



2007 ECONOMIC CENSUS

Insurance Carriers, Except Life, Health, and Medical

DUE DATE
FEBRUARY 12, 2008

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

FI-52402

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

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

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 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.

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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ballpoint pen.
 - Do not use pencil or felt-tip pen.
 - Place an "X" inside the box.
 - Please center numbers in their respective boxes.
 - Do not put slashes through 0 or 7.
- Examples: 0 1 2 3 4 5 6 7 8 9

The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes - Go to **2** 0022 No - Enter current EIN (9 digits) → 0025 -

2 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031 Yes - Go to line B

0032 No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.		0037 State	0038 ZIP Code
	-	-	-

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough 0047 Town or township 0048 Other 0024 Do not know

52402013

3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

Month	Day	Year

0015 Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

0018

0060 Name of new owner or operator		0061 EIN (9 digits)	
		-	
0062 Mailing address (Number and street, P.O. Box, etc.)			
0063 City, town, village, etc.	0064 State	0065 ZIP Code	
		-	

0016 Other - Specify

0815

4 MONTHS IN OPERATION

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) 0002

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

If a value is "0" (or less than \$500.00):

Report

Report

Mark "X" if None

Mark "X" if None

2007				
\$ Bil.	Mil.	Thou.	Dol.	
	1 0 2 6			

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Revenue 0100

6 Not Applicable.

7 EMPLOYMENT AND PAYROLL

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 1.

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.

For further clarification, see information sheet(s).

A. Number of employees for pay period including March 12 0320

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll 0300

2. First quarter payroll (January-March, 2007) 0310

Mark "X" if None

2007 Number

Mark "X" if None

2007				
\$ Bil.	Mil.	Thou.	Dol.	

52402021

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

8 - 18 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2007?
(Mark "X" only ONE box.)

Direct insurance carrier

- 0700 524 126 10 1 Property and casualty insurance carrier
- 524 128 00 5 Warranty insurance carrier
- 524 126 10 3 Workers' compensation insurance carrier
- 524 126 90 1 Surety, fidelity, and liability insurance carrier
- 524 127 00 1 Title insurance carrier
- 524 128 00 3 Other **direct** insurance carrier - *Specify* ↴

0701

Reinsurance carriers

- 524 130 00 5 Property and casualty **reinsurance** carrier
- 524 130 00 4 Surety, fidelity, and liability **reinsurance** carrier
- 524 130 00 E Title **reinsurance** carrier
- 524 130 00 C Other **reinsurance** carrier - *Specify* ↴

0701

Other business activities

- 524 210 00 6 Insurance agent or broker
- 525 190 00 3 Guaranty Association (fund)
- 775 000 00 1 Other kind of business or activity - *Specify* ↴

0701

20 and 21 Not Applicable.

HOW TO REPORT PERCENTS

If figure is **38.76%** of total sales:

Report whole percents

2007				
Estimates are acceptable. Report dollars OR percents.				
\$ Bil.	Mil.	Thou.	Dol.	Percent
				3 9

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report sources of revenue for this establishment, either as a dollar figure or as a whole percent of total revenue (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

Line 2i - Revenue includes warranty insurance premiums.

Line 12 - Revenue includes burial insurance premiums.

CONTINUE WITH 22 ON PAGE 4

CONTINUE ON PAGE 4

52402039

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


Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Vehicle property and liability (casualty) insurance products - net premiums earned						
a. Personal vehicle insurance products	58071					
b. Commercial vehicle insurance products	58072					
c. Sum lines 1a and 1b	58070					
2. Property and liability (except vehicle) insurance products - net premiums earned						
a. Agricultural multiple peril insurance products	58081					
b. Homeowners multiple peril insurance products	58082					
c. Commercial multiple peril insurance products	58083					
d. Transportation insurance products	58084					
e. Fire insurance products	58085					
f. Burglary and theft insurance products	58086					
g. Glass and window insurance products	58087					
h. Earthquake insurance products	58088					
i. Other property and liability (except vehicle) insurance products	58089					
j. Sum lines 2a through 2i	58080					
3. Product liability insurance products - net premiums earned	58100					
4. Traveler's insurance products - net premiums earned	58120					
5. Other general liability insurance products - net premiums earned						
a. Medical malpractice insurance products	58111					
b. Workers' compensation insurance products	58112					
c. Other general liability insurance products	58113					
d. Sum lines 5a through 5c	58110					
6. Surety and related products - net premiums earned	58060					
7. Title insurance products - net premiums earned	58130					
8. Life insurance products - net premiums earned	58010					
9. Annuity products - revenue, including considerations and annuity fund deposit	58030					
10. Health and medical insurance products - net premiums earned	58040					

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

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

Description of sales, shipments, receipts, or revenue	Census use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
11. Accident insurance products - net premiums earned, including accidental death and dismemberment, and disability income insurance	58050					
12. All other direct insurance products - net premiums earned	58140					
13. Life and health insurance and annuity reinsurance products - premiums assumed	58150					
14. Surety bonds and related reinsurance products - premiums assumed	58160					
15. Property and casualty reinsurance products - premiums assumed	58170					
16. Other reinsurance products - premiums assumed	58180					
17. Title search, title reconveyance, and title abstract service fees	58240					
18. Trading debt instruments on own account - net gains (losses)	56510					
19. Trading equities on own account - net gains (losses)	56610					
20. Trading derivative contracts on own account - net gains (losses)	56710					
21. Trading foreign currency on own account - net gains (losses)	56810					
22. Trading other securities and commodity contracts on own account - net gains (losses)	56910					
23. Other products - <i>Specify</i> 						
	59810					
24. TOTAL (Should equal 5 if reporting in dollars.)	59990					1 0 0

23-25 Not Applicable.

52402054



26 SPECIAL INQUIRIES

ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

(To be completed by insurance carriers and health plans ONLY.)

Report the benefits paid to policyholders (losses) and administrative expenses of providing insurance by this establishment during 2007.

INSTRUCTIONS FOR ADMINISTRATIVE EXPENSES

Include:

- Commissions paid to salespersons on premiums and annuity considerations, including commissions and expense allowances on reinsurance assumed (net of commissions received on reinsurance ceded).
- Wages, salaries, and other compensation.
- Insurance taxes, licenses, and fees.
- Increase in loading on, and cost of collection in excess of loading on, deferred and uncollected premiums.
- Aggregate write-ins for deductions.
- Investment expenses, including investment taxes, licenses, and fees, depreciation on real estate and other invested assets. Assign real estate investment expenses to line 4 (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses.

Exclude:

- Federal income taxes.

2007								
Activity	Cen- sus use	Benefits paid (losses)			Cen- sus use	Administrative expenses		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Property and casualty insurance	5006				5026			
2. Property and casualty reinsurance	5012				5032			
3. Providing claims processing and other administrative services for other parties					5023			
4. All other activities (i.e., life, accident and health, and hospital and medical service plans, including reinsurance)	5007				5027			
5. TOTAL (Add lines 1 through 4)	5005				5025			

27-29 Not Applicable.

52402062



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

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

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address	Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

52402070

