



# 1997 ECONOMIC CENSUS

## PROPERTY AND CASUALTY, AND OTHER INSURANCE CARRIERS (CONSOLIDATED)

**DUE DATE** ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

FI-6321

**Please read the accompanying instructions before answering the questions.**

**Census use**

(Please correct any errors in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

### IMPORTANT - This is a National report

This report requests information for operations of all establishments of your company for the activity specified in the address label above. Item 10 requests net premiums earned by State, and item 11 requests information for each of your locations. Responses to other items should summarize U.S. activity.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section - this should fulfill your reporting requirements and will reduce followup correspondence.

**Item 1-3.** Not applicable to this report

**HOW TO REPORT DOLLAR FIGURES** ▶ Dollar figures should be **rounded to thousands** of dollars.  
**Example:** If a figure is **\$1,125,628.79** report  
• **Preferred** 1 126  
• **Acceptable** 1 125 629

**Item 4.** DOLLAR VOLUME OF REVENUE  
Bil. Mil. Thou. Dol.  
010

**Revenue in 1997**

**Item 5.** PAYROLL  
Mil. Thou. Dol.  
030  
Insurance carriers - Do not include commissions paid to agents and brokers unless reported on the IRS Form 941.

**Payroll in 1997, BEFORE DEDUCTIONS**

**a. Annual** 031

**b. First quarter (January-March)**

**Item 6.** EMPLOYMENT  
Number

**Number of paid employees for pay period including March 12, 1997**

Exclude independent contractors. Include sales agents, brokers, and other personnel if they were reported on the IRS Form 941. 032

**Item 7.** Not applicable to this report

**Item 8.** KIND OF BUSINESS OR ACTIVITY  
**What was this company's PRINCIPAL kind of business or activity in 1997?**

- Mark (X) only ONE box. 070
- Property and casualty insurance carrier . . . . .  6331014
  - Automobile insurance carrier . . . . .  6331015
  - Workers' compensation insurance carrier . . . . .  6331016
  - Surety, fidelity, and liability insurance carrier . . . . .  6351013
  - Title insurance carrier . . . . .  6361013
  - Property and casualty **reinsurance** carrier . . . . .  6331022
  - Surety **reinsurance** carrier . . . . .  6351022
  - Title **reinsurance** carrier . . . . .  6361022
  - Other insurance carrier - Describe . . . . .  6300000
  - Other kind of business or activity - Describe . . . . .  7777777

**Item 9.** SOURCES OF REVENUE

**Report sources of revenue for this establishment either as dollar figures or as whole percents.** (See HOW TO REPORT DOLLAR FIGURES, at left, and HOW TO REPORT PERCENTS, below) **Do NOT combine data for two or more lines.**

If you report in dollars, the Total (line 13) should equal Item 4, Dollar Volume of Revenue.

Net premiums earned: Please refer to the definition currently used by the National Association of Insurance Commissioners.

**HOW TO REPORT PERCENTS** ▶ If figure is **38.76%** of total sales:  
• **Report whole percents** 39  
• **Not acceptable** 38.76

Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Property and casualty insurance premiums earned (net)	850	851				852
a. Fire, allied, and multiple peril insurance	0131					
b. Ocean marine insurance	0132					
c. Inland marine insurance	0133					
d. Workers' compensation insurance	0134					
e. Private passenger auto insurance (include no-fault, liability, and physical damage)	0135					
f. Commercial auto insurance (include no-fault, liability, and physical damage)	0136					
g. Miscellaneous property liability insurance	0137					
h. Product liability insurance	0138					
i. Surety insurance	0139					

ITEM 9 CONTINUED ON PAGE 2

Item 9. SOURCES OF REVENUE – Continued						Item 10. SPECIAL INQUIRIES						
Sources of revenue	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.				Per- cent	Net premiums earned by State					
		Bil.	Mil.	Thou.	Dol.		Report the net premiums earned by State for activities covered by this form. Estimates are acceptable. The total of this item (line 52) should equal the sum of lines 1 through 7 of Item 9, Sources of Revenue.					
1. Property and casualty insurance premiums earned (net) – Continued	850	851				852	<b>HOW TO REPORT DOLLAR FIGURES</b> Dollar figures should be <b>rounded</b> to <b>thousands</b> of dollars. <b>Example:</b> If a figure is <b>\$1,125,628.79</b> report <b>1 126</b> (Preferred) or <b>1 125 629</b> (Acceptable)					
j. Mortgage guarantee insurance	0141											
k. Glass insurance	0142						State	Bil.	Mil.	Thou.	Dol.	
l. Burglary and theft insurance	0143						1. Alabama	889				
m. Boiler and machinery insurance	0144						2. Alaska	890				
n. All other property and casualty insurance	0149						3. Arizona	891				
o. Sum of lines 1a through 1n	0130						4. Arkansas	892				
2. Title insurance premiums earned (net)	0150						5. California	893				
3. Reinsurance premiums – assumed							6. Colorado	894				
a. Property and casualty	0173						7. Connecticut	895				
b. Surety	0174						8. Delaware	896				
c. Title	0175						9. District of Columbia	897				
d. Life	0171						10. Florida	898				
e. Accident, health, and medical	0172						11. Georgia	899				
f. Other reinsurance	0179						12. Hawaii	900				
g. Sum of lines 3a through 3f	0170						13. Idaho	901				
4. Accident, health, and medical insurance premiums earned (net)	0120						14. Illinois	902				
5. Life insurance premiums earned (net)	0110						15. Indiana	903				
6. Annuity revenue	0180						16. Iowa	904				
7. Other insurance premiums earned (net)	0160						17. Kansas	905				
8. Realized capital gains (or losses) on investment accounts	0340						18. Kentucky	906				
9. Other investment income (net) – Include rental revenue on line 10.	0480						19. Louisiana	907				
10. Gross rents from real properties	1300						20. Maine	908				
11. Title search, title reconveyance, and title abstract service fees	0890						21. Maryland	909				
12. Other revenue – Specify 076	9810						22. Massachusetts	910				
							23. Michigan	911				
							24. Minnesota	912				
							25. Mississippi	913				
							26. Missouri	914				
							27. Montana	915				
							28. Nebraska	916				
							29. Nevada	917				
							30. New Hampshire	918				
							31. New Jersey	919				
							32. New Mexico	920				
13. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%	ITEM 10 CONTINUED ON PAGE 3					

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1.

**Item 10. SPECIAL INQUIRIES – Continued**

**Net premiums earned by State – Continued**

State	Bil.	Mil.	Thou.	Dol.
33. New York	921			
34. North Carolina	922			
35. North Dakota	923			
36. Ohio	924			
37. Oklahoma	925			
38. Oregon	926			
39. Pennsylvania	927			
40. Rhode Island	928			
41. South Carolina	929			
42. South Dakota	930			
43. Tennessee	931			
44. Texas	932			
45. Utah	933			
46. Vermont	934			
47. Virginia	935			
48. Washington	936			
49. West Virginia	937			
50. Wisconsin	938			
51. Wyoming	939			
52. <b>TOTAL</b> – Sum of 1 through 51. (Should equal sum of lines 1 through 7 of Item 9, Sources of Revenue)	940			

PLEASE COMPLETE ATTACHED PAGES PER INSTRUCTIONS AT THE TOP OF EACH PAGE.

**Item 11. LOCATIONS OF OPERATION – See attached pages.**

**REMARKS** – Please use this space for any explanations that may be essential in understanding your reported data.

**Item 12. CERTIFICATION** – This report is substantially accurate and has been prepared in accordance with instructions.

<b>Period covered by this report</b>	FROM:	Mo.	Year	TO:	Mo.	Year
	Name of person to contact regarding this report – <i>Print or type</i>					
Title						
Telephone	Area code	Number		Extension		
Signature of authorized person				Date		