



FORM 2A

BALANCE OF PAYMENTS SURVEY 2010
DOMESTICALLY INCORPORATED INSURANCE COMPANIES

This survey is being conducted under the Statistics Act which makes provision of the information requested a legal requirement. **A copy of the Statistics Act can be viewed at: <http://gov.ai/statistics/policies.htm>.** This survey covers the Anguilla activity of businesses, including foreign owned businesses. The business unit for the survey is the company, partnership, sole proprietorship, etc. to which the form has been addressed unless specified otherwise on the front page of the form.

Please return in the enclosed self-addressed envelope or alternatively to: **STATISTICS DEPARTMENT
P.O. BOX 60
THE VALLEY
ANGUILLA**

Please complete this form and return it no later than: **February 25, 2011**

For more information: **Tel:** (264) 497 - 5731 / 497 - 2451 ext. 2874
Fax: (264) 497 - 3986
Email: statistics@gov.ai

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

Please complete questionnaire in full. If there is no data to be provided, then mark with a 0 (zero). The first page of the questionnaire will be removed once the information has been verified so no identification will remain with your data in the database. The information will be held in **Strict Confidence** and used only for statistical purposes.

Identification of Officer responsible for completing the questionnaire

Name:..... **Telephone:**.....
Position:..... **Email address:**.....
Signature:..... **Date:**.....

SECTION 1 – DESCRIPTION OF ESTABLISHMENT AND ACTIVITIES

1.1 Name of Establishment.....

1.2 Physical Address.....

1.3 Postal Address (if different from above).....

1.4 Phone Number: (264) - Fax Number: (264) -

1.5 Business Website

FOR OFFICIAL USE ONLY
(Do not complete this box, complete all other sections)

Date Received:

AXABRN:

Checked by:

AXACEA:

SECTION 2 – RECEIPTS FROM NON- RESIDENTS

Financial information can be provided in either the Eastern Caribbean Dollar (EC\$) or the United States Dollar (US\$). Please tick [v] the currency that is used for reporting in the appropriate box. For currency conversions, the following exchange rate can be used: US\$1.00 = EC\$2.6882.

INFORMATION IS FOR THE FINANCIAL YEAR 2010		US \$	EC \$
RECEIPTS FROM NON-RESIDENTS		\$	
2.1	Premiums collected on shipment of exports		
2.2	Premiums collected from non-residents for life, non-life insurance, pension funds, etc		
2.3	Re-insurance claims recovered from foreign companies		
2.4	Inflows for disbursement of external assets		
2.5	Dividends from overseas investments		
2.6	Interest from overseas securities		
2.7	Commissions earned from abroad		
2.8	Other receipts from non-residents (please specify)		
TOTAL RECEIPTS FROM NON-RESIDENTS (sum 2.1 to 2.8)			

INFORMATION IS FOR THE FINANCIAL YEAR 2010		US \$	EC \$
PAYMENTS TO NON-RESIDENTS		\$	
2.9	Claims paid on shipment of exports		
2.10	Claims paid to non-residents in respect of life insurance, non-life insurance, etc		
2.11	Re-insurance premiums paid to foreign companies		
2.12	Actuarial fees and professional services		
2.13	Outflows for investment in external assets		
2.14	Dividends and interest paid to non-residents		
2.15	Commission paid overseas		
2.17	Other payments overseas (Please specify)		
TOTAL PAYMENTS TO NON-RESIDENTS (sum 2.9 to 2.17)			

SECTION - 3

CAPITAL ACCOUNT		US \$	EC \$
		\$	
ASSETS (External Assets)		AT THE END OF 2009	AT THE END OF 2010
3.1	Foreign currency and overseas bank deposits		
3.2	Overseas securities and investments		
3.3	Other external assets (please specify)		
TOTAL ASSETS (sum 3.1 to 3.3)			

LIABILITIES (External Liabilities)		AT THE END OF 2009	AT THE END OF 2010
3.4	Shares held by non-residents		
3.5	Other external liabilities (please specify)		
TOTAL LIABILITIES (sum 3.4 to 3.5)			

COMMENTS AND SUGGESTIONS

Thank you for completing this questionnaire. Your comments and questions are welcomed. Please write them below.

Your assistance and patience is appreciated.

Thank You.

YOU MAY FIND IT USEFUL TO MAKE A COPY OF THIS FORM FOR FUTURE REFERENCE OR TO ANSWER ANY QUERIES THAT MAY ARISE.

INSTRUCTIONS FOR COMPLETING FORM BOP 2A
Domestically Incorporated Insurance Companies

Definition of residents and non-residents

- (a) Residents include all enterprises operating in this economy, regardless of whether they are owned by nationals or foreigners. Persons who normally (for one year or more) live and work in this country are also residents, regardless of their citizenship.
- (b) A non-resident is any individual, enterprise, or other organisation ordinarily living or operating in a country other than this country. Transportation companies operating from another country are examples of non-residents. Persons who live and work in the country for less than one year are considered non-residents.

Every transfer of funds into or out of the country should be included.

The reporting period should be the calendar year. If this is not possible for the Capital Transactions, the most recent accounting year should be used.

Receipts

SECTION 2

- Item 2.1 Please report total premiums received from residents and non-residents on direct insurance of exports.
- Item 2.2 Include amounts received from insurance companies, brokers or policyholders outside the country in settlement of insurance premiums.
- Item 2.7 Include all other revenues received from non-residents and overseas sources, which are not covered in Items (2.1) to (2.6).

Payments

- Item 2.10 Include all claims paid to non-residents (that is, to non-residents only) under insurance covered in Item 2.2
- Item 2.15 Include all other outflows of funds from the country not covered in Items 6.9 to 2.14.

Capital Transactions

Please report on all foreign assets and liabilities of the company at the beginning and end of the reporting period.

Assets should be valued at book value unless market values are substantially at variance with book values. Loans and equity holdings should be included as assets.