



2013 BENCHMARK SURVEY OF INSURANCE TRANSACTIONS BY U.S. INSURANCE COMPANIES WITH FOREIGN PERSONS

FORM BE-140
(REV. 3/2015)

(This report is mandatory and confidential. See General Instructions)

Name and address of U.S. Reporter -

Enter or correct as necessary

10001	Company name			
10002	Contact			
10003	Street			
10004	City	10005 State	10006 Zip Code	

Complete and file this form electronically at <http://www.bea.gov/efile>, or by other means (see below).

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 the U.S. reporter named in the mailing label and complete Questions **1-1** to **2-2**.

Step 2. Complete Questions **2-3** through Schedule C based on the instructions given in Part 2.

Step 3. File the completed form by June 30, 2014.

File electronically at: <http://www.bea.gov/efile>

Mail to: U.S. Department of Commerce
Bureau of Economic Analysis
BE-50(SSB)
Washington, DC 20230

Deliver to: 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

Fax form to: (202) 606-5318

E-mail to: be140submission@bea.gov

Part 1. U.S. Reporter Information

1-1 Person to consult concerning questions about this report

10001	Name	
10002	Title	
10003	Phone	
10004	Fax	
10005	Email	

1-2 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.)

10012

1 Yes

2 No

1-3 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 Section 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.

Authorized official's signature

Print or type name and title

Date

Part 1. U.S. Reporter Information – Continued

1-4 Check the Industry Classification below that best describes the U.S. Reporter.

1/0213

- 1 5242 - Agencies, brokerages, and other insurance related activities
- 2 5243 - Insurance carriers, except life insurance carriers
- 3 5249 - Life insurance carriers

1-5 What is the primary Employer Identification Number used by the U.S. Reporter to file U.S. income or payroll taxes?

1/0214

0	0	—	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1-6 Check the box that best describes the operating status of your company during the 2013 calendar year.

1/0215

- 1 In existence the entire reporting period – Skip Question **1-7**.
- 2 In existence during only part of the reporting period – Continue filling out this form for the portion of the reporting period in which your company was in existence and, in the comments section on page 4, explain why your company did not exist for a part of the period.
- 3 Not in existence during the reporting period – Please return form according to the instructions on page 1.

1-7 Was your company owned to the extent of more than 50 percent by another U.S. company at any point during the 2013 calendar year?

1/0216

- 1 No – Continue with completion of the form.
- 2 Yes – Enter the name and address of the U.S. person or entity in the box and please return this form according to the “How to file” instructions on page 1.

Company name			
Contact			
Phone			
Street			
1 City	2 State	3 Zip Code	

1-8 What is your principal line of insurance?

1/0217

- 1 Life insurance
- 2 Property and casualty insurance
- 3 Other — Specify

1-9 What best describes your organization?

1/0218

- 1 Insurance Company
- 2 Insurance Broker
- 3 Insurance Group - Please attach a list of member companies that are consolidated in this report (enter in the comment box on Page 4).

Part 2. Total Premiums and Losses and Reporting Status

2-1 Report the total amount of transactions for the following types of insurance services between the U.S. reporter and foreign persons during the 2013 calendar year.

(A foreign person refers to an individual or entity resident outside of the U.S. or subject to the jurisdiction of a country other than the U.S., regardless of whether it is affiliated with the U.S. reporter. Transactions of the foreign affiliates of the U.S. reporter should not be included unless the transactions are with the U.S. reporter.)

(See Section VI of the General Instructions for detailed instructions on calculating the amount of each transaction type in the table below.)

Transaction type code	Transaction Type	Amount				Schedules for country details
		Bil.	Mil.	Thou.	Dols.	
21001	1. Premiums earned on reinsurance assumed from companies resident abroad	\$			000	Schedule A
21002	2. Losses incurred on reinsurance assumed from companies resident abroad	\$			000	Schedule A
21003	3. Premiums paid for reinsurance ceded to companies resident abroad	\$			000	Schedule A
21004	4. Losses recovered on reinsurance ceded to companies resident abroad	\$			000	Schedule A
21005	5. Premiums earned from direct insurance sold to foreign persons	\$			000	Schedule B
21006	6. Losses incurred on direct insurance sold to foreign persons	\$			000	Schedule B
21007	7. Receipts for auxiliary insurance services provided to foreign persons	\$			000	Schedule B
21008	8. Payments for auxiliary insurance services provided by foreign persons	\$			000	Schedule B

2-2 Was the total amount for any of the transaction types 1 through 8 in Question 2-1 greater than positive \$2 million or less than negative \$2 million for the 2013 calendar year?

22000

- 1 Yes → Go to the next question.
- 2 No → Stop here and return the first 3 pages of the survey according to the instructions on page 1.

2-3 Did your company have any large, infrequent reinsurance transactions in 2013, defined as those contracts with premiums assumed or ceded in excess of \$1 billion more than the size of your average regular contracts in 2012 (This includes new contracts in excess of \$1 billion)? Mark (X) one.

23000

- 1 Yes → Go to the next question.
- 2 No → Go to Question 2-6.

2-4 If the answer to Question **2-3** is “Yes”, enter the amount of premium for each large, infrequent transaction during the survey period in the table below:

Transaction ID	Premium			
	Bil.	Mil.	Thou.	Dols.
Example	\$ 5,	452,	564	000
24001 1.	\$			000
24002 2.	\$			000
24003 3.	\$			000
24004 4.	\$			000
24005 5.	\$			000
24006 6.	\$			000
24007 7.	\$			000
24008 8.	\$			000
24009 9.	\$			000
24010 10.	\$			000

2-5 For each transaction ID with non-zero premium in the table above, fill out one sheet of Schedule C with information about the characteristics of the transaction. Make sure that you provide the corresponding Transaction ID from Question **2-4** for each sheet of Schedule C.

2-6 Provide comments regarding the items reported on this survey in the space below, and then continue to Part 3.

Part 3. Instructions For Reporting Transactions By Country

3-1 The country transaction details of the U.S. reporter in the 2013 calendar year for: (1) reinsurance transactions represented by transaction type codes 1 through 4 in the table of Question **2-1** should be reported in Schedule A, and (2) primary insurance transactions represented by transaction type codes 5 through 8 in the table of Question **2-1** should be reported in Schedule B.

3-2 The country transaction details of the U.S. reporter should be reported separately based on the U.S. reporter's relationship with the foreign transactors: (1) Foreign affiliates, (2) Foreign parent(s) and other members of the affiliated foreign group, and (3) Unaffiliated foreign persons.

3-3 Check the schedules below that are applicable to your company for reporting country transaction details between the U.S. reporter and foreign persons:

	Check	Schedule	Transaction Type Code	Foreign affiliation
30001	<input type="checkbox"/>	Schedule A1	1 through 4	Foreign affiliates
30002	<input type="checkbox"/>	Schedule A2	1 through 4	Foreign parent(s) and other members of the affiliated foreign group
30003	<input type="checkbox"/>	Schedule A3	1 through 4	Unaffiliated foreign persons
30004	<input type="checkbox"/>	Schedule B1	5 through 8	Foreign affiliates
30005	<input type="checkbox"/>	Schedule B2	5 through 8	Foreign parent(s) and other members of the affiliated foreign group
30006	<input type="checkbox"/>	Schedule B3	5 through 8	Unaffiliated foreign persons

3-4 Report amounts in U.S. dollars rounded to thousands (omitting 000). If actual data are not available, provide your best estimate.

Example: report \$1,033,624 as



	Bil.	Mil.	Thou.	Dols.
\$		1	0 3 4	000

SCHEDULE A1 — Reinsurance Transactions with Foreign Affiliates

Country		BEA USE ONLY		Transaction Type 1: Premiums earned on reinsurance assumed from				Transaction Type 2: Losses incurred on reinsurance assumed from				Transaction Type 3: Premiums paid for reinsurance ceded to				Transaction Type 4: Losses recovered on reinsurance ceded to			
				Foreign Affiliates															
				Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.
		1	2	3				4				5				6			
31000																			
1	TOTAL - Sum of Items 2 through 33.	001					000				000				000				000
2		002					000				000				000				000
3		003					000				000				000				000
4		004					000				000				000				000
5		005					000				000				000				000
6		006					000				000				000				000
7		007					000				000				000				000
8		008					000				000				000				000
9		009					000				000				000				000
10		010					000				000				000				000
11		011					000				000				000				000
12		012					000				000				000				000
13		013					000				000				000				000
14		014					000				000				000				000
15		015					000				000				000				000
16		016					000				000				000				000
17		017					000				000				000				000
18		018					000				000				000				000
19		019					000				000				000				000
20		020					000				000				000				000
21		021					000				000				000				000
22		022					000				000				000				000
23		023					000				000				000				000
24		024					000				000				000				000
25		025					000				000				000				000
26		026					000				000				000				000
27		027					000				000				000				000
28		028					000				000				000				000
29		029					000				000				000				000
30		030					000				000				000				000
31		031					000				000				000				000
32		032					000				000				000				000
33		033					000				000				000				000

More than one copy of this sheet can be used when necessary.

**SCHEDULE A2 — Reinsurance Transactions with Foreign Parent(s)
and Other Members of the Affiliated Foreign Group**

Country		BEA USE ONLY		Transaction Type 1: Premiums earned on reinsurance assumed from				Transaction Type 2: Losses incurred on reinsurance assumed from				Transaction Type 3: Premiums paid for reinsurance ceded to				Transaction Type 4: Losses recovered on reinsurance ceded to			
				Foreign parent(s) and other members of the affiliated foreign group															
				Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.
32000		1	2	3				4				5				6			
1	TOTAL - Sum of Items 2 through 33.	001					000				000				000				000
2		002					000				000				000				000
3		003					000				000				000				000
4		004					000				000				000				000
5		005					000				000				000				000
6		006					000				000				000				000
7		007					000				000				000				000
8		008					000				000				000				000
9		009					000				000				000				000
10		010					000				000				000				000
11		011					000				000				000				000
12		012					000				000				000				000
13		013					000				000				000				000
14		014					000				000				000				000
15		015					000				000				000				000
16		016					000				000				000				000
17		017					000				000				000				000
18		018					000				000				000				000
19		019					000				000				000				000
20		020					000				000				000				000
21		021					000				000				000				000
22		022					000				000				000				000
23		023					000				000				000				000
24		024					000				000				000				000
25		025					000				000				000				000
26		026					000				000				000				000
27		027					000				000				000				000
28		028					000				000				000				000
29		029					000				000				000				000
30		030					000				000				000				000
31		031					000				000				000				000
32		032					000				000				000				000
33		033					000				000				000				000

More than one copy of this sheet can be used when necessary.

**SCHEDULE A3 — Reinsurance Transactions
with Unaffiliated Foreign Persons**

Country			BEA USE ONLY		Transaction Type 1: Premiums earned on reinsurance assumed from				Transaction Type 2: Losses incurred on reinsurance assumed from				Transaction Type 3: Premiums paid for reinsurance ceded to				Transaction Type 4: Losses recovered on reinsurance ceded to			
					Unaffiliated foreign persons															
					Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.
33000			1	2	3				4				5				6			
1	TOTAL - Sum of Items 2 through 33.		001					000				000				000				000
2			002				000				000				000				000	
3			003				000				000				000				000	
4			004				000				000				000				000	
5			005				000				000				000				000	
6			006				000				000				000				000	
7			007				000				000				000				000	
8			008				000				000				000				000	
9			009				000				000				000				000	
10			010				000				000				000				000	
11			011				000				000				000				000	
12			012				000				000				000				000	
13			013				000				000				000				000	
14			014				000				000				000				000	
15			015				000				000				000				000	
16			016				000				000				000				000	
17			017				000				000				000				000	
18			018				000				000				000				000	
19			019				000				000				000				000	
20			020				000				000				000				000	
21			021				000				000				000				000	
22			022				000				000				000				000	
23			023				000				000				000				000	
24			024				000				000				000				000	
25			025				000				000				000				000	
26			026				000				000				000				000	
27			027				000				000				000				000	
28			028				000				000				000				000	
29			029				000				000				000				000	
30			030				000				000				000				000	
31			031				000				000				000				000	
32			032				000				000				000				000	
33			033				000				000				000				000	

More than one copy of this sheet can be used when necessary.

SCHEDULE B1 — Direct Insurance Transactions with Foreign Affiliates

Country		BEA USE ONLY	Transaction Type 5: Premiums earned from direct insurance sold to				Transaction Type 6: Losses incurred on direct insurance sold to				Transaction Type 7: Receipts for auxiliary insurance services				Transaction Type 8: Payments for auxiliary insurance services				
			Foreign Affiliates																
			Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	
		1	2	3				4				5				6			
41000																			
1	TOTAL - Sum of Items 2 through 33.	001					000				000				000				000
2		002					000				000				000				000
3		003					000				000				000				000
4		004					000				000				000				000
5		005					000				000				000				000
6		006					000				000				000				000
7		007					000				000				000				000
8		008					000				000				000				000
9		009					000				000				000				000
10		010					000				000				000				000
11		011					000				000				000				000
12		012					000				000				000				000
13		013					000				000				000				000
14		014					000				000				000				000
15		015					000				000				000				000
16		016					000				000				000				000
17		017					000				000				000				000
18		018					000				000				000				000
19		019					000				000				000				000
20		020					000				000				000				000
21		021					000				000				000				000
22		022					000				000				000				000
23		023					000				000				000				000
24		024					000				000				000				000
25		025					000				000				000				000
26		026					000				000				000				000
27		027					000				000				000				000
28		028					000				000				000				000
29		029					000				000				000				000
30		030					000				000				000				000
31		031					000				000				000				000
32		032					000				000				000				000
33		033					000				000				000				000

More than one copy of this sheet can be used when necessary.

SCHEDULE B2 — Direct Insurance Transactions with Foreign Parent(s) and Other Members of the Affiliated Foreign Group

Country		BEA USE ONLY		Transaction Type 5: Premiums earned from direct insurance sold to				Transaction Type 6: Losses incurred on direct insurance sold to				Transaction Type 7: Receipts for auxiliary insurance services				Transaction Type 8: Payments for auxiliary insurance services			
				Foreign parent(s) and other members of the affiliated foreign group															
42000				Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.
		1	2	3				4				5				6			
1	TOTAL - Sum of Items 2 through 33.	001					000				000				000				000
2		002					000				000				000				000
3		003					000				000				000				000
4		004					000				000				000				000
5		005					000				000				000				000
6		006					000				000				000				000
7		007					000				000				000				000
8		008					000				000				000				000
9		009					000				000				000				000
10		010					000				000				000				000
11		011					000				000				000				000
12		012					000				000				000				000
13		013					000				000				000				000
14		014					000				000				000				000
15		015					000				000				000				000
16		016					000				000				000				000
17		017					000				000				000				000
18		018					000				000				000				000
19		019					000				000				000				000
20		020					000				000				000				000
21		021					000				000				000				000
22		022					000				000				000				000
23		023					000				000				000				000
24		024					000				000				000				000
25		025					000				000				000				000
26		026					000				000				000				000
27		027					000				000				000				000
28		028					000				000				000				000
29		029					000				000				000				000
30		030					000				000				000				000
31		031					000				000				000				000
32		032					000				000				000				000
33		033					000				000				000				000

More than one copy of this sheet can be used when necessary.

**SCHEDULE B3 — Direct Insurance Transactions
with Unaffiliated Foreign Persons**

Country		BEA USE ONLY		Transaction Type 5: Premiums earned from primary insurance sold to				Transaction Type 6: Losses incurred on primary insurance sold to				Transaction Type 7: Receipts for auxiliary insurance services				Transaction Type 8: Payments for auxiliary insurance services			
				Unaffiliated foreign persons															
				Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.	Bil.	Mil.	Thou.	Dols.
		1	2	3				4				5				6			
1	TOTAL - Sum of Items 2 through 33.	001					000				000				000				000
2		002					000				000				000				000
3		003					000				000				000				000
4		004					000				000				000				000
5		005					000				000				000				000
6		006					000				000				000				000
7		007					000				000				000				000
8		008					000				000				000				000
9		009					000				000				000				000
10		010					000				000				000				000
11		011					000				000				000				000
12		012					000				000				000				000
13		013					000				000				000				000
14		014					000				000				000				000
15		015					000				000				000				000
16		016					000				000				000				000
17		017					000				000				000				000
18		018					000				000				000				000
19		019					000				000				000				000
20		020					000				000				000				000
21		021					000				000				000				000
22		022					000				000				000				000
23		023					000				000				000				000
24		024					000				000				000				000
25		025					000				000				000				000
26		026					000				000				000				000
27		027					000				000				000				000
28		028					000				000				000				000
29		029					000				000				000				000
30		030					000				000				000				000
31		031					000				000				000				000
32		032					000				000				000				000
33		033					000				000				000				000

More than one copy of this sheet can be used when necessary.

SCHEDULE C — Characteristics of the Large, Infrequent Reinsurance Transactions Identified in Question 2-4 .

Transaction ID: _____ (the transaction ID number (1-10) from Question **2-4**)

C-1 Is this transaction associated with a new or an existing contract? Mark (X) one.

- 50001 1 New Contract
 2 Existing Contract

C-2 What type of business does this contract reinsure? Mark (X) one.

- 50002 1 Life insurance (including Annuity)
 2 Other, explain in Question **C-11** below

C-3 Is the transaction assumed or ceded? Mark (X) one.

- 50003 1 Assumed
 2 Ceded

C-4 What is the contract type? Mark (X) one.

- 50004 1 Yearly Renewable Term (YRT) 4 Catastrophic (CAT)
 2 Coinsurance 5 Other, explain in Question **C-11** below
 3 Modified coinsurance

C-5 How much reserve adjustment is associated with this transaction? Answer \$0 if none.

50005

Bil.	Mil.	Thou.	Dols.
\$			000

C-6 What is the average annual premium for this contract? Estimate if necessary.

50006

Bil.	Mil.	Thou.	Dols.
\$			000

C-7 In which country is the foreign entity in this transaction located? Select one.

50007

C-8 What is your company's affiliation with the foreign entity? Mark (X) one.

- 50008 1 Foreign affiliates
 2 Foreign parents(s) and other members of the affiliated foreign group
 3 Unaffiliated foreign persons

C-9 Is this a short duration or long duration contract? Mark (X) one.

- 50009 1 Short duration, prospective
 2 Short duration, retroactive
 3 Long duration

C-10 What is the reinsurance percentage (0-100) assumed from or ceded to a foreign entity in this contract?

50010 %

C-11 Provide additional information regarding this transaction, such as comments from statutory reports and who the contract was assumed from or ceded to, in the space below.

50011

GENERAL INSTRUCTIONS

Public reporting burden for this BE-140 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 0608-0073, Washington, DC 20503.

Purpose — The 2013 Benchmark Survey of Insurance Transactions by U.S. Insurance Companies with Foreign Persons is conducted by the Department of Commerce to obtain data on the size and economic significance of these transactions. The information collected will be used to help support U.S. international economic policy and to analyze the impact of that policy and the policies of foreign countries on international trade in services. The data will also be used to compile the U.S. international transactions and national income and product 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 \$32,500, and to injunctive relief commanding such person to comply, or both. The civil penalties are subject to inflationary adjustments. Those adjustments are found in 15 CFR 6.4. 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 (0608-0073) 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-140 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 direct insurers, or that have engaged in international sale or purchase transactions in services auxiliary to insurance.
2. Responses through Question 2-2 are mandatory regardless of the transaction sizes.
3. If, with respect to these transactions, any of the following eight transaction types reported in Question 2-1 was greater than positive \$2,000,000 or less than negative \$2,000,000 for the 2013 calendar year, on an accrual basis, then responses to

all of the remaining questions are mandatory: (1) premiums earned on reinsurance assumed, and (2) losses incurred on reinsurance assumed; (3) premiums paid for reinsurance ceded, and (4) losses recovered on reinsurance ceded; (5) premiums earned from direct insurance, and (6) losses incurred on direct insurance; (7) Receipts for auxiliary insurance services, and (8) Payments for auxiliary insurance services.

4. If, however, all of the amounts reported in Question 2-1 were less than \$2,000,000 and greater than negative \$2,000,000, then responses to all the remaining questions are voluntary.

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**). **Please file the appropriate schedules 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 schedule 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 schedule 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 foreign persons made by your foreign affiliates **for their own account**.
- C.** Do **not** report premiums to, or losses from, foreign insurance companies on 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 on Form BE-125, Quarterly Survey of Transactions in Selected Services and Intellectual Property with Foreign Persons. Copies of these surveys can be downloaded from BEA's web site at <http://www.bea.gov/surveys/iussurv.htm>.

GENERAL INSTRUCTIONS — Continued

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 cent 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 cent 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 cent of the person below it up to and including that person which is not owned more than 50 per cent by another foreign person, and (iii) any foreign person, proceeding down the ownership chain(s) of each of these members that is owned more than 50 per cent by the person above it.
- I. Affiliate** means a business enterprise located in one country that is directly or indirectly owned or controlled by a person of another country to the extent of 10 per cent 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-140 is due June 30, 2014.**
- B. Calendar year** — You must report on a calendar year basis.
- C. Extension** — For the efficient processing of the survey and timely dissemination of the results, it is important that your report be filed by the due date. Nevertheless, reasonable requests for extension of the reporting deadline will be granted. Requests for an extension of more than 30 days **MUST** be in **writing** and should explain the basis for the request. You may request an extension via email at BE-140extension@bea.gov or fax the request to (202) 606-5318. All requests for extension must be received **NO LATER THAN** the due date of the report.
- 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 by June 30, 2014.
- 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** — A single original copy of the form must be filed with BEA if filing by mail. Please use the copy with the address label if such a labeled copy has been provided. In addition, each U.S. reporter must retain a copy of its form for three years to facilitate resolution of problems.

GENERAL INSTRUCTIONS — Continued

VI. SPECIFIC ITEM INSTRUCTIONS

A. For property and casualty insurance companies

1. Calculate Transaction Type 1, Premiums earned on reinsurance assumed:
Premiums written during 2013, plus unearned premiums at the beginning of 2013, minus unearned premiums at the end of 2013. 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.
2. Calculate Transaction Type 2, Losses incurred on reinsurance assumed:
Losses paid during 2013, plus case reserves at the end of 2013, plus losses incurred but not reported at the end of 2013, minus case reserves at the beginning of 2013, minus losses incurred but not reported at the beginning of 2013. Losses paid should not include loss adjustment expenses (reportable on Schedule B as auxiliary insurance services).
3. Calculate Transaction Type 3, Premiums paid for reinsurance ceded:
Premiums ceded during 2013, plus unearned premiums at the beginning of 2013, minus unearned premiums at the end of 2013. 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.
4. Calculate Transaction Type 4, Losses recovered on reinsurance ceded:
Losses recovered during 2013, plus case reserves at the end of 2013, plus losses incurred but not reported at the end of 2013, minus case reserves at the beginning of 2013, minus losses incurred but not reported at the beginning of 2013. Losses recovered should not include loss adjustment expenses (reportable on Schedule B as auxiliary insurance services).
5. Calculate Transaction Type 5, Premiums earned from direct insurance:
Premiums written during 2013, plus unearned premiums at the beginning of 2013, minus unearned premiums at the end of 2013. 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.
6. Calculate Transaction Type 6, Losses incurred on direct insurance:
Losses paid during 2013, plus case reserves at the end of 2013, plus losses incurred but not reported at the end of 2013, minus case reserves at the beginning of 2013, minus losses incurred but not reported at the beginning of 2013. Losses paid should not include loss adjustment expenses (reportable under Transaction Type 8, Payments for auxiliary insurance services).

B. For life insurance companies

1. Calculate Transaction Type 1, Premiums earned on reinsurance assumed:
Premiums earned reflect premiums accrued on reinsurance assumed from insurance companies resident abroad. These amounts, therefore, are adjusted for changes in due, deferred, and advanced premiums for each year. 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.
2. Calculate Transaction Type 2, Losses incurred on reinsurance assumed:
Losses incurred reflect policy claims on reinsurance assumed, adjusted for changes in claims due, unpaid, and in the course of settlement.
3. Calculate Transaction Type 3, Premiums paid for reinsurance ceded:
Premiums paid reflect premiums accrued on reinsurance ceded to insurance companies resident abroad. These amounts, therefore, are adjusted for changes in due, deferred, and advanced premiums for each year. 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.
4. Calculate Transaction Type 4, Losses recovered on reinsurance ceded:
Losses recovered reflect policy claims on reinsurance ceded, adjusted for changes in claims due, unpaid, and in the course of settlement.
5. Calculate Transaction Type 5, Premiums earned from direct insurance:
Report premiums earned. These amounts should be adjusted for changes in due, deferred, and advanced premiums for 2013. Report premiums gross of commissions and profit commissions paid to foreign persons, including commissions initially paid to a U.S. intermediary (agent or broker) of a foreign person.
6. Calculate Transaction Type 6, Losses incurred on direct insurance:
Losses incurred reflect policy claims on direct insurance assumed, adjusted for changes in claims due, unpaid, and in the course of settlement.

C. Calculate Transaction Types 7 and 8: Auxiliary insurance services

Include agent 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 service.

This historical survey form is no longer valid
and is for information purposes only.
Current survey forms are at
www.bea.gov/help/information-for-survey-respondents.