

MANDATORY - CONFIDENTIAL
ANNUAL SURVEY OF REINSURANCE AND OTHER INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES WITH FOREIGN PERSONS - 2003

MAIL REPORTS TO
U.S. Department of Commerce
Bureau of Economic Analysis
BE-50 (SSB)
Washington, DC 20230

OR

DELIVER REPORTS TO
U.S. Department of Commerce
Bureau of Economic Analysis
BE-50 (SSB), Room M100
1441 L Street, NW
Washington, DC 20005

1. Name and address of reporting insurance company or group

Assistance - Telephone (202) 606-5588 during office hours - 8:30 a.m. to 5:00 p.m. eastern time. **Due date** - Your report is due March 31, 2004.

2. Annual report for fiscal year ending

1001	1	Month	Day	Year
				2 0 0 3

4. Primary Employer Identification Number (EIN) used by the U.S. Reporter to file U.S. income tax or payroll taxes

1003									
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3. Principal insurance/organization

a. Principal line of insurance

1002 **1 1** Life insurance
1 2 Property and casualty insurance
1 3 Other - Specify

b. Type of organization

2 1 Insurance company
2 2 Insurance broker
2 3 Insurance group - Attach list of member companies.

5. Separate forms BE-48 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 form BE-48 covers transactions with - Mark (X) one

1004 **1 1** Foreign affiliates
1005 **1 2** Foreign parent(s) and other members of the AFG
1006 **1 3** Unaffiliated foreign persons

REPORT IN THOUSANDS OF U.S. DOLLARS, ON AN ACCRUAL BASIS

Country	BEA USE ONLY		Part I Reinsurance assumed from insurance companies resident abroad		Part II Reinsurance ceded to insurance companies resident abroad		Part III Primary insurance sold to foreign persons	
	(1)	(2)	Premiums earned (3)	Losses (4)	Premiums incurred (5)	Losses (6)	Premiums earned (7)	Losses (8)
1. Total, lines 2-32 this page	23							
2. Australia	02	1 601	2 3	4	5	6	7	8
3. Barbados	03	1 251	2 3	4	5	6	7	8
4. Belgium	04	1 302	2 3	4	5	6	7	8
5. Bermuda	05	1 252	2 3	4	5	6	7	8
6. Brazil	06	1 202	2 3	4	5	6	7	8
7. Canada	07	1 100	2 3	4	5	6	7	8
8. Cayman Is.	08	1 266	2 3	4	5	6	7	8
9. Denmark	09	1 305	2 3	4	5	6	7	8
10. Finland	10	1 306	2 3	4	5	6	7	8
11. France	11	1 307	2 3	4	5	6	7	8
12. Germany	12	1 308	2 3	4	5	6	7	8
13. Ireland	13	1 313	2 3	4	5	6	7	8
14. Italy	14	1 314	2 3	4	5	6	7	8
15. Japan	15	1 614	2 3	4	5	6	7	8
16. Korea, South	16	1 626	2 3	4	5	6	7	8
17. Mexico	17	1 213	2 3	4	5	6	7	8
18. Netherlands	18	1 319	2 3	4	5	6	7	8
19. Norway	19	1 320	2 3	4	5	6	7	8
20. Spain	20	1 323	2 3	4	5	6	7	8
21. Sweden	21	1 324	2 3	4	5	6	7	8
22. Switzerland	22	1 325	2 3	4	5	6	7	8
23. United Kingdom	23	1 327	2 3	4	5	6	7	8
Other countries with which transactions were \$50,000 or more - Specify country (Use supplemental copied sheets as necessary.)								
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 each, total	32	1 709	2 3	4	5	6	7	8

EXEMPTION CLAIM - The U.S. Reporter is not reporting data on this form because it - Mark (X) appropriate box.

10001 **1 1** Had no reportable transactions for the fiscal year. **1 3** Was not in existence any time during the reporting period.
1 2 Had transactions of less than \$2,000,000 for each of the six items listed in **Instruction I.A.2.** The amount of covered transactions were approximately →

10002	Report in thousands of U.S. dollars	
1	Premiums	2 Losses

PERSON TO CONSULT CONCERNING QUESTIONS ABOUT THIS REPORT

Name: _____
Title: _____
Telephone No. () _____ Fax No. () _____
E-mail address: _____

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 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 necessary secure against interception by a third party.)

Yes No

CERTIFICATION - The undersigned official certifies that this report has been prepared in accordance with the applicable instructions, is complete, and is substantially accurate except that, in accordance with V.G of the **Instructions**, estimates have been provided where data are not available from customary accounting records or precise data could not be obtained without undue burden.

Authorized official's signature _____
Print or type name and title _____ Date _____

INSTRUCTIONS

Public reporting burden for this BE-48 report is estimated to average 4 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 0608-0016, Washington, DC 20503.

Purpose – Reports on this form are required in order 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 participated 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 control number is not displayed on the form; such a number (0608-0016) is displayed on 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. Reports on Form BE-48 are required from U.S. persons who have engaged in reinsurance transactions with foreign persons, or who have earned premiums from, or incurred losses to, foreign persons in the capacity of primary insurers.
2. **Exemption** – A U.S. person otherwise required to report is exempted from reporting if, with respect to transactions with foreign persons, each of the following six items was between positive \$2,000,000 and negative \$2,000,000 in the reporting period, on an accrual basis: (1) premiums earned, and (2) losses, on reinsurance assumed; (3) premiums incurred, and (4) losses, on reinsurance ceded; and (5) premiums earned, and (6) losses, on primary insurance sold. If any of these items is outside the range of positive or negative \$2,000,000 in the reporting period, a report must be filed.

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-48 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 company**, 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 United States 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.

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. Fiscal year is the financial reporting year that has an ending date in calendar year 2003.

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

V. REPORTING PROCEDURES

A. Due date – Your report is due March 31, 2004.

B. Fiscal year reporting period – This report covers fiscal year 2003, which is your most recent fiscal year that ended on or before December 31, 2003. If your most recent fiscal year ended after December 31, 2003, please call for assistance.

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. 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

E. Response required – If you received this form directly from BEA, a response is required, by either reporting data or completing the Exemption Claim, and by completing the "Person to Consult" and "Certification" sections of the form 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 is 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 with BEA. 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 for three years to facilitate resolution of problems.

VI. SPECIFIC ITEM INSTRUCTIONS

For property and casualty insurance companies –

Calculate premiums as follows: Premiums written (columns (3) and (7)) or ceded (column (5)) during the reporting year, plus unearned premiums at the beginning of the current year, minus unearned premiums at the end of the current year. Report premiums net of cancellations. Report premiums **gross** of commissions and profit commissions paid to or received from foreign persons, including commissions initially paid to or received from a U.S. intermediary (agent or broker) of a foreign person. Commissions should be reported as sales or purchases of "auxiliary insurance services" on Form BE-20 or BE-22.

Calculate losses as follows: Losses paid (columns (4) and (8)) or recovered (column (6)) 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. Loss adjustment expenses should be reported as sales or purchases of "auxiliary insurance services" on Form BE-20 or BE-22.

For life insurance companies –

Premiums received (columns (3) and (7)) and paid (column (5)) reflect premiums accrued on reinsurance assumed from or ceded to insurance companies resident abroad, or premiums accrued on primary insurance sold to foreign persons, respectively. These amounts, therefore, are adjusted for changes in due, deferred, and advance premiums. Report premiums net of cancellations. Report premiums **gross** of 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. Commissions should be reported as sales or purchases of "auxiliary insurance services" on Form BE-20 or BE-22.

Losses paid (columns (4) and (8)) and recovered (column (6)) reflect policy claims on reinsurance assumed or ceded, or primary insurance sold, adjusted for changes in claims due, unpaid, and in course of settlement.

OVERFLOW SHEET FOR 2003 FORM BE-48, ANNUAL SURVEY OF REINSURANCE AND OTHER INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES WITH FOREIGN PERSONS

Company Name _____

Overflow Page # ___ of ___

Transactions with: Foreign affiliates
 (Check one) Foreign parent(s), etc.
 Unaffiliated foreign persons

Control Number: _____
 (From the address label)

Country	BEA USE ONLY		Part I Reinsurance assumed from insurance companies resident abroad		Part II Reinsurance ceded to insurance companies resident abroad		Part III Primary insurance sold to foreign persons	
	(1)	(2)	Premiums earned	Losses	Premiums incurred	Losses	Premiums earned	Losses
			(3)	(4)	(5)	(6)	(7)	(8)
Country total for this page (sum of rows 33-56)	01							
33	1	2	3	4	5	6	7	8
34	1	2	3	4	5	6	7	8
35	1	2	3	4	5	6	7	8
36	1	2	3	4	5	6	7	8
37	1	2	3	4	5	6	7	8
38	1	2	3	4	5	6	7	8
39	1	2	3	4	5	6	7	8
40	1	2	3	4	5	6	7	8
41	1	2	3	4	5	6	7	8
42	1	2	3	4	5	6	7	8
43	1	2	3	4	5	6	7	8
44	1	2	3	4	5	6	7	8
45	1	2	3	4	5	6	7	8
46	1	2	3	4	5	6	7	8
47	1	2	3	4	5	6	7	8
48	1	2	3	4	5	6	7	8
49	1	2	3	4	5	6	7	8
50	1	2	3	4	5	6	7	8
51	1	2	3	4	5	6	7	8
52	1	2	3	4	5	6	7	8
53	1	2	3	4	5	6	7	8
54	1	2	3	4	5	6	7	8
55	1	2	3	4	5	6	7	8
56	1	2	3	4	5	6	7	8

Note: You may use this Overflow Sheet to report covered transactions if there is insufficient space on form BE-48, Parts I, II, or III, to list every individual foreign country with which you had transactions. Overflow sheets should be attached to form and mailed to our office. The BE-48 form is also available in a Microsoft Excel format. If you wish to receive a copy of the Excel file, send an e-mail message to be-48@bea.doc.gov with your request and we will reply to you with the file attached to our message.