OMB No. 0608-0066: Approval Expires 8/31/2009 BEA USE ONLY	Control number											
FORM <b>BE-45</b> (2-2008)	U.S. DEPARTMENT OF COMMERCE BUREAU OF ECONOMIC ANALYSIS											
QUARTERLY SURVEY OF INSUR	ANCE TRANSACTIONS BY U.S.											
INSURANCE COMPANIES WITH FOREIGN PERSONS (This report is mandatory and confidential)												
Name and address of U.S. Reporter –	id vid											
Enter or correct as necessary	Valle											
10001	ngel 111 ×5.											
10002 2	a low only device											
10003 3	is no ses + mond											
10004 4	im impose at resp											
100	on purs al vey											
Complete and file this form or file electronically at www.bea.gov	Vefile form sull											
Assistance is available at (202) 606-5588, M-F 8:30 a.m. – 5:00 p.i	n, eastern time.											
How to file:	ation'											
Step 1. Verify or correct name and address of U.S. Reporter Step 2. Complete Part 2.	named in the mailing label and complete Part 1.											
	e instructions given in Part 3.											
Step 3. Complete Part 3 and Schedules A and B based on the instructions given in Part 3.  Step 4. File the completed form within 60 days after the close of each calendar quarter (or within 90 days after the close of the calendar year).												
By mailing to:  Bureau of Economic Analysi BE-50(SSB)  Washington, DC 20230	rce s											
delivering form to:  U.S. Department of Comme Bureau of Economic Analysi BE-50(SSB) Shipping and Receiving Sec 1441 L Street, NW Washington, DC 20005	S											
or Faxing form to: (202) 606-5318												
File electronically at: www.bea.gov/efile												
Part 1												
Person to consult concerning questions about this report	3 Certification — The undersigned official certifies that this report has been prepared in accordance with the											
10005 1 Name	applicable instructions, is complete, and is substantially accurate except that, in accordance with V.G of the											
10006 2 Title	General Instructions, estimates may have been prepared where the data are not available from customary											
10007 3 Telephone number ( )	accounting records or precise data could not be obtained without undue burden.											
10008 4 FAX number ( )												
10009 5 E-mail address												
2 May we use e-mail to correspond with you to discuss questions relating to this form, including questions that may contain information about your company that you may consider confidential? (Note: Electronic mail is not inherently confidential. We will treat information we receive as confidential but your e-mail is not necessarily	Authorized official's signature											
secure against interception by a third party.)	Print or type name Date											
10010 1 1 Yes 2 No												

Part 2						
What	period do	es this	quarte	erly re	eport cov	er?
		10011	Month	Day	Year	
Beginr	ning date		1			
5			Month	Day	Year	bir
Ending	date		2		2008	T Vall
Enam	g date					nger valid
5 Enter	the 4-dig	it indus	stry co	de th	at best de	scribes the U.S. Reporter from the Summary of
Indust	ry Classi	ficatio	ns foui	nd on	pages IV	scribes the U.S. Reporter from the Summary of and V of the General Instructions.
10012	1					s, brokerages, and other insurance related activities e carriers, except life insurance carriers
						rance carriers
6 What i	ie the nrii	mary Ei	mnlove	r Ida	ntificatio	Number used by the U.S. Reporter to file U.S. income
or pay	roll taxes	s?	пріоус	i iue	SUP	The old income
10013	1	П		à C	4	orriged in to.
			40			Sul ation
<b></b>		- hi	5	54	o' rel	n' arma
<b>U</b> Was tl	ne U.S. R	eporter	in exi	stenc	e during t	he entire reporting period?
10014	1 1 Y	es o			alp	
	<sup>1</sup> 2 □ No	o – If vo	u were	purch	ased by ar	nother U.S. insurance company and you are consolidated into
		their	BE-45	for thi	s quarter,	then stop here. Otherwise, complete the report, or in the space at plain why you were not in existence for the entire period.
		he	o.		, p	
8 What	is your pr	incipal	line o	f insu	rance?	
10016	MI DIE	fe insura	anca			
	1			ualtv	insurance	
	=	ther — S			msurance	
			эреспу			
9 What	best desc	ribes y	our or	ganiz	ation?	
10017	1					
10017	1	surance	-			
	1	surance				
	<b>'3</b> □ In	surance	Group	— Ple	ease attach	a list of member companies that are consolidated in this report

Page 2 FORM BE-45 (2-2008)

Step 1		Step 2  Did any of the types of transactions marked in Step 1 exceed \$8 million last year, or are they expected to exceed \$8 million in the current year? Only mark "Yes" or "No" for the type(s) of transaction(s) that you checked in Step 1.					
or which of the following types of id transactions occur between the OREIGN PERSONS during the past uch transactions expected to occu	U.S. Reporte calendar year						
lark all that apply.			is no longer only	. dent			
Type of Transaction	Code	45	is noses at	respond			
einsurance premiums earned from surance companies resident abroad .	1	2000101	DUI 7 2121 Tyes	<b>2</b> □ No			
einsurance premiums ceded to surance companies resident abroad .	2	20002	Solution State   Stat	<b>2</b> 🗆 No			
osses incurred on reinsurance assumers om insurance companies resident abi		20003	²1 □Yes	<b>2</b> □ No			
osses recovered on reinsurance cedec surance companies resident abroad	l to <b>4</b>	20004 1	²1 □Yes	<b>2</b> □ No			
remiums earned from primary surance sold to foreign persons	1600	20005 1	²1 □ Yes	<b>2</b> □ No			
osses incurred on primary insurance so foreign persons	old 6	20006 1	²1 ☐ Yes	<b>2</b> 🗆 No			
uxiliary insurance services, receipts	7	20007 1	²1 ☐ Yes	<b>2</b> No			
uxiliary insurance services, payments	8	20008 1	² <b>1</b> □ Yes	<b>2</b> No			
one of the above		20009 1	If any type of transaction is ma reporting is required or reques				
Mar			• <u>Quarterly</u> reporting of tran Schedule A is <b>mandatory</b>				
			• <u>Quarterly</u> reporting of tran Schedule A is <b>voluntary</b> .	·			
			• <u>Annual</u> reporting of transa Schedule B is <b>mandatory</b>	ction types 3 through 8 c the fourth quarter only.			
Did the U.S. Reporter have any in- million last year or that are expec type of transaction in Step 2?)	surance trans ted to excee	sactions cov d \$8 million	rered by this survey that exc this year? (Did you mark "Yo	eeded \$8 es" for any			

# SCHEDULE A — Quarterly Insurance Transactions with Foreign Affiliates

- If any type of transaction is marked **Yes** in Step 2 of item to, then reporting of Section I below is mandatory, and voluntary reporting is requested for Section II below.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

21000 (1) <sup>1</sup> **1** Foreign affiliates

		_				-0	0,,	46.
		-1			Section I –	Mandatory	Section II -	- Voluntary
		BEA USE ONL	Ē	Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad	
1.	Total, lines 2–32 this page		1	2	3 SUI ST	4	5	6
_		*	601	2	3	4	5	6
	Australia 02 Barbados 03	_	1 251		3	4	5	6
			302		3	4	5	6
	Belgium 04	-			3	4	5	6
	Bermuda 05 Brazil 06		<sup>1</sup> 252		3	4	5	6
		- 1			3	4	5	6
	Canada Cayman Islands	7	1 100		3	4	5	6
		-	<sup>1</sup> 266		3	4	5	6
	Denmark 09	-	1 305		3	4	5	6
	Finland 10	-	<sup>1</sup> 306		3	4	5	6
	France 11	-	1 <b>307</b>		3	4	5	6
	Germany 12	_	1 308	_	3	4	5	6
	Ireland 13	-	<sup>1</sup> 313		3	4	5	6
	Italy 14	-	<sup>1</sup> 314		3	4	5	6
	Japan 18	-	1 614		3	4	5	6
	Korea, South Mexico	-	<sup>1</sup> 626		3	4	5	6
	Mexico 17 Netherlands 18	-	<sup>1</sup> 319		3	4	5	6
	Norway 19	-	1 320		3	4	5	6
	Spain 20	-	1 323		3	4	5	6
	Sweden 21	-	<sup>1</sup> 324		3	4	5	6
	Switzerland 22	-	<sup>1</sup> 325		3	4	5	6
	United Kingdom 23	_	<sup>1</sup> 327		3	4	5	6
	Other countries with which transactions were \$50,000.0 or more — Specify country (Us supplemental copied sheets as							
24.	necessary)		1	2	3	4	5	
25.	25	1	1	2	3	4	5	6
26.		_	1	2	3	4	5	6
27.		1	1	2	3	4	5	6
28.	28		1	2	3	4	5	6
29.	29		1	2	3	4	5	6
30.	30		1	2	3	4	5	6
31.	31		1	2	3	4	5	6
32.	Countries with which transactions were less than \$50,000.00 each, total		<sup>1</sup> <b>709</b>	2	3	4	5	6

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

- If any type of transaction is marked Yes in Step 2 of item 0, then reporting of Section I below is mandatory, and voluntary reporting is requested for Section II below.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

(2) 2 Foreign parent(s) and other members of the AFG

		_				-0	0,,	46.
		-1			Section I –	Mandatory	Section II -	- Voluntary
		BEA USE ONL		Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad	
1.	Total, lines 2–32 this page		1	2	3 sul ati	011	5	6
9	Australia 02	*	<sup>1</sup> 601	2	3	4	5	6
	Barbados 03	_	<sup>1</sup> 251		3	4	5	6
	Belgium 04		302		3	4	5	6
	Bermuda 05	-	1 <b>252</b>		3	4	5	6
	Brazil 06	-	<sup>1</sup> 202		3	4	5	6
	Canada 07	-	1 100		3	4	5	6
	Cayman Islands 08	•	<sup>1</sup> 266		3	4	5	6
	Denmark 09	-	<sup>1</sup> 305		3	4	5	6
	Finland 10	-	<sup>1</sup> 306		3	4	5	6
	France 11	-	<sup>1</sup> 307		3	4	5	6
	Germany 12	-	<sup>1</sup> 308		3	4	5	6
	Ireland 13	_	<sup>1</sup> 313	_	3	4	5	6
	Italy 14	-	<sup>1</sup> 314		3	4	5	6
	Japan 15	-	<sup>1</sup> 614		3	4	5	6
	Korea, South	-	<sup>1</sup> 626		3	4	5	6
	Mexico 17	7	<sup>1</sup> 213		3	4	5	6
	Netherlands 18		<sup>1</sup> 319		3	4	5	6
	Norway 19		<sup>1</sup> 320		3	4	5	6
	Spain 20	1	<sup>1</sup> 323		3	4	5	6
	Sweden 21		<sup>1</sup> 324		3	4	5	6
22.	Switzerland 22	1	<sup>1</sup> 325		3	4	5	6
23.	United Kingdom 23		<sup>1</sup> 327	2	3	4	5	6
	Other countries with which transactions were \$50,000.0 or more — Specify country (Us supplemental copied sheets as necessary)		1	2	3	4	5	
24.	24							
25.	25	_[	1	2	3	4	5	6
26.	26		1	2	3	4	5	6
27.	27		1	2	3	4	5	6
28.	28		1	2	3	4	5	6
29.	29		1	2	3	4	5	6
30.		4	1	2	3	4	5	6
31.	31		1	2	3	4	5	6
32.	Countries with which transactions were less than \$50,000.00 each, total		<sup>1</sup> <b>709</b>	2	3	4	5	6

# SCHEDULE A — Quarterly Insurance Transactions with Unaffiliated Foreign Persons

- If any type of transaction is marked **Yes** in Step 2 of item **1**, then reporting of Section I below is mandatory, and voluntary reporting is requested for Section II below.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

23000 (3) <sup>1</sup> 3 Unaffiliated foreign persons

							O/.	We.
		1			Section I –	Mandatory	Section II -	· Voluntary
		BEA USE ONL	•	Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad	Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad	Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad	Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad	
1.	Total, lines 2–32 this page		1	2	3 sul ati	01,	5	6
2	Australia	*	<sup>1</sup> 601	2	3	4	5	6
	Barbados 19	_	<sup>1</sup> 251		3	4	5	6
	Belgium 04		302		3	4	5	6
	Bermuda 05	-	<sup>1</sup> 252		3	4	5	6
	Brazil 06		202		3	4	5	6
	Canada	-	<sup>1</sup> 100		3	4	5	6
8.	Cayman Islands	٦	<sup>1</sup> 266		3	4	5	6
	Denmark 09	7	<sup>1</sup> 305		3	4	5	6
10.	Finland 10	1	<sup>1</sup> 306		3	4	5	6
11.	France 11	7	<sup>1</sup> 307		3	4	5	6
12.	Germany 12		<sup>1</sup> 308		3	4	5	6
	Ireland 13		<sup>1</sup> 313	2	3	4	5	6
14.	Italy 14		<sup>1</sup> 314		3	4	5	6
15.	Japan 15		<sup>1</sup> 614	2	3	4	5	6
16.	Korea, South		<sup>1</sup> 626	2	3	4	5	6
17.	Mexico 17		<sup>1</sup> 213		3	4	5	6
18.	Netherlands 18		<sup>1</sup> 319		3	4	5	6
19.	Norway 19		<sup>1</sup> 320		3	4	5	6
20.	Spain 20		<sup>1</sup> 323		3	4	5	6
	Sweden 21	_	<sup>1</sup> 324		3	4	5	6
	Switzerland 22	4	<sup>1</sup> 325		3	4	5	6
23.	United Kingdom 23	4	<sup>1</sup> 327	2	3	4	5	6
	Other countries with which transactions were \$50,000.0 or more — Specify country (Us supplemental copied sheets as necessary)		1	2	3	4	5	
24.	24		•	_	Ĭ		Ĭ	
25.	25		1	2	3	4	5	6
26.	26	$\prod$	1	2	3	4	5	6
27.	27	$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}$	1	2	3	4	5	6
28.	28	_[	1	2	3	4	5	6
29.	29		1	2	3	4	5	6
30.	30		1	2	3	4	5	6
31.	31		1	2	3	4	5	6
32.	Countries with which transactions were less than \$50,000.00 each, total		<sup>1</sup> <b>709</b>	2	3	4	5	6

# 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)

- If any type of transaction is marked **Yes** in Step 2 of item **10**, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

31000 (1) 1 Foreign affiliates

	(1) 1 Foreign affiliates				70.			Ye,	
				SECTION III – ance sold to fo	Primary insur- oreign persons		Reinsurance ses	SECTION V insurance	– Auxiliary e services
	Country	U	EA SE ILY	Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad (5)	Annual losses recovered on reinsurance ceded to insurance companies resident abroad (6)	Annual receipts	Annual payments
1.	Total, lines 2–32 this page	1	2	3 5UI	4 10	5	6	7	8
2.	Australia 02	1 60	)1 <sup>2</sup>	3	4	5	6	7	8
3.	Barbados 03	1 2	1 2	3 (0)	4	5	6	7	8
4.	Belgium 04		2	3	4	5	6	7	8
5.	Bermuda 05		2 2	3	4	5	6	7	8
6.	Brazil 06		) <b>2</b> <sup>2</sup>	3	4	5	6	7	8
	Canada 07	<sup>1</sup> 10	) <b>0</b> 2	3	4	5	6	7	8
8.	Cayman Islands 08		<b>66</b> <sup>2</sup>	3	4	5	6	7	8
9.	Denmark 09	1 30	) <b>5</b> 2	3	4	5	6	7	8
10.	Finland 10	1 30	) <b>6</b> 2	3	4	5	6	7	8
11.	France 11	1 30	<b>)7</b> <sup>2</sup>	3	4	5	6	7	8
12.	Germany 12		<b>)8</b> <sup>2</sup>	3	4	5	6	7	8
13.	Ireland 13		<b>13</b> 2	3	4	5	6	7	8
14.	Italy 14		<b>14</b> <sup>2</sup>	3	4	5	6	7	8
15.	Japan 15		<b>14</b> <sup>2</sup>	3	4	5	6	7	8
	Korea, South		<b>26</b> <sup>2</sup>	3	4	5	6	7	8
17.	Mexico 17		<b>13</b> <sup>2</sup>	3	4	5	6	7	8
	Netherlands 18		19 2	3	4	5	6	7	8
	Norway 19		20 2	3	4	5	6	7	8
	Spain 20		<b>23</b>   <sup>2</sup>	3	4	5	6	7	8
	Sweden 21		<b>24</b> <sup>2</sup>	3	4	5	6	7	8
	Switzerland 22		<b>25</b>   <sup>2</sup>	3	4	5	6	7	8
23.	United Kingdom 23	1 32	27 2	3	4	5	6	7	8
	Other countries with which transactions were \$50,000.0 or more — Specify country (Us supplemental copied sheets as necessary)								
24.		1	2	3	4	5	6	7	8
25.	25	1.	2	3	4	5	6	7	8
26.	26	_	2	3	4	5	6	7	8
27.	27	1.	2	3	4	5	6	7	8
28.	28	1.	2	3	4	5	6	7	8
29.	29	1.	2	3	4	5	6	7	8
30.	30	-	2	3	4	5	6	7	8
31.		-	2	3	4	5	6	7	8
32.	Countries with which 32 transactions were less than \$50,000.00 each, total		)9	3	4	5	O	,	0

# SCHEDULE B — Annual Insurance Transactions with Foreign Parent(s) and Other Members of the AFG (File this schedule only once each year, within 90 days after the close of the calendar year)

- If any type of transaction is marked **Yes** in Step 2 of item **10**, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

(2) 2 Foreign parent(s) and other members of the AFG

	(z) Z = 1 oroigii paroiii(o)				SECTION III – ance sold to fo			Reinsurance ses	SECTION V insurance	
	Country		BEA USE ONL	•	Annual premiums earned (3)	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad (5)	Annual losses recovered on reinsurance ceded to insurance companies resident abroad (6)	Annual receipts	Annual payments
1.	Total, lines 2–32 this page	01	1	2	3 SUI	4 tio	5	6	7	8
2.	Australia	02	1 601	2	3	4	5	6	7	8
		03	<sup>1</sup> 251		3 ( )	4	5	6	7	8
		04	302		3	4	5	6	7	8
		05	<sup>1</sup> 252		3	4	5	6	7	8
6.	Brazil	06 1	<sup>1</sup> 202		3	4	5	6	7	8
7.	Canada	07	<sup>1</sup> 100		3	4	5	6	7	8
8.	Cayman Islands	08	<sup>1</sup> 266		3	4	5	6	7	8
9.	Denmark	09	<sup>1</sup> 305		3	4	5	6	7	8
10.	Finland	10	<sup>1</sup> 306	2	3	4	5	6	7	8
11.	France	11	<sup>1</sup> <b>307</b>	2	3	4	5	6	7	8
12.	Germany	12	1 308		3	4	5	6	7	8
13.	Ireland	13	<sup>1</sup> 313		3	4	5	6	7	8
14.	Italy	14	<sup>1</sup> 314		3	4	5	6	7	8
		15	<sup>1</sup> 614		3	4	5	6	7	8
	110.000/ 000000	16	1 626		3	4	5	6	7	8
		17	<sup>1</sup> 213		3	4	5	6	7	8
		18	<sup>1</sup> 319		3	4	5	6	7	8
		19	1 320		3	4	5	6	7	8
	-	20	1 323		3	4	5	6	7	8
	• •	21	<sup>1</sup> 324		3	4	5	6	7	8
		22	1 325		3	4	5	6	7	8
23.	United Kingdom 2 Other countries with which	23	<sup>1</sup> 327	-		-		0	,	0
	transactions were \$50,000. or more — Specify country (Usupplemental copied sheets as necessary)	<b>00</b> /se								
24.		24	1	2	3	4	5	6	7	8
25.		25	1	2	3	4	5	6	7	8
26.		26	1	2	3	4	5	6	7	8
27.		27	1	2	3	4	5	6	7	8
28.		28	1	2	3	4	5	6	7	8
29.		29	1	2	3	4	5	6	7	8
30.		30	1	2	3	4	5	6	7	8
31.		31	1	2	3	4	5	6	7	8
32.	Countries with which transactions were less than \$50,000.00 each, total	32 1	709	_	Ĭ	7	Ĭ		•	Ĭ

# 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)

- If any type of transaction is marked **Yes** in Step 2 of item **1**0, then reporting of Sections III, IV, and V below is mandatory once each year.
- For additional instructions, see the General Instructions A.I.
- Report all currency figures in thousands of dollars. Example: If the amount is \$1,555,000.00 report as 1,555.
- Round amounts less than \$500.00 to 0.
- Use additional copied sheets as necessary.
- Separate copies of this schedule are to be filed to report transactions with (1) your foreign affiliates, (2) your foreign parent(s) and other members of the affiliated foreign group (AFG), and (3) unaffiliated foreign persons. This Schedule covers transactions with Mark (X) one

(3) <sup>1</sup> 3 Unaffiliated foreign persons

	(5) 3 - Unamiliated foreign	II P	CISUIIS		_				ye,	
					SECTION III – ance sold to fo	Primary insur- oreign persons	SECTION IV -	Reinsurance ses	SECTION V	– Auxiliary e services
	Country		BEA USE ONL		Annual premiums earned	Annual losses incurred	Annual losses incurred on reinsurance assumed from insurance companies resident abroad (5)	Annual losses recovered on reinsurance ceded to insurance companies resident abroad (6)	Annual receipts	Annual payments
1.	Total, lines 2-32 this page	1	1	2	3 SUI	4 410	5	6	7	8
2	Australia	2	1 601	2	3	4	5	6	7	8
	Barbados	_	<sup>1</sup> 251		3	4	5	6	7	8
	Belgium 0		302		3	4	5	6	7	8
	Bermuda	-	<sup>1</sup> 252		3	4	5	6	7	8
	Brazil 0		<sup>1</sup> 202	_	3	4	5	6	7	8
	Canada		<sup>1</sup> 100	_	3	4	5	6	7	8
	Cayman Islands	~	<sup>1</sup> 266		3	4	5	6	7	8
	Denmark 0		<sup>1</sup> 305	_	3	4	5	6	7	8
	Finland 19		<sup>1</sup> 306	_	3	4	5	6	7	8
	- AND		<sup>1</sup> 307		3	4	5	6	7	8
		_	<sup>1</sup> 307		3	4	5	6	7	8
			<sup>1</sup> 308	_	3	4	5	6	7	8
			<sup>1</sup> 314	_	3	4	5	6	7	8
	Italy 1			_	3	4	5	6	7	8
	Japan 19		<sup>1</sup> 614		3	4	5	6	7	8
	Korea, South	_	<sup>1</sup> 626		3	4	5	6	7	8
	Mexico 1	_	<sup>1</sup> 319		3	4	5	6	7	8
	Netherlands 15	_	<sup>1</sup> 319		3	4	5	6	7	8
	Norway 15	_			3	4	5	6	7	8
	Spain 2	_	1 <b>323</b>		3	4	5	6	7	8
	Sweden 2	-	1 <b>324</b>		3	4	5	6	7	8
	Switzerland 2	_	1 <b>325</b>		3	4	5	6	7	8
23.	United Kingdom 2: Other countries with which	3	<sup>1</sup> 327		3	*	3	0	,	0
	transactions were \$50,000.0 or more — Specify country (Usupplemental copied sheets as necessary)	se	1	2	3	4	5	6	7	Q
24.	2	_	1	2	3	4	5	6	7	8
25.	25		1	2	3	4	5	6	7	8
26.	20	_	1	2	3	4	5	6	7	8
27.	2		1	2	3	4	5	6	7	8
28.	2		1	2	3	4	5	6	7	8
29.	2		1	2	3	4	5	6	7	8
	3		1	2	3	4	5	6	7	8
31.			1	2	3	4	5	6	7	8
	Countries with which transactions were less than \$50,000.00 each, total		709		3	*	S		,	
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#### **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), U.S. Department of Commerce, Washington, DC 20230; 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 information will 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. The data will also be used in compiling the U.S. balance of payments accounts.

**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.

**Penalties** — Whoever fails to report may be subject to a civil penalty of not less than \$2,500, and not more than \$25,000, and to injunctive relief commanding such person to comply, or both. Whoever willfully fails 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 Office of Management and Budget (OMB) control number is not displayed on the form; such a number (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.

# I. WHO IS TO REPORT AND GENERAL COVERAGE

# A. Who must report

1. Form BE-45 is to be filed by U.S. insurance companies that have engaged in reinsurance transactions with foreign persons, that have earned premiums from or incurred losses to, foreign persons in the capacity of primary insurers, or that have 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 can 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 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. 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.

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).

- Exemption A U.S. person receiving this form from BEA is not required to report data if it does not meet the mandatory reporting requirements. However, it must complete and return Parts 1, 2, and 3.
- **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.

# IL 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 Forms BE-45 to report transactions with (1) your foreign affiliates, (2) your foreign parent(s), and other members of the affiliated foreign 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 foreigners 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**

- **A.** 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.
- B. Do not report transactions with foreigners made by your foreign affiliates for their own account.
- C. 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-20, Benchmark Survey of Selected Services Transactions with Unaffiliated Foreign Persons. Form BE-22, Annual Survey of Selected Services Transactions with Unaffiliated Foreign Persons, Form BE-577, Direct Transactions of U.S. Reporter with Foreign Affiliate, or Form BE-605, Transactions of U.S. Affiliate, Except a U.S. Banking Affiliate with Foreign Parent.

# **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.

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#### **GENERAL INSTRUCTIONS — Continued**

#### **IV. DEFINITIONS**

- 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).
  - United States person means any person resident in the United States or subject to the jurisdiction of the United States.
  - 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 per centum 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 per centum 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.
  - 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. Affiliated foreign group means (i) the foreign parent, (ii) any foreign person, proceeding up the foreign parent's ownership chain, which owns more than 50 per centum of the person below it up to and including that person which is not owned more than 50 per centum by another foreign person, and (iii) any foreign person, proceeding down the ownership chain(s) of each of these members, which is owned more than 50 per centum 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 per centum or more of its voting stock for an incorporated business or an equivalent interest for an unincorporated business, including a branch.
  - 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.
  - **3. Foreign affiliate of a foreign parent** means, with reference to a given U.S. affiliate, any member of the affiliated foreign group owning the U.S. affiliate that is not a foreign parent of the U.S. affiliate.
- **J. Affiliated foreign person** means, with respect to a given U.S. person, (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 affiliated foreign group of which the U.S. person is a U.S. affiliate.
- K. 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.

**L. Country** means the country of location of the foreign person with whom a transaction has occurred.

# **V. REPORTING PROCEDURES**

- A. Due date A completed BE-45 is due within 60 days after the close of each calendar quarter, except the final quarter of the calendar year, when the reports are due within 90 days after 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 (202) 606-5318 or e-mail the request to BE-45extension@bea.gov. BEA will provide a written response to such a request.
- D. For assistance or additional copies of the forms Phone (202)606-5588 between 8:30 a.m. and 5:00 p.m. eastern time. Copies of our forms are also available on BEA's web page: www.bea.gov/bea/surveys/iussurv.htm
- E. Response required If you received this form directly from BEA, a response is required, by completing Parts I, II, and III, and the appropriate schedule, if required, and returning the form to BEA.
- **F. 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.
- G. 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.
- H. 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.

# **VI. 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 premium 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 premium 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.

#### **GENERAL INSTRUCTIONS — Continued**

#### VI. SPECIFIC ITEM INSTRUCTIONS — Continued

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 premium 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.

Jumn 6)

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Jumn 8 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 premium 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.

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# **SUMMARY OF INDUSTRY CLASSIFICATIONS**

FISHING, AND HUNTING 110 Crop production 1120 Animal production 1120 Animal production 1120 Forestry and logging 1120 Forestry and logging 1121 Sphang, hunting, and trapping 1120 Sphang, hunting, and trapping 1121 Sphang, hunting, and trapping 1122 Sphang, hunting, and trapping 1123 Support activities for all and gas 1124 Colonger, rickel, lead, and zino cres 1125 Colonger, rickel, lead, and zino cres 1126 Colonger, rickel, lead, and zino cres 1127 Ober metal lores 1128 Support activities for oil and gas 1129 Support activities for oil and gas 1129 Support activities for oil and gas 1120 Sphang, hunting, and control in creating the colonger of th		CULTURE, FORESTRY,	3255	Paints, coatings, and adhesives	WHOL	ESALE TRADE
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mining and forestry   2772   Gleas and glass products   2774   Competent and concrete products   2775   Competent and c	1150	Support activities for agriculture	3262	Rubber products	4222	
MINING 3273 Cement and concrete products 3279 Other nonnetallic mineral 3279 Other nonnetallic mineral 3270 Idea of sex extraction 3270 Other nonnetallic mineral 3271 Iron and stell mills and ferroal loys 3272 Stell products from pirchased stell 3273 Support activities for oil and gas 3274 Support activities for mining, except for oil and gas 3275 operations 3276 Collar activities for mining, except for oil and gas 3277 operations 3278 Electric power generation, transmission, and distribution 3279 Autural gas distribution 3270 Autural gas distribution 3271 Vatural gas distribution 3271 Vatural gas distribution 3272 Vatural gas distribution 3273 Vatural gas distribution 3274 Pervicution of buildings 3275 Peavy and civil engineering construction 3276 Construction of suildings 3277 Autural gas distribution 3278 Specially trade contractors 3279 Other fabricated metal products 3270 Autural gas distribution 3271 Animal foods 3271 Construction 3271 Animal foods 3272 Construction 3273 Vatural gas distribution 3274 Vatural gas distribution 3275 Peavy and civil engineering construction 3276 Construction 3277 Vatural distribution 3278 Vatural gas distribution 3279 Other incompletal incompletation and processing 3270 Construction 3271 Vatural gas distribution 3272 Vatural gas distribution 3273 Vatural gas distribution 3274 Vatural gas distribution 3275 Verification and processing 3276 Construction of buildings 3277 Individual products 3278 Vatural gas distribution 3279 Vatural gas distribution 3270 Vatural gas distribution 3271 Vatural gas distribution 3272 Vatural gas distribution 3273 Vatural gas distribution 3274 Vatural gas distribution 3275 Vatural gas distribution 3276 Vatural gas distribution 3277 Vatural gas distribution 3278 Vatural gas distribution 3279 Vatural gas distribution 3270 Vatural gas distribution 3271 Vatural gas distribution 3272 Vatural gas distribution 3273 Vatural gas distribution 3274 Vatural gas distribution 3275 Vatural gas distribution 3276 Vatural gas distribution 3277 Vatural gas distribution		and forestry	3271	Glass and glass products	4232	
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#### **SUMMARY OF INDUSTRY CLASSIFICATIONS - Continued**

# TRANSPORTATION AND **WAREHOUSING**

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

# **INFORMATION**

- Newspaper, periodical, book, and 5111 directory publishers
- Software publishers
- Motion picture and video 5121 industries
- Sound recording industries Radio and television broadcasting 5151
- Cable and other subscription 5152 programming 5161 Internet publishing and
- broadcasting
- 5171 Wired telecommunications carriers
- 5172 Wireless telecommunications carriers (except satellite)
- Telecommunications resellers
- Satellite telecommunications 5174
- 5175 Cable and other program distribution
- Other telecommunications 5179
- Internet service providers and 5181 web search portals
- 5182 Data processing, hosting, and related services
- 5191 Other information services

# **FINANCE AND INSURANCE**

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

#### **REAL ESTATE AND RENTAL AND LEASING**

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

#### PROFESSIONAL, SCIENTIFIC, AND **TECHNICAL SERVICES**

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

## MANAGEMENT OF COMPANIES AND ENTERPRISES

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

## **ADMINISTRATIVE AND SUPPORT** AND WASTE MANAGEMENT AND **REMEDIATION SERVICES**

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

# **EDUCATIONAL SERVICES**

6110 Educational services

#### **HEALTH CARE AND SOCIAL ASSISTANCE**

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



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#### ARTS, ENTERTAINMENT, AND RECREATION

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

#### **ACCOMMODATION AND FOOD** SERVICES

- 7210 Accommodation
- 7220 Food services and drinking places

# OTHER SERVICES

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

#### **PUBLIC ADMINISTRATION**

9200 Public administration

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

Company Name					Control Nu	mber		
Form BE-45 Schedule A					Overflow Pa	age # of	<b>.</b>	
Country		BF	ΣA	Quarterly	Quarterly	Quarterly	Quarterly losses	
		US	SE	premiums earned	premiums	losses on	recovered on	
		ON	LY	on reinsurance	incurred on	reinsurance	reinsurance ceded	
				assumed from	reinsurance	assumed from	1 to insurance	26.
				insurance	ceded to	insurance	companies	
				companies	insurance	companies	resident abroad	Ye,
				resident abroad	companies	resident abroad		<u> </u>
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	053		2	3	4	5	6	
	054	1	2	3	4	5	6	1

Note: You may use this Overflow Sheet if there is insufficient space on the Form BE-45, Schedule A or B, to list every individual foreign country with which you had transactions.

The Overflow sheet is also available in Microsoft Excel format. If you wish to receive a copy of the Excel file, send an e-mail message to <u>be-45@bea.gov</u> with your request and we will reply to you with the file attached to our message.