OMB No. 0608-0066: Approval Expires xx/xx/20xx **BEA USE ONLY** Control number

FORM **BE-45**

(11-2011)

U.S. DEPARTMENT OF COMMERCE

BUREAU OF ECONOMIC ANALYSIS

**QUARTERLY SURVEY OF INSURANCE TRANSACTIONS BY U.S.**

**INSURANCE COMPANIES WITH FOREIGN PERSONS (This report is mandatory and confidential)**

Name and address of U.S. Reporter –

*Enter or correct as necessary*

10001

|  |  |
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| 1 |  |
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| 2 |  |
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| 3 |  |
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| 4 |  |
|  | |

10002

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Complete and file this form or file electronically at [www.bea.gov/efile.](http://www.bea.gov/efile)

Assistance is available at (202) 606-5588, M-F 8:30 a.m. – 5:00 p.m., eastern time.

How to file:

Step 1. Verify or correct name and address of U.S. Reporter named in the mailing label and complete Part 1. Step 2. Complete Part 2.

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

mailing to:

delivering form to:

U.S. Department of Commerce Bureau of Economic Analysis BE-50(SSB)

Washington, DC 20230

U.S. Department of Commerce Bureau of Economic Analysis BE-50(SSB)

Shipping and Receiving Section M-100

1441 L Street, NW

Washington, DC 20005

emailing the form to: [BE-45submission@bea.gov](mailto:BE-45submission@bea.gov)

or faxing form to: (202) 606-5318

**Part 1**

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

10006

10007

1 Name

2 Title

3 Telephone number ( )

applicable instructions, is complete, and is substantially accurate except that, in accordance with V.G of the General Instructions, estimates may have been prepared where the data are not available from customary accounting records or precise data could not be obtained without undue burden.

10008 4

10009 5

FAX number ( ) 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

secure against interception by a third party.)

1

Authorized official’s signature

Print or type name

Date

10010

**1** Yes

**2** No

**Part 2**

**4.** **What period does this quarterly report cover?**

10011

|  |  |  |
| --- | --- | --- |
| Month | Day | Year |
| 1 |  |  |

Beginning date . . . . . .

Ending date . . . . . . . . .

|  |  |  |
| --- | --- | --- |
| Month | Day | Year |
| 2 |  | **2012** |

**5.** **Enter the 4-digit industry code that best describes the U.S. Reporter from the Summary of**

**Industry Classifications found on pages IV and V of the General Instructions.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  |  |  |

10012

• 5242 Agencies, brokerages, and other insurance related activities

• 5243 Insurance carriers, except life insurance carriers

• 5249 Life insurance carriers

**6.** **What is the primary Employer Identification Number used by the U.S. Reporter to file U.S. income**

**or payroll taxes?**

10013

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | — |  |  |  |  |  |  |  |

**7.** **Was the U.S. Reporter in existence during the entire reporting period?**

10014 1 **1**

Yes

1

**2** No – If you were purchased by another U.S. insurance company and you are consolidated into

their BE-45 for this quarter, then stop here. Otherwise, complete the report, or in the space at

the bottom of this page, explain why you were not in existence for the entire period.

**8.** **What is your principal line of insurance?**

10016 1 **1**

1

**2**

1

**3**

Life insurance

Property and casualty insurance

Other — *Specify*

**9.** **What best describes your organization?**

10017 1 **1**

1

**2**

1

**3**

Insurance company

Insurance broker

Insurance Group — *Please attach a list of member companies that are consolidated in this report*

Page 2

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| --- | --- | --- |
| **Part 3** |  | |
| **10.** *Follow the steps in the table below to determine whether you complete Schedule A and/or B on pages 4 and 5.* | | |
| **Step 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 such transactions expected to occur in the current year?**  *Mark all that apply.*  Type of Transaction Code  Reinsurance premiums earned from  insurance companies resident abroad . . . . **1** 20001 1  Reinsurance premiums ceded to  insurance companies resident abroad . . . . **2** 20002 1  Losses incurred on reinsurance assumed  from insurance companies resident abroad **3** 20003 1  Losses recovered on reinsurance ceded to  insurance companies resident abroad . . . . **4** 20004 1  Premiums earned from primary  insurance sold to foreign persons . . . . . . . **5** 20005 1  Losses incurred on primary insurance sold  to foreign persons . . . . . . . . . . . . . . . . . **6** 20006 1  Auxiliary insurance services, receipts . . . . **7** 20007 1  Auxiliary insurance services, payments . . . **8** 20008 1  None of the above . . . . . . . . . . . . . . . . . 20009 1  *Go to 11 below* | | **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.**  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  2 **1** Yes **2** No  *If any type of transaction is marked Yes, 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.* |
| **11.** **Did the U.S. Reporter have any insurance transactions covered by this survey that exceeded $8 million last year or that are expected to exceed $8 million this year? (Did you mark "Yes" for any type of transaction in Step 2?)**  20010 1 **1**  Yes – Report mandatory transactions on the appropriate schedule or please report voluntary transactions in  Section II of Schedule A.  **2** No – Stop here and return pages 1 through 3 according to the instruction on page 1. | | |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHEDULE A — Quarterly Insurance Transactions with Foreign Affiliates**  • *If any type of transaction is marked* ***Yes*** *in Step 2 of item* **10***, 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 –*  21000 (1) 1 **1** Foreign affiliates | | | | | | | |
| **Country** | | **BEA USE ONLY** | | Section I – Mandatory | | Section II – Voluntary | |
| Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad  (3) | Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad (4) | Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad  (5) | Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad  (6) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 |
| Finland 10 | 1 **306** | 2 | 3 | 4 | 5 | 6 |
| France 11 | 1 **307** | 2 | 3 | 4 | 5 | 6 |
| Germany 12 | 1 **308** | 2 | 3 | 4 | 5 | 6 |
| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 |
| Mexico 17 | 1 **213** | 2 | 3 | 4 | 5 | 6 |
| Netherlands 18 | 1 **319** | 2 | 3 | 4 | 5 | 6 |
| Norway 19 | 1 **320** | 2 | 3 | 4 | 5 | 6 |
| Spain 20 | 1 **323** | 2 | 3 | 4 | 5 | 6 |
| Sweden 21 | 1 **324** | 2 | 3 | 4 | 5 | 6 |
| Switzerland 22 | 1 **325** | 2 | 3 | 4 | 5 | 6 |
| United Kingdom 23 | 1 **327** | 2 | 3 | 4 | 5 | 6 |
| **Other countries with which transactions were $50,000.00 or more —** *Specify country (Use supplemental copied sheets as necessary)*  24 | 1 | 2 | 3 | 4 | 5 | 6 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 |
| 28 | 1 | 2 | 3 | 4 | 5 | 6 |
| 29 | 1 | 2 | 3 | 4 | 5 | 6 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 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* **10***, 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 –*  22000 (2) 1 **2** Foreign parent(s) and other members of the AFG | | | | | | | |
| **Country** | | **BEA USE ONLY** | | Section I – Mandatory | | Section II – Voluntary | |
| Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad  (3) | Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad (4) | Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad  (5) | Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad  (6) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 |
| Finland 10 | 1 **306** | 2 | 3 | 4 | 5 | 6 |
| France 11 | 1 **307** | 2 | 3 | 4 | 5 | 6 |
| Germany 12 | 1 **308** | 2 | 3 | 4 | 5 | 6 |
| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 |
| Mexico 17 | 1 **213** | 2 | 3 | 4 | 5 | 6 |
| Netherlands 18 | 1 **319** | 2 | 3 | 4 | 5 | 6 |
| Norway 19 | 1 **320** | 2 | 3 | 4 | 5 | 6 |
| Spain 20 | 1 **323** | 2 | 3 | 4 | 5 | 6 |
| Sweden 21 | 1 **324** | 2 | 3 | 4 | 5 | 6 |
| Switzerland 22 | 1 **325** | 2 | 3 | 4 | 5 | 6 |
| United Kingdom 23 | 1 **327** | 2 | 3 | 4 | 5 | 6 |
| **Other countries with which transactions were $50,000.00 or more —** *Specify country (Use supplemental copied sheets as necessary)*  24 | 1 | 2 | 3 | 4 | 5 | 6 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 |
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| 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 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* **10***, 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 –*  23000 (3) 1 **3** Unaffiliated foreign persons | | | | | | | |
| **Country** | | **BEA USE ONLY** | | Section I – Mandatory | | Section II – Voluntary | |
| Quarterly premiums earned on reinsurance assumed from insurance companies resident abroad  (3) | Quarterly premiums incurred on reinsurance ceded to insurance companies resident abroad (4) | Quarterly losses incurred on reinsurance assumed from insurance companies resident abroad  (5) | Quarterly losses recovered on reinsurance ceded to insurance companies resident abroad  (6) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 |
| Finland 10 | 1 **306** | 2 | 3 | 4 | 5 | 6 |
| France 11 | 1 **307** | 2 | 3 | 4 | 5 | 6 |
| Germany 12 | 1 **308** | 2 | 3 | 4 | 5 | 6 |
| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 |
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| 26 | 1 | 2 | 3 | 4 | 5 | 6 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 |
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| 29 | 1 | 2 | 3 | 4 | 5 | 6 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 2 | 3 | 4 | 5 | 6 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 –*  31000 (1) 1 **1** Foreign affiliates | | | | | | | | | |
| **Country** | | **BEA USE ONLY** | | SECTION III – Primary insur- ance sold to foreign persons | | SECTION IV – Reinsurance losses | | SECTION V – Auxiliary insurance services | |
| **Annual** premiums earned  (3) | **Annual** losses incurred  (4) | **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  (7) | **Annual**  payments  (8) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Finland 10 | 1 **306** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| France 11 | 1 **307** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Germany 12 | 1 **308** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
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| Switzerland 22 | 1 **325** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| United Kingdom 23 | 1 **327** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Other countries with which transactions were $50,000.00 or more —** *Specify country (Use supplemental copied sheets as necessary)*  24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 29 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 –*  32000 (2) 1 **2** Foreign parent(s) and other members of the AFG | | | | | | | | | |
| **Country** | | **BEA USE ONLY** | | SECTION III – Primary insur- ance sold to foreign persons | | SECTION IV – Reinsurance losses | | SECTION V – Auxiliary insurance services | |
| **Annual** premiums earned  (3) | **Annual** losses incurred  (4) | **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  (7) | **Annual**  payments  (8) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
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| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Mexico 17 | 1 **213** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Netherlands 18 | 1 **319** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Norway 19 | 1 **320** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Spain 20 | 1 **323** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Sweden 21 | 1 **324** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Switzerland 22 | 1 **325** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| United Kingdom 23 | 1 **327** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Other countries with which transactions were $50,000.00 or more —** *Specify country (Use supplemental copied sheets as necessary)*  24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 29 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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* **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 –*  33000 (3) 1 **3** Unaffiliated foreign persons | | | | | | | | | |
| **Country** | | **BEA USE ONLY** | | SECTION III – Primary insur- ance sold to foreign persons | | SECTION IV – Reinsurance losses | | SECTION V – Auxiliary insurance services | |
| **Annual** premiums earned  (3) | **Annual** losses incurred  (4) | **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  (7) | **Annual**  payments  (8) |
| (1) | (2) |
| **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.**  **8.**  **9.**  **10.**  **11.**  **12.**  **13.**  **14.**  **15.**  **16.**  **17.**  **18.**  **19.**  **20.**  **21.**  **22.**  **23.**  **24.**  **25.**  **26.**  **27.**  **28.**  **29.**  **30.**  **31.** | **Total, lines 2–32**  **this page** 01 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Australia 02 | 1 **601** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Barbados 03 | 1 **251** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Belgium 04 | 1 **302** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Bermuda 05 | 1 **252** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Brazil 06 | 1 **202** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Canada 07 | 1 **100** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Cayman Islands 08 | 1 **266** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Denmark 09 | 1 **305** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Finland 10 | 1 **306** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| France 11 | 1 **307** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Germany 12 | 1 **308** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Ireland 13 | 1 **313** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Italy 14 | 1 **314** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Japan 15 | 1 **614** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Korea, South 16 | 1 **626** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Mexico 17 | 1 **213** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Netherlands 18 | 1 **319** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Norway 19 | 1 **320** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Spain 20 | 1 **323** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Sweden 21 | 1 **324** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Switzerland 22 | 1 **325** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| United Kingdom 23 | 1 **327** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **Other countries with which transactions were $50,000.00 or more —** *Specify country (Use supplemental copied sheets as necessary)*  24 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 25 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 26 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 27 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 28 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 29 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 30 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| **32. Countries with which** 32  **transactions were less than**  **$50,000.00 each, total** | | 1  **709** | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

**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 Chief, Balance of Payments Division, Bureau of Economic Analysis (BE-58), 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 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. 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).

**2. 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.

**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 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 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**

**A. Finite insurance and reinsurance transactions** — 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.

**B.** 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.

**GENERAL INSTRUCTIONS — Continued**

**C.** Do **not** report transactions with foreigners made by your foreign affiliates **for their own account**.

**D.** 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 Intellectual Property with Foreign Persons and Form BE-125, Quarterly Survey of Transactions in Selected Services and Intellectual Property 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 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.

**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. 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.

**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.

**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 —** A request for extensions should be submitted via e-mail to BE45extension@bea.gov at least 15 days before the due date. 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](http://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.

**GENERAL INSTRUCTIONS — Continued**

**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 commis- sions 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 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.

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.

**SUMMARY OF INDUSTRY CLASSIFICATIONS**

**AGRICULTURE, FORESTRY, FISHING, AND HUNTING**

1110 Crop production

1120 Animal production

1130 Forestry and logging

1140 Fishing, hunting, and trapping

1150 Support activities for agriculture and forestry

**MINING, QUARRYING, AND OIL AND GAS EXTRACTION**

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 Bakeries 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 and ferroalloys

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 shops; 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**

MERCHANT WHOLESALERS, DURABLE GOODS

4231 Motor vehicles and motor vehicle parts and supplies merchant wholesalers

4232 Furniture and home furnishing merchant wholesalers

4233 Lumber and other construction materials merchant wholesalers

4234 Professional and commercial equipment and supplies merchant wholesalers

4235 Metal and mineral (except petroleum) merchant wholesalers

4236 Electrical and electronic goods merchant wholesalers

4237 Hardware, and plumbing and heating equipment and supplies merchant wholesalers

4238 Machinery, equipment, and supplies merchant wholesalers

4239 Miscellaneous durable goods merchant wholesalers

MERCHANT WHOLESALERS, NONDURABLE GOODS

4241 Paper and paper product merchant wholesalers

4242 Drugs and druggists’ sundries

merchant wholesalers

4243 Apparel, piece goods, and notions merchant wholesalers

4244 Grocery and related product merchant wholesalers

4245 Farm product raw material merchant wholesalers

4246 Chemical and allied products merchant wholesalers

4247 Petroleum and petroleum products merchant wholesalers

4248 Beer, wine, and distilled alcoholic beverage merchant wholesalers

4249 Miscellaneous nondurable goods merchant wholesalers

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 stores

4431 Electronics and appliance stores

4440 Building material and garden equipment and supplies dealers

4450 Food and beverage stores

4461 Health and personal care stores

4471 Gasoline stations

4480 Clothing and clothing accessories stores

4510 Sporting goods, hobby, book, and music stores

4520 General merchandise stores

**SUMMARY OF INDUSTRY CLASSIFICATIONS – Continued**

4530 Miscellaneous store retailers

4540 Nonstore 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

5171 Wired telecommunications carriers

5172 Wireless telecommunications carriers

(except satellite)

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 Nondepository credit intermediation

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 life insurance carriers

5249 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

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 bankholding companies

5513 Corporate, subsidiary, and regional management offices

**ADMINISTRATIVE AND SUPPORT AND 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

