



# 2007 ECONOMIC CENSUS

## Insurance Carriers, Except Life, Health, and Medical (Consolidated)

**DUE DATE**  
**FEBRUARY 12, 2008**

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

FI-52451

**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](http://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.

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this 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.
- Please center numbers in their respective boxes.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is a consolidation of all your company's domestic establishments for the industry specified in the mailing address section. Establishments are generally single physical locations. Please update the pre-identified establishments for this industry in the locations of operations supplement. For further clarification, see information sheet(s).

**1 - 4** Not Applicable.

<b>HOW TO REPORT DOLLAR FIGURES</b>	Dollar figures should be <b>rounded to thousands</b> of dollars.	Mark "X" if None	2007			
	If a figure is <b>\$1,025,628.79</b> :	<input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.
	If a value is "0" (or less than \$500.00):	<input checked="" type="checkbox"/>		1 0 2 6		

**5** SALES, SHIPMENTS, RECEIPTS, OR REVENUE  
(Refer to accompanying information sheet(s) for special instructions for this question.)

Revenue . . . . . 0100	Mark "X" if None	2007			
	<input type="checkbox"/>	\$ Bil.	Mil.	Thou.	Dol.

**6** Not Applicable.

52451010

**7** EMPLOYMENT AND PAYROLL

**Include:**

- Full- and part-time employees for this reporting unit whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return.

**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).

Mark "X" if None

2007
Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

**1.** Annual payroll . . . . . 0300

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

**8 - 18** Not Applicable.

**19** KIND OF BUSINESS

Which ONE of the following best describes this reporting unit'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

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

**19** KIND OF BUSINESS - Continued

**Other business activities**

- 0700 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 reporting unit, either as a dollar figure or as a whole percent of total revenue reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 1 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.

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
<b>1.</b> Vehicle property and liability (casualty) insurance products - net premiums earned										
<b>a.</b> Personal vehicle insurance products	58071									
<b>b.</b> Commercial vehicle insurance products	58072									
<b>c. Sum lines 1a and 1b</b>	58070									
<b>2.</b> Property and liability (except vehicle) insurance products - net premiums earned										
<b>a.</b> Agricultural multiple peril insurance products	58081									
<b>b.</b> Homeowners multiple peril insurance products	58082									
<b>c.</b> Commercial multiple peril insurance products	58083									
<b>d.</b> Transportation insurance products	58084									
<b>e.</b> Fire insurance products	58085									
<b>f.</b> Burglary and theft insurance products	58086									
<b>g.</b> Glass and window insurance products	58087									
<b>h.</b> Earthquake insurance products	58088									

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**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
<b>2.</b> Property and liability (except vehicle) insurance products - net premiums earned - Continued						
<b>i.</b> Other property and liability (except vehicle) insurance products . . . . .	58089					
<b>j. Sum lines 2a through 2i</b> . . . . .	58080					
<b>3.</b> Product liability insurance products - net premiums earned . . . . .	58100					
<b>4.</b> Traveler's insurance products - net premiums earned . . . . .	58120					
<b>5.</b> Other general liability insurance products - net premiums earned						
<b>a.</b> Medical malpractice insurance products . . . . .	58111					
<b>b.</b> Workers' compensation insurance products . . . . .	58112					
<b>c.</b> Other general liability insurance products . . . . .	58113					
<b>d. Sum lines 5a through 5c</b> . . . . .	58110					
<b>6.</b> Surety and related products - net premiums earned . . . . .	58060					
<b>7.</b> Title insurance products - net premiums earned . . . . .	58130					
<b>8.</b> Life insurance products - net premiums earned . . . . .	58010					
<b>9.</b> Annuity products - revenue, including considerations and annuity fund deposit . . . . .	58030					
<b>10.</b> Health and medical insurance products - net premiums earned . . . . .	58040					
<b>11.</b> Accident insurance products - net premiums earned, including accidental death and dismemberment, and disability income insurance . . . . .	58050					
<b>12.</b> All other direct insurance products - net premiums earned . . . . .	58140					
<b>13.</b> Life and health insurance and annuity <b>reinsurance</b> products - premiums assumed . . . . .	58150					
<b>14.</b> Surety bonds and related <b>reinsurance</b> products - premiums assumed . . . . .	58160					
<b>15.</b> Property and casualty <b>reinsurance</b> products - premiums assumed . . . . .	58170					
<b>16.</b> Other <b>reinsurance</b> products - premiums assumed . . . . .	58180					
<b>17.</b> Title search, title reconveyance, and title abstract service fees . . . . .	58240					
<b>18.</b> Trading debt instruments on own account - net gains (losses) . . . . .	56510					
<b>19.</b> Trading equities on own account - net gains (losses) . . . . .	56610					
<b>20.</b> Trading derivative contracts on own account - net gains (losses) . . . . .	56710					
<b>21.</b> Trading foreign currency on own account - net gains (losses) . . . . .	56810					

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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
<b>22.</b> Trading other securities and commodity contracts on own account - net gains (losses) . . . . .	56910					
<b>23.</b> Other products - Specify $\nearrow$  	59810					
<b>24. TOTAL</b> (Should equal <b>5</b> if reporting in dollars.) . . . . .	59990					1 0 0

**23-25** Not Applicable.

**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 reporting unit 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.

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

**27** Not Applicable.

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**28** LOCATIONS OF OPERATION

**A.** Complete the Pre-identified Locations of Operation supplement (See attached pages for **23A**.)

**B.** Complete the Additional Locations of Operation supplement (See attached pages for **23B**.)

**C.** Number of locations

**Include:**

- All locations in operation or temporarily inactive in **23A**.
- All locations added in **23B**.

**Exclude:**

- All locations that have ceased operation or were sold.

Mark "X" if None

2007
Number

**Total** number of locations currently in operation . . . . . 6070

**29** Not Applicable.

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.**

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