7	000	8	000
12.	012	1	2	3	000	4	000	5	000	6	000	7	000	8	000
13.	013	1	2	3	000	4	000	5	000	6	000	7	000	8	000
14.	014	1	2	3	000	4	000	5	000	6	000	7	000	8	000
15.	015	1	2	3	000	4	000	5	000	6	000	7	000	8	000
16.	016	1	2	3	000	4	000	5	000	6	000	7	000	8	000
17.	017	1	2	3	000	4	000	5	000	6	000	7	000	8	000
18.	018	1	2	3	000	4	000	5	000	6	000	7	000	8	000
19.	019	1	2	3	000	4	000	5	000	6	000	7	000	8	000
20.	020	1	2	3	000	4	000	5	000	6	000	7	000	8	000
21.	021	1	2	3	000	4	000	5	000	6	000	7	000	8	000
22.	022	1	2	3	000	4	000	5	000	6	000	7	000	8	000
23.	023	1	2	3	000	4	000	5	000	6	000	7	000	8	000
24.	024	1	2	3	000	4	000	5	000	6	000	7	000	8	000
25.	025	1	2	3	000	4	000	5	000	6	000	7	000	8	000
26.	026	1	2	3	000	4	000	5	000	6	000	7	000	8	000
27.	027	1	2	3	000	4	000	5	000	6	000	7	000	8	000
28.	028	1	2	3	000	4	000	5	000	6	000	7	000	8	000
29.	029	1	2	3	000	4	000	5	000	6	000	7	000	8	000
30.	030	1	2	3	000	4	000	5	000	6	000	7	000	8	000
31.	031	1	2	3	000	4	000	5	000	6	000	7	000	8	000
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	1	2	3	000	4	000	5	000	6	000	7	000	8	000

# SCHEDULE B – Annual Insurance Transactions with Foreign Parent(s) and Other Members of the FPG

(File this schedule only once each year, within 90 days after the close of the calendar year)

## Are you reporting transactions with foreign parent(s) and other members of the FPG?

32000 2  Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **8**, and you had transactions of this type with your foreign parent(s) and other members of the FPG, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- 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 15 (eFile users- select "Add overflow" from the survey selection page).

**NOTE** — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services						
			Code 5 Annual premiums earned on primary insurance sold to the foreign parent group	Code 6 Annual losses incurred on primary insurance sold to the foreign parent group	Code 3 Annual losses incurred on reinsurance assumed from the foreign parent group	Code 4 Annual losses recovered on reinsurance ceded to the foreign parent group	Code 7 Annual receipts from the foreign parent group	Code 8 Annual payments to the foreign parent group					
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
<b>1. Total, lines 2–32 of this page</b>	001	1 2 3	000	4	000	5	000	6	000	7	000	8	000
2.	002	1 2 3	000	4	000	5	000	6	000	7	000	8	000
3.	003	1 2 3	000	4	000	5	000	6	000	7	000	8	000
4.	004	1 2 3	000	4	000	5	000	6	000	7	000	8	000
5.	005	1 2 3	000	4	000	5	000	6	000	7	000	8	000
6.	006	1 2 3	000	4	000	5	000	6	000	7	000	8	000
7.	007	1 2 3	000	4	000	5	000	6	000	7	000	8	000
8.	008	1 2 3	000	4	000	5	000	6	000	7	000	8	000
9.	009	1 2 3	000	4	000	5	000	6	000	7	000	8	000
10.	010	1 2 3	000	4	000	5	000	6	000	7	000	8	000
11.	011	1 2 3	000	4	000	5	000	6	000	7	000	8	000
12.	012	1 2 3	000	4	000	5	000	6	000	7	000	8	000
13.	013	1 2 3	000	4	000	5	000	6	000	7	000	8	000
14.	014	1 2 3	000	4	000	5	000	6	000	7	000	8	000
15.	015	1 2 3	000	4	000	5	000	6	000	7	000	8	000
16.	016	1 2 3	000	4	000	5	000	6	000	7	000	8	000
17.	017	1 2 3	000	4	000	5	000	6	000	7	000	8	000
18.	018	1 2 3	000	4	000	5	000	6	000	7	000	8	000
19.	019	1 2 3	000	4	000	5	000	6	000	7	000	8	000
20.	020	1 2 3	000	4	000	5	000	6	000	7	000	8	000
21.	021	1 2 3	000	4	000	5	000	6	000	7	000	8	000
22.	022	1 2 3	000	4	000	5	000	6	000	7	000	8	000
23.	023	1 2 3	000	4	000	5	000	6	000	7	000	8	000
24.	024	1 2 3	000	4	000	5	000	6	000	7	000	8	000
25.	025	1 2 3	000	4	000	5	000	6	000	7	000	8	000
26.	026	1 2 3	000	4	000	5	000	6	000	7	000	8	000
27.	027	1 2 3	000	4	000	5	000	6	000	7	000	8	000
28.	028	1 2 3	000	4	000	5	000	6	000	7	000	8	000
29.	029	1 2 3	000	4	000	5	000	6	000	7	000	8	000
30.	030	1 2 3	000	4	000	5	000	6	000	7	000	8	000
31.	031	1 2 3	000	4	000	5	000	6	000	7	000	8	000
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	1 709 2 3	000	4	000	5	000	6	000	7	000	8	000



# SCHEDULE B – Annual Insurance Transactions with Unaffiliated Foreign Persons

(File this schedule only once each year, within 90 days after the close of the calendar year)

## Are you reporting transactions with unaffiliated foreign persons?

33000 **3**  **13**  Yes

- If you checked "Yes" to any of the transaction types 3-8 in Column 2 of item **8**, and you had transactions of this type with unaffiliated foreign persons, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see part V on page 12.
- 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 15 (eFile users- select "Add overflow" from the survey selection page).

**NOTE** — In Section III, only report premiums and losses related to primary (direct) insurance. Reinsurance losses should be reported in Section IV. DO NOT report reinsurance premiums on Schedule B. Those should be reported each quarter on Schedule A.

Country	BEA USE ONLY		SECTION III – Primary insurance		SECTION IV – Reinsurance losses		SECTION V – Auxiliary insurance services	
			Code 5 Annual premiums earned on primary insurance sold to unaffiliated foreign persons	Code 6 Annual losses incurred on primary insurance sold to unaffiliated foreign persons	Code 3 Annual losses incurred on reinsurance assumed from unaffiliated foreign persons	Code 4 Annual losses recovered on reinsurance ceded to unaffiliated foreign persons	Code 7 Annual receipts from unaffiliated foreign persons	Code 8 Annual payments to unaffiliated foreign persons
			(1)	(2)	(3)	(4)	(5)	(6)
<b>1. Total, lines 2–32 of this page</b>	001	1 2 3	000	4 000	5 000	6 000	7 000	8 000
2.	002	1 2 3	000	4 000	5 000	6 000	7 000	8 000
3.	003	1 2 3	000	4 000	5 000	6 000	7 000	8 000
4.	004	1 2 3	000	4 000	5 000	6 000	7 000	8 000
5.	005	1 2 3	000	4 000	5 000	6 000	7 000	8 000
6.	006	1 2 3	000	4 000	5 000	6 000	7 000	8 000
7.	007	1 2 3	000	4 000	5 000	6 000	7 000	8 000
8.	008	1 2 3	000	4 000	5 000	6 000	7 000	8 000
9.	009	1 2 3	000	4 000	5 000	6 000	7 000	8 000
10.	010	1 2 3	000	4 000	5 000	6 000	7 000	8 000
11.	011	1 2 3	000	4 000	5 000	6 000	7 000	8 000
12.	012	1 2 3	000	4 000	5 000	6 000	7 000	8 000
13.	013	1 2 3	000	4 000	5 000	6 000	7 000	8 000
14.	014	1 2 3	000	4 000	5 000	6 000	7 000	8 000
15.	015	1 2 3	000	4 000	5 000	6 000	7 000	8 000
16.	016	1 2 3	000	4 000	5 000	6 000	7 000	8 000
17.	017	1 2 3	000	4 000	5 000	6 000	7 000	8 000
18.	018	1 2 3	000	4 000	5 000	6 000	7 000	8 000
19.	019	1 2 3	000	4 000	5 000	6 000	7 000	8 000
20.	020	1 2 3	000	4 000	5 000	6 000	7 000	8 000
21.	021	1 2 3	000	4 000	5 000	6 000	7 000	8 000
22.	022	1 2 3	000	4 000	5 000	6 000	7 000	8 000
23.	023	1 2 3	000	4 000	5 000	6 000	7 000	8 000
24.	024	1 2 3	000	4 000	5 000	6 000	7 000	8 000
25.	025	1 2 3	000	4 000	5 000	6 000	7 000	8 000
26.	026	1 2 3	000	4 000	5 000	6 000	7 000	8 000
27.	027	1 2 3	000	4 000	5 000	6 000	7 000	8 000
28.	028	1 2 3	000	4 000	5 000	6 000	7 000	8 000
29.	029	1 2 3	000	4 000	5 000	6 000	7 000	8 000
30.	030	1 2 3	000	4 000	5 000	6 000	7 000	8 000
31.	031	1 2 3	000	4 000	5 000	6 000	7 000	8 000
<b>32. Countries with which transactions were less than \$50,000.00 each, total</b>	032	1 <b>709</b>	000	4 000	5 000	6 000	7 000	8 000

## GENERAL INSTRUCTIONS

Public reporting burden for this BE-45 report is estimated to average 8 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 of not less than \$4,454, and not more than \$44,539, 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. Persons who willfully fail to report shall be fined not more than \$10,000 and, if an individual, may be imprisoned for not more than one year, or both. Any officer, director, employee, or agent of any corporation 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, a U.S. person is not subject to any penalty for failure to report if a valid 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 Bureau is confidential and may be used only for analytical and statistical purposes. Without your prior written permission, the information filed in 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 immune from legal process. Per the Cybersecurity Enhancement Act of 2015, your data are protected from Cybersecurity risks through security monitoring of the BEA information systems.

**A. Who must report** — A response is required from each U.S. insurance company that was notified by BEA about the survey.

### I. WHO IS TO REPORT AND GENERAL COVERAGE

#### 1. Mandatory and voluntary reporting

- (a) Mandatory reporting — A complete BE-45 report is required from each U.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 insurers, or that engaged in international sale or purchase transactions in services auxiliary to insurance. Filing is mandatory if, with respect to these transactions, any of the following eight items was greater than positive \$8,000,000 or less than negative \$8,000,000 for the previous calendar year or is expected to be in the current calendar year, on an accrual basis: (1) premiums earned, and (2) losses, on reinsurance assumed; (3) premiums incurred, and (4) losses, on reinsurance ceded; (5) premiums earned, and (6) losses, on primary insurance sold; (7) sales of, and (8) purchases of, auxiliary insurance services.

Complete Schedule A, columns 3 and 4, for each of the four quarters of the calendar year for transactions that occurred during the reporting quarter.

Complete Schedule B, Sections III, IV, and V, for the fourth quarter of the calendar year for transactions that occurred during the entire calendar year (on an annual basis).

- (b) Voluntary reporting — Please complete Schedule A, columns 5 and 6, on a voluntary basis for each of the four quarters of the calendar year for losses that occurred during the reporting quarter. Provision of this information is voluntary. The estimates may be judgmental.

**2. Exemption** — A U.S. person receiving this form from BEA is not required to report data if transactions fall below the threshold described in A.1. However, it must complete and return Parts I and II.

**B. 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.

**C. 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 unincorporated enterprises

Consolidate into your BE-45 report the transactions of unincorporated enterprises in which your company has voting control. Please see the following items on determining the voting interest in typical unincorporated enterprises.

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

##### (a) General partnerships

**Determination of voting interest** — The determination of the percentage of voting interest of a general 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 the contrary is contained in the partnership agreement, a general partnership is presumed to be controlled equally by each of the general partners.

**Managing partners** — If one general partner is designated as the managing partner, responsible for the day-to-day operations of the partnership, 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.

## GENERAL INSTRUCTIONS — Continued

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 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.

### II. WHAT TO REPORT

- A. Report transactions with affiliated foreign persons as well as with unaffiliated foreign persons (see **Definitions IV.J and K**). **File separate schedules to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the 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 form 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 form covering your transactions with unaffiliated foreign persons.)

### III. WHAT NOT TO REPORT

- F. **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 result in the premium paid by the policyholder plus anticipated 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-loss sharing arrangements between the policyholder and the insurer (3) A contract coverage period that extends beyond one year and premiums for subsequent periods that may depend on the loss experience of earlier years (4) Limits on the amount of claims to be paid by the insurer (5) Loss corridors that limit or eliminate the risk of loss for a specified percentage or dollar amount of claims within the range of contract coverage (6) Favorable 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 and should **not** be reported on the survey as well.

- G. 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.
- H. Do **not** report transactions with foreigners made by your foreign affiliates **for their own account**.
- I. 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 Intangible Assets with Foreign Persons, and Form BE-125, Quarterly Survey of Transactions in Selected Services and Intangible Assets 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 geographic 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 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 U.S. Government, a State or local government, and any agency, corporation, financial institution, or other entity or instrumentality thereof, including a government-sponsored agency).
  - 1. **United States person** means any person resident in the United States or subject to the jurisdiction of the United States.
  - 2. **Foreign person** means any person resident outside the United States or subject to the jurisdiction of a country other than the United States.
- E. **Business enterprise** means any organization, association, branch, or venture which exists for profitmaking purposes or to otherwise secure economic advantage, and any ownership of any real estate. (A business enterprise is a “person” within the definition in paragraph D above.)
- F. **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.
- G. **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, (ii) any foreign person, proceeding up the foreign parent's ownership chain, that owns more than 50 percent of the person below it, up to and including the person that is not owned more than 50 percent by another foreign person, and (iii) any foreign person, proceeding down the ownership chain(s) of each of these members, that is owned more than 50 percent by the person 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.
  - 2. **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.

## GENERAL INSTRUCTIONS — Continued

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

### V. SPECIFIC ITEM INSTRUCTIONS

#### Schedule A

##### For property and casualty insurance companies

Calculate columns (3) and (4) as follows: Premiums written (column 3) or ceded (column 4) 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 columns (5) and (6) as follows: Losses paid (column 5) or recovered (column 6) 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).

##### For life insurance companies

Premiums received (column 3) and paid (column 4) 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 (column 5) and recovered (column 6) reflect policy claims on reinsurance assumed or ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.

#### Schedule B

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

Report premiums (column 3) as follows: Premiums written during the current year, plus unearned premiums at the beginning of the current calendar year, minus unearned premiums at the end of the current calendar year. 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.

Report losses paid (columns 4 and 5) or recovered (column 6) as follows: Losses during the current year, plus case reserves at the end of the current year, plus losses incurred but not reported at the end of the current year, minus case reserves at the beginning of the current year, minus losses incurred but not reported at the beginning of the current year. Losses paid or recovered should not include loss adjustment expenses (reportable under column 8).

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

Report premiums earned (column 3). 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 columns (4), (5), and (6) as follows: Losses paid (columns 4 and 5) and losses recovered (column 6) 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 7 and 8)

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.

### VI. REPORTING PROCEDURES

- A. Due date** — A completed BE-45 is due within 60 days of the close of each calendar quarter, except the final quarter of the calendar year, when the reports are due within 90 days of the close of the quarter.
- B. Calendar year** — For the purposes of this form, you must report on a calendar year basis. For example, your fourth quarter report is your reporting quarter that ends in the fourth calendar quarter.
- C. Extension** — Requests for an extension of the reporting deadline will not normally be granted. However, in a hardship case, a written request for an extension will be considered if it is received at least 15 days before the due date. You may fax the request to (301) 278-9506 or e-mail the request to [BE-45extension@bea.gov](mailto: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. Copies of BEA survey forms are also available on BEA's web site: [www.bea.gov/ssb](http://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. Please use the copy with the address label if such a labeled copy has been provided. 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](http://www.bea.gov/efile) for details.
- Send reports through the U.S. Postal Service to:
- Bureau of Economic Analysis  
Balance of Payments Division, BE-50 (SSB)  
4600 Silver Hill Road  
Washington, DC 20233
- Send reports filed by direct private express delivery to:
- Bureau of Economic Analysis  
Balance of Payments Division, BE-50 (SSB)  
4600 Silver Hill Road  
Suitland, MD 20746
- Fax reports to: (301) 278-9506



**Agriculture, Forestry, Fishing, and Hunting**

1110 Crop production  
 1120 Animal production and aquaculture  
 1130 Forestry and logging  
 1140 Fishing, hunting, and trapping  
 1150 Support activities for agriculture and forestry

**Mining**

2111 Oil and gas extraction  
 2121 Coal  
 2123 Nonmetallic minerals  
 2124 Iron ores  
 2125 Gold and silver ores  
 2126 Copper, nickel, lead, and zinc ores  
 2127 Other metal ores  
 2132 Support activities for oil and gas operations  
 2133 Support activities for mining, except for oil and gas operations

**Utilities**

2211 Electric power generation, transmission, and distribution  
 2212 Natural gas distribution  
 2213 Water, sewage, and other systems

**Construction**

2360 Construction of buildings  
 2370 Heavy and civil engineering construction  
 2380 Specialty trade contractors

**Manufacturing**

3111 Animal foods  
 3112 Grain and oilseed milling  
 3113 Sugar and confectionery products  
 3114 Fruit and vegetable preserving and specialty foods  
 3115 Dairy products  
 3116 Meat products  
 3117 Seafood product preparation and packaging  
 3118 Bakery products and tortillas  
 3119 Other food products  
 3121 Beverages  
 3122 Tobacco  
 3130 Textile mills  
 3140 Textile product mills  
 3150 Apparel  
 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  
 3252 Resins, synthetic rubbers, and artificial and synthetic fibers and filaments  
 3253 Pesticides, fertilizers, and other agricultural chemicals  
 3254 Pharmaceuticals and medicines  
 3255 Paints, coatings, and adhesives  
 3256 Soap, cleaning compounds, and toilet preparations  
 3259 Other chemical products and preparations  
 3261 Plastics products  
 3262 Rubber products  
 3271 Clay products and refractories  
 3272 Glass and glass products  
 3273 Cement and concrete products  
 3274 Lime and gypsum products  
 3279 Other nonmetallic mineral products  
 3311 Iron and steel mills  
 3312 Steel products from purchased steel  
 3313 Alumina and aluminum production and processing  
 3314 Nonferrous metal (except aluminum) production and processing  
 3315 Foundries  
 3321 Forging and stamping  
 3322 Cutlery and handtools  
 3323 Architectural and structural metals  
 3324 Boilers, tanks, and shipping containers  
 3325 Hardware  
 3326 Spring and wire products  
 3327 Machine shop products, turned products, and screws, nuts, and bolts  
 3328 Coating, engraving, heat treating, and allied activities  
 3329 Other fabricated metal products  
 3331 Agriculture, construction, and mining machinery  
 3332 Industrial machinery  
 3333 Commercial and service industry machinery

3334 Ventilation, heating, air-conditioning, and commercial refrigeration equipment  
 3335 Metalworking machinery  
 3336 Engines, turbines, and power transmission equipment  
 3339 Other general purpose machinery  
 3341 Computer and peripheral equipment  
 3342 Communications equipment  
 3343 Audio and video equipment  
 3344 Semiconductors and other electronic components  
 3345 Navigational, measuring, electromedical, and control instruments  
 3346 Manufacturing and reproducing magnetic and optical media  
 3351 Electric lighting equipment  
 3352 Household appliances  
 3353 Electrical equipment  
 3359 Other electrical equipment and components  
 3361 Motor vehicles  
 3362 Motor vehicle bodies and trailers  
 3363 Motor vehicle parts  
 3364 Aerospace products and parts  
 3365 Railroad rolling stock  
 3366 Ship and boat building  
 3369 Other transportation equipment  
 3370 Furniture and related products  
 3391 Medical equipment and supplies  
 3399 Other miscellaneous manufacturing

**Wholesale Trade, Durable Goods**

4231 Motor vehicles and motor vehicle parts and supplies  
 4232 Furniture and home furnishing  
 4233 Lumber and other construction materials  
 4234 Professional and commercial equipment and supplies  
 4235 Metal and mineral (except petroleum)  
 4236 Household appliances, and electrical and electronic goods  
 4237 Hardware, and plumbing and heating equipment and supplies  
 4238 Machinery, equipment, and supplies  
 4239 Miscellaneous durable goods

**Wholesale Trade, Non-Durable Goods**

4241 Paper and paper product  
 4242 Drugs and druggists' sundries  
 4243 Apparel, piece goods, and notions  
 4244 Grocery and related product  
 4245 Farm product raw material  
 4246 Chemical and allied products  
 4247 Petroleum and petroleum products  
 4248 Beer, wine, and distilled alcoholic beverage  
 4249 Miscellaneous nondurable goods

**Wholesale Trade, Electronic Markets and Agents And Brokers**

4251 Wholesale electronic markets and agents and brokers

**Retail Trade**

4410 Motor vehicle and parts dealers  
 4420 Furniture and home furnishings  
 4431 Electronics and appliance  
 4440 Building material and garden equipment and supplies dealers  
 4450 Food and beverage  
 4461 Health and personal care  
 4471 Gasoline stations  
 4480 Clothing and clothing accessories  
 4510 Sporting goods, hobby, book, and music  
 4520 General merchandise  
 4530 Miscellaneous store retailers  
 4540 Non-store retailers

**Transportation and Warehousing**

4810 Air transportation  
 4821 Rail transportation  
 4833 Petroleum tanker operations  
 4839 Other water transportation  
 4840 Truck transportation  
 4850 Transit and ground passenger transportation  
 4863 Pipeline transportation of crude oil, refined petroleum products, and natural gas  
 4868 Other pipeline transportation  
 4870 Scenic and sightseeing transportation  
 4880 Support activities for transportation  
 4920 Couriers and messengers  
 4932 Petroleum storage for hire  
 4939 Other warehousing and storage

**Information**

5111 Newspaper, periodical, book, and directory publishers  
 5112 Software publishers  
 5121 Motion picture and video industries  
 5122 Sound recording industries

5151 Radio and television broadcasting  
 5152 Cable and other subscription programming  
 5173 Wired and wireless telecommunications carriers  
 5174 Satellite telecommunications  
 5179 Other telecommunications  
 5182 Data processing, hosting, and related services  
 5191 Other information services

**Finance and Insurance**

5221 Depository credit intermediation (Banking)  
 5223 Activities related to credit intermediation  
 5224 Non-depository credit intermediation, except branches and agencies  
 5229 Nondepository branches and agencies  
 5231 Securities and commodity contracts intermediation and brokerage  
 5238 Other financial investment activities and exchanges  
 5242 Agencies, brokerages, and other insurance related activities  
 5243 Insurance carriers, except direct life insurance carriers  
 5249 Direct life insurance carriers  
 5252 Funds, trusts, and other finance vehicles

**Real Estate and Rental and Leasing**

5310 Real estate  
 5321 Automotive equipment rental and leasing  
 5329 Other rental and leasing services  
 5331 Lessors of nonfinancial intangible assets, except copyrighted works

**Professional, Scientific, and Technical Services**

5411 Legal services  
 5412 Accounting, tax preparation, bookkeeping, and payroll services  
 5413 Architectural, engineering, and related services  
 5414 Specialized design services  
 5415 Computer systems design and related services  
 5416 Management, scientific, and technical consulting services  
 5417 Scientific research and development services  
 5418 Advertising, public relations, and related services  
 5419 Other professional, scientific, and technical services

**Management of Companies and Enterprises**

5512 Holding companies, except bank holding companies  
 5513 Corporate, subsidiary, and regional management offices

**Administrative and Support, Waste Management, and Remediation Services**

5611 Office administrative services  
 5612 Facilities support services  
 5613 Employment services  
 5614 Business support services  
 5615 Travel arrangement and reservation services  
 5616 Investigation and security services  
 5617 Services to buildings and dwellings  
 5619 Other support services  
 5620 Waste management and remediation services

**Educational Services**

6110 Educational services

**Health Care and Social Assistance**

6210 Ambulatory health care services  
 6220 Hospitals  
 6230 Nursing and residential care facilities  
 6240 Social assistance services

**Arts, Entertainment, and Recreation**

7110 Performing arts, spectator sports, and related industries  
 7121 Museums, historical sites, and similar institutions  
 7130 Amusement, gambling, and recreation industries

**Accommodation and Food Services**

7210 Accommodation  
 7220 Food services and drinking places

**Other Services**

8110 Repair and maintenance  
 8120 Personal and laundry services  
 8130 Religious, grantmaking, civic, professional, and similar organizations

**Public Administration**

9200 Public administration