



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

FORM
FI-52450

2002 ECONOMIC CENSUS
LIFE, HEALTH, AND MEDICAL INSURANCE CARRIERS
(CONSOLIDATED)

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

FI-52450

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.

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 ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<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).

HOW TO REPORT DOLLAR FIGURES		Dollar figures should be rounded to thousands of dollars.	Mark "X" if None	2002			
				\$ Bil.	Mil.	Thou.	Dol.
		If a figure is \$1,025,628.79 : Report → <input type="checkbox"/>			1	0	2
		If a value is "0" (or less than \$500.00): Report → <input checked="" type="checkbox"/>					

1-3 Not Applicable.

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

	Mark "X" if None	2002			
		\$ Bil.	Mil.	Thou.	Dol.
		Revenue 0100	<input type="checkbox"/>		



52450012

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this reporting unit 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.*)

0181 Yes - Go to line B 0182 No - Go to **6**

2002			
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	Dol.

B. E-commerce sales, receipts, and/or revenue of this reporting unit (*Include e-commerce sales, receipts, and/or revenue in 4. Exclude sales taxes.*) 0185

6 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:

- 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" if None

2002	
Number	

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

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

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll 0300

2. First quarter payroll (*January-March, 2002*) 0310

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this reporting unit have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B 0242 No - Go to **13**

Mark "X" if None

2002	
Number	

B. Number of leased employees for pay period including March 12. 0370

C. Payroll for leased employees before deductions (*Exclude employer's cost for fringe benefits.*)

2002			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll for leased employees 0350

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.

2. First quarter payroll for leased employees (*January-March, 2002*) 0360



52450020

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

8-17 Not Applicable.

18 KIND OF BUSINESS

Principal kind of business in 2002
(Mark "X" only ONE box.)

Direct insurance carrier

- 0700 524 113 10 19 Life insurance carrier
- 524 113 10 27 Fraternal life insurance organization
- 524 113 90 12 Accident and disability income insurance carrier
- 524 114 10 18 Health insurance carrier
- 524 114 90 11 Office of health maintenance organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 26 Office of preferred provider organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 45 Office of group hospitalization plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 52 Office of hospital and/or medical service plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 78 Office of dental insurance plan - NOT providing hospital, medical, and/or dental services
- 524 126 10 14 Property and casualty insurance carrier
- 524 128 00 22 Burial insurance
- 524 128 00 30 Other **direct** insurance carrier - *Specify* ↴

0701 [Blank box]

Reinsurance carriers

- 524 130 10 18 Life **reinsurance** carrier
- 524 130 20 16 Accident and health **reinsurance** carrier
- 524 130 30 14 Office of hospital and/or medical service plan - **reinsurance**
- 524 130 90 29 Other **reinsurance** carrier - *Specify* ↴

0701 [Blank box]

Other business activities

- 524 210 00 62 Insurance agent or broker, not owned or operated by any insurance carrier
- 775 000 00 15 Other kind of business or activity - *Specify* ↴

0701 [Blank box]

19-21 Not Applicable.



52450038

HOW TO REPORT PERCENTS



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

Report whole percents

2002

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 4). See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

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

Description of sales, shipments, receipts, or revenue	Census use	2002								
		Estimates are acceptable. Report dollars OR percents.								
		\$ Bil.	Mil.	Thou.	Dol.	Percent				
0723	0720	0721								0722
1. Life insurance premiums earned - net	50110									
2. Annuity revenue, including considerations and annuity fund deposit	50190									
3. Health and medical insurance premiums earned - net	50122									
4. Accident insurance premiums earned - net, including accidental death and dismemberment, and disability income insurance	50121									
5. Reinsurance premiums - assumed										
a. Life	50181									
b. Health and medical	50182									
c. Accident	50186									
d. Property and casualty	50183									
e. Other reinsurance	50189									
f. Sum lines 5a through 5e	50180									
6. Property and casualty direct insurance premiums earned - net	50130									
7. Other insurance premiums earned - net	50170									
8. Realized capital gains (losses) on investment accounts	50340									
9. Other investment income - net (Report rental revenue on line 11.)	50480									
10. Fees collected for providing administrative services										
a. Services to Medicare, Medicaid, CHAMPUS	50841									
b. Services to all other parties, including insurance, health plans, etc.	50842									
c. Sum lines 10a and 10b	50840									

CONTINUE WITH 22 ON PAGE 5

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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	2002				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
11. Gross rents from real properties	51300					
12. Other revenue - Specify ↴ 	59810					
13. TOTAL (Should equal 4 if reporting in dollars.)	59990					1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. TAX STATUS

1. Were the organizational activities covered by this form operated on a not-for-profit basis?

0106 Yes 0107 No - Go to line B

2. Was all or part of the income of this organization exempt from Federal income taxes under section 501 of the Internal Revenue Code?

0103 Yes 0104 No

CONTINUE WITH **26** ON PAGE 6



52450053

26 SPECIAL INQUIRIES - Continued

B. OPERATING EXPENSES AND BENEFITS PAID (LOSSES)

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

Report the benefits paid to policy holders (losses) and administrative expenses of providing insurance by this organization during 2002.

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 and salaries.*
- *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 8 (all other activities); assign all other investment expenses according to the distribution of reserves.*
- *Other general insurance expenses.*

Exclude:

- *Federal income taxes.*

2002								
Activity	Cen- sus use	Benefits paid (losses)			Cen- sus use	Administrative expenses		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Life insurance and annuities	5001				5021			
2. Life reinsurance	5008				5028			
3. Health insurance and hospital and medical service plans	5002				5022			
4. Health and medical reinsurance	5009				5029			
5. Accident insurance	5010				5030			
6. Accident reinsurance	5011				5031			
7. Providing claims processing and other administrative services for other parties					5023			
8. All other activities (i.e., property and casualty, including reinsurance, etc.)	5004				5024			
9. TOTAL (Sum lines 1 through 8)	5005				5025			

C. NET PREMIUMS EARNED BY STATE

Report the net premiums earned by state for activities covered by this form. Estimates are acceptable.

The total of this question should equal the sum of lines 1 through 7 (reported in 2).

State	Cen- sus use	2002			
		\$ Bil.	Mil.	Thou.	Dol.
1. Alabama	5101				
2. Alaska	5102				
3. Arizona	5103				

CONTINUE WITH 26 ON PAGE 7

CONTINUE ON PAGE 7

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

26 SPECIAL INQUIRIES - Continued

State	Cen- sus use	2002			
		\$ Bil.	Mil.	Thou.	Dol.
4. Arkansas	5104				
5. California	5105				
6. Colorado	5106				
7. Connecticut	5107				
8. Delaware	5108				
9. District of Columbia	5109				
10. Florida	5110				
11. Georgia	5111				
12. Hawaii	5112				
13. Idaho	5113				
14. Illinois	5114				
15. Indiana	5115				
16. Iowa	5116				
17. Kansas	5117				
18. Kentucky	5118				
19. Louisiana	5119				
20. Maine	5120				
21. Maryland	5121				
22. Massachusetts	5122				
23. Michigan	5123				
24. Minnesota	5124				
25. Mississippi	5125				
26. Missouri	5126				
27. Montana	5127				
28. Nebraska	5128				
29. Nevada	5129				
30. New Hampshire	5130				
31. New Jersey	5131				

CONTINUE WITH **26** ON PAGE 8

CONTINUE ON PAGE 8

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26 SPECIAL INQUIRIES - Continued

State	Cen- sus use	2002			
		\$ Bil.	Mil.	Thou.	Dol.
32. New Mexico	5132				
33. New York	5133				
34. North Carolina	5134				
35. North Dakota	5135				
36. Ohio	5136				
37. Oklahoma	5137				
38. Oregon	5138				
39. Pennsylvania	5139				
40. Rhode Island	5140				
41. South Carolina	5141				
42. South Dakota	5142				
43. Tennessee	5143				
44. Texas	5144				
45. Utah	5145				
46. Vermont	5146				
47. Virginia	5147				
48. Washington	5148				
49. West Virginia	5149				
50. Wisconsin	5150				
51. Wyoming	5151				
52. TOTAL (Sum lines 1 through 51)	5152				

27 Not Applicable.



52450087

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

28 LOCATIONS OF OPERATION

A. Complete pre-identified locations of operation supplement (See attached pages.)

B. Complete additional locations of operation supplement (See attached pages.)

C. Number of locations

Include:

- All locations in operation or temporarily inactive in **28A**.
- All locations added in **28B**.

Exclude:

- All locations that have ceased operation or were sold.

Mark "X" if None

2002
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?

0078 Yes 0079 No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year
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0072 Name of person to contact regarding this report	0073 Title
--	------------

Telephone 0074	Area code	Number	Extension	Fax 0075	Area code	Number
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0076 Internet e-mail address	Date completed 0069	Month	Day	Year
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Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

52450095