U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

FORM

FI-52403

2002 ECONOMIC CENSUS INSURANCE AGENCIES AND BROKERAGES

OMB No. 0607-0882: Approval Expires 07/31/2004

DUE DATE FEBRUARY 12, 2003

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

FI-52403

INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

	1 7		J	, ,				
YOUR RESPONSE IS REQUIRED BY LAW. that receive this questionnaire to answer the question of Census Bureau information and may be usefiles are immune from legal process.	uestions and return the report t	to the U.S. persons sw	Census	s Burea upholo	u. By t	he sar nfiden	ne itial	
Use blue or black ink. Please center numl	pers in their respective boxes.	Examples:						
Do not use pencil.Do not put slashes	through 0 or 7.			2 2	1 -		_	
Place an "X" inside the box.	3	\boxtimes	0 1	23	4 5	6 /	8	9
The reporting unit for this form is an establish where business is conducted or where services information sheet(s).	ment. An establishment is ge s or industrial operations are pe	enerally a si erformed. I	ngle p For furt	hysical ther cla	locatio rificatio	n n, see	•	
1 MONTHS IN OPERATION				lark "X"		2002		
•			i	f None [Numbe	er of m	onth	าร
Number of months in operation during 2002 (f none, mark "X" and go to $oldsymbol{\mathfrak{D}}$.)		. 0002					
2 EMPLOYER IDENTIFICATION NUMBER Is the Employer Identification Number (EIN) sh establishment on its latest 2002 Internal Reven	own in the mailing address the lue Service Form 941, Employe	same as t r's Quarterl	he one y Fede	used for	or this Return	?		·
0021 ☐ Yes 0022 ☐ No - Enter cur	rent EIN (9 digits) ————	→ 0025	,	-				
PHYSICAL LOCATION A. Is this establishment's physical location the (P.O. box and rural route addresses are no.)	t physical locations.)	address?						
0035 Number ar	d street							
0032 No - Enter physical → 0036 City, town,	village etc	0037 State	0038 ZII	P Code				
location					-			
B. Is this establishment physically located insi	de the legal boundaries of the	city, town,	village	, etc.?				
0041	No legal boundaries	0044		Oo not l	know			
C. Type of municipality where this establishm	ent is physically located							
0046 City, village, or borough 004	Town or township	0048		other o	r do not	know	,	

orm FI-52403	Page 2
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thousands of dollars. If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): Report	LICIAL TO	Dollar figures should be welled to		∕lark "X"		200	02	
## A figure is \$1,025,628.79: # a value is '0' (or less than \$500.00): ## Report		Dollar figures should be rounded to thousands of dollars.			\$ Bil.	Mil.	Thou.	Dol
If a value is "0" (or less than \$500.00): Report SALES, SHIPMENTS, RECEIPTS, OR REVENUE See information sheet(s) for general description. In addition, include revenue earned from: **Commissions from sales of insurance, annuity contracts, real estate, and securities. **Fees from rate-making, claims adjusting and appraisal, and insurance inspection services. **Rents of property owned by this establishment. **Other operating revenue.** **Other operating revenue.** **Author of the property owned by this establishment. **COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE **A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.] **The operation of the set of the information sheet(s) for further clarification. Include **Ecommerce sales, receipts, and/or revenue in **O** Exclude sales taxes.**) **Dissolution of the set of the	DOLLAR	If a figure is \$1,025,628.79 :	Report			1	0 2 6	
See information sheet(s) for general description. In addition, include revenue earned from: **Commissions from sales of insurance, annuity contracts, real estate, and securities. **Rents of property owned by this establishment. **Other operating revenue. **Commerce includes sales, and insurance inspection services. **Rents of property owned by this establishment.** **Other operating revenue.** **Mark "X"	Idones	If a value is "0" (or less than \$500.00):	Report ——	\boxtimes				
Commissions from sales of insurance, annuity contracts, real estate, and securities. Fees from rate-making, claims adjusting and appraisal, and insurance inspection services. Rents of property owned by this establishment. Other operating revenue. Mark "X" SBII. MIII. Thou. Do SBIII. Thou. Do SBI	SALES, SHIPME	NTS, RECEIPTS, OR REVENUE						
• Rents of property owned by this establishment. • Other operating revenue. Mark "X" 2002	• Commission	ns from sales of insurance, annuity contracts, re	eal estate, and secur	rities.				
Revenue	• Rents of pro	perty owned by this establishment.	modranice mopeonic)				
E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 20022 (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.) O181	• Other opera	ting revenue.			\$ Bil.		1	Do
A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.) 10181	Revenue		0100					
A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, commissions, rents, or fees collected from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.) OHEDI	E_COMMERCE S	ALES SHIPMENTS RECEIPTS OR REVENILE						
Estimates are acceptable \$ Bil. Mil. Thou. Do \$ B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in . Exclude sales taxes.)	or may not b	e made online. Please see the information she	eet(s) for further clar	rification	n.)			
B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in	oros □ No	- Go to G			Г-			
B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in . Exclude sales taxes.)	0182 — 140	50 10 0			- 1		· ·	Do
Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ②. Exclude: • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12	B. E-commerce	sales, receipts, and/or revenue of this establish	ment (Include		7			
 Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). Mark "X" 2002 if None Number Number of employees for pay period including March 12		AND PAYROLL						
• Temporary staffing obtained from a staffing service. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12	Include: • Full- and pa Service For (EIN) show	art-time employees working at this establishme m 941, Employer's Quarterly Federal Tax Retur	ent whose payroll wa n, and filed under ti	as repo he Emp	rted on loyer lo	Internal I	Revenue on Numbe	r
For further clarification, see information sheet(s). A. Number of employees for pay period including March 12	Include: • Full- and pa Service For (EIN) show Exclude:	art-time employees working at this establishme om 941, Employer's Quarterly Federal Tax Retur n in the mailing address or corrected in 2 .	n, and filed under ti	he Emp	loyer la	dentificati	on Numbe	r
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B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll	Include: • Full- and pa Service For (EIN) show Exclude: • Full- or par • Temporary	art-time employees working at this establishme m 941, Employer's Quarterly Federal Tax Retur n in the mailing address or corrected in ②. t-time leased employees whose payroll was file staffing obtained from a staffing service.	n, and filed under ti	he Emp	loyer lo ing con Mai	dentificati npany's E	on Numbe IN. 2002	r
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2. First quarter payroll (January-March, 2002)	Include: • Full- and paservice For (EIN) show Exclude: • Full- or par • Temporary For further clarif	art-time employees working at this establishme on 941, Employer's Quarterly Federal Tax Return in the mailing address or corrected in 2. It-time leased employees whose payroll was filed staffing obtained from a staffing service. If station, see information sheet(s). If the property including March 12.	en, and filed under ti	he Emp ee leasi 	ing com Mar if N 0320	npany's E	IN. 2002 Number 2002	Do
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011111102-100	r age 3
If not shown, please e Number (CFN) from th	nter your 11-digit Census File e mailing address.
7 LEASED EMPLOYM	ENT AND PAYROLL
A. Did this establis leasing company	hment have any full- or part-time leased employees whose payroll was filed under an employee y's EIN?
Exclude:	
• Temporary s	taffing obtained from a staffing service.
 Contractors, 	subcontractors, or independent contractors.
• Purchased of	r managed services, such as janitorial, guard, or landscape services.
Professional programming	or technical services purchased from another firm, such as software consulting, computer g, engineering, or accounting services.
• Employees a	Iready reported in 6.
For further clari	fication, see information sheet(s).
₀₂₄₁	Go to line B
₀₂₄₂	<i>Mark "X"</i> 2002 o to 1 if None Number
R Number of lease	ed employees for pay period including March 12
C. Payroll for lease fringe benefits.)	d employees before deductions (Exclude employer's cost for 2002 \$ Mil. Thou. Dol.
1. Annual payro	oll for leased employees
	Mark "X" 2002 if None \$ Mil Thou Dol
	if None \$ Mil. Thou. Dol.
2. First quarter	payroll for leased employees (January-March, 2002)
8-17 Not Applicable	
KIND OF BUSINESS Principal kind of bu	
(Mark "X" only ONE	box.)
Agents/agencies	and brokers/brokerages
⁰⁷⁰⁰ 524 210 00 16	Independent insurance agent or agency
524 210 00 47	Exclusive insurance agent or agency
524 210 00 96	☐ Managing general agent or agency
524 210 00 54	☐ Insurance broker or brokerage
531 210 10 40	Real estate agent or broker - residential
524 210 00 A3	Risk finance consulting
Other business a	activities
524 291 00 15	Insurance claims adjusting
524 291 00 31	Insurance claims appraising
524 292 90 31	Insurance claims processing service
524 292 10 46	☐ Third party administration - pension, health, and/or welfare funds/plans
	CONTINUE WITH © ON PAGE 4

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18	KIND OF BUSINES	SS - C	ontinued								
		s acti	vities - Continued								
0700	524 292 90 49		Third party administration -	health insurance							
	524 292 90 23		Third party administration -	workers' compensation	n and	other s	elf-insura	nce			
	524 292 90 64		Health care management - porganizations, and a range	providing hospital certit of other services intend	icatio ed to	n progr lower o	rams, pref or contain	ferred pro health ca	vider are cos	sts	
	525 190 00 48		Insurance guaranty associat	tion or fund							
	524 298 00 18		Insurance investigation serv	vice							
	541 191 00 10		Title abstract or settlement	offices							
	775 000 00 15		Other kind of business or a	ctivity - Specify							
070											
9-	Not Applicab	ole.									
							Estimat	2002 es are acce	ptable		
	HOW TO REPORT					\$ Bil.		ollars OR p	•		
	PERCENTS		If figure is 38.76% of total sales:	Report whole perce	nte	Ф БП.	IVIII.	mou.	DOI.	3	9
			total sales.								
2	(Report sources o	f reve See H	PMENTS, RECEIPTS, OR REV nue for this establishment, o OW TO REPORT DOLLAR Fl or more lines.)	either as a dollar figure	or as HOW	a who TO REF	le percent PORT PER	t of total r CENTS al	evenu bove.	e Do not	
2	(Report sources o (reported in 4). S combine data for	of reve See H two o	nue for this establishment, o OW TO REPORT DOLLAR Fl or more lines.)	either as a dollar figure GURES on page 2 and l	Cen-	a whoi TO REF	Estimate	2002 es are acce	ptable	Do not	
Đ	(Report sources o (reported in 4). S combine data for	of reve See H two o	nue for this establishment, o OW TO REPORT DOLLAR FI	either as a dollar figure GURES on page 2 and l	Cen- sus use	* Bil.	Estimate	2002	ptable	Do not	
	(Report sources o (reported in 4). S combine data for	of reve See H two o	nue for this establishment, o OW TO REPORT DOLLAR Fl or more lines.)	either as a dollar figure GURES on page 2 and l	Cen-	TO REF	Estimate Report d	2002 es are acce ollars OR p	eptable	Do not	
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23	Insurance commis a. Life and accide b. Health and me c. Property and c d. Property and c e. Annuity f. Title g. Other h. Sum lines 1a	tion of ssions ent casual casu	ty - commercial lines	either as a dollar figure GURES on page 2 and a	Census use 0720 50831 50832 50834 50835 50836 50839	* Bil.	Estimate Report d	2002 es are acce ollars OR p	eptable	Do not	
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Form FI-52403

0723

2.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

c. Workers' compensation self-insurance

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue

Third party administration and management fees - Continued

Page 5

Percent

0722

2002

Estimates are acceptable.

Report dollars OR percents.

Thou.

Dol.

Cen-

sus

use

0720

50853

\$ Bil.

0721

Mil.

	a. Other self-insurance	50854	\bot		
	e. Sum lines 2a through 2d	50850			
3.	Insurance claims adjusting/appraisal fees	50860			
4.	Fees or commissions from risk consulting	50900			
5.	Fees or commissions from establishment and/or management of Employee Benefit Packages	50910			
6.	Other insurance consulting fees	50870			
7.	Fees from investment consulting and advice, excluding investment management for clients (Report other consulting and advice on line 13.)	50880			
8.	Title search, title reconveyance, and title abstract service fees	50890			
9.	Revenue from all other insurance-related activities	50990			
10.	Securities commissions	50800			
11.	Real estate sales commissions	51200			
12.	Gross rents from real property owned by this establishment	51300			
13.	Other revenue - Specify				
		59810			_
14.	TOTAL (Should equal 4 if reporting in dollars.)	59990			
23.	-25 Not Applicable.				Ī

1 0 0

26	SPEC	IAL INQUIRIES					
	L	CENSED INSURANCE AGENTS/BROKERS					
	1	 Number of licensed agents/brokers, including employees contractor agent/brokers, working for this establishment of 	and independ	ent	Mark "X"	2002	2
		March 12, 2002	during the wee	ek OI	if None	Numb	er
		E 11 .					
		a. Full time		5200			
		b. Part time		5201			
		c. TOTAL (Sum lines 1a and 1b)		5202			
				Mark		2002	
	2	Commissions paid by this establishment to independent of brokers, which were NOT reported on Internal Revenue S and not included in 6, part B	ervice form 94	41 _	one \$ Mil	I. Thou	ı. Dol.
27	-28	Not Applicable.					·
29		RATIONAL STATUS					
•	_	ity that best describes this establishment's status at the end	d of 2002				
		k "X" only ONE box.)					
	0011	☐ In operation ☐ Ceased operation - Give	date at right	0018	Month	Day	Year
	0011	m operation with	date at right				
	0013	☐ Temporarily or seasonally inactive ☐ Sold or leased to another seasonally inactive ☐ Give date at right AND	enter new				
		name and mailing addre	ess below 7				
		0060 Name of new owner or operator	61 Employer Ide	entification Numb	oer		
			Enter EIN o owner (9 d		-		
		0062 Mailing address (number and street, P.O. Box, etc.)	Owner (3 a)	igits) —			
		The state of the s					
		2000 071 1 711		2004 84 4 2005	710.0		
		0063 City, town, village, etc.		0064 State 0065	ZIP Code		
						-	
Rem	narks (Please use this space for any explanations that may be ess	ential in unde	rstanding vour	reported d	lata.)	
		. Touco and ame opace to, any explanations and may be ess	a aa.	.c.ag ,ca.		,	
30	CERT	TFICATION - This report is substantially accurate and was p	repared in acc	cordance with t	he instruct	ions.	
Is the	e time	period covered by this report a calendar year?	Month	Year		/lonth	Year
0078	□ Y	es 0079 No - Enter time period covered → FRC	0070		TO 0071		
0072	Name o	of person to contact regarding this report 0073			0071		
		Area code Number 5.1		A = -	10	Ni con la a co	
	Telepl	Area code Number Extension	Fax	Area coo	ae	Number	
		0074		0075		-	
0076 	nterne	e-mail address		Date	Month	Day	Year
				completed	39		
		Thenk you for a small discussion 200	12 Facility	*			
		Thank you for completing your 200	J∠ Econor	nic census	s torm.		

Thank you for completing your 2002 Economic Census form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.



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