



1997 ECONOMIC CENSUS

LIFE, ACCIDENT, AND HEALTH INSURANCE CARRIERS

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-6301

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.

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. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79** report **1 126** (Preferred) or **1 125 629** (Acceptable)

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know boundaries

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.
Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only
Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general description. In addition – Insurance and reinsurance carriers should include revenue earned from:

- Net insurance premiums earned, annuities, and reinsurance premiums assumed
- Net investment income and net realized capital gains (losses)
- Fees earned for administrative services provided
- Gross rents from real properties
- Other operating revenue

Hospital and medical service plans should include revenue earned from:

- Subscriber and plan member fees and premiums earned
- Net investment income and net realized capital gains (losses)
- Other operating revenue

Bil.	Mil.	Thou.	Dol.
010			

Revenue in 1997

Item 5. PAYROLL

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

	Mil.	Thou.	Dol.
030			
031			

b. First quarter (January–March)

Item 6. EMPLOYMENT
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 for the EIN on the label.

Number
032

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the **ONE** box which best describes this establishment during 1997.

- 003 1 Individual proprietorship
2 Partnership
5 Government – Specify
0 Corporation
0 Subchapter "S" corporation
9 Other – Specify

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment's PRINCIPAL kind of business or activity in 1997?
 Mark (X) only ONE box. 070

Insurance carriers

Life insurance carrier 6311011
 Fraternal life insurance organization 6311012
 Accident and disability income insurance carrier 6321011
 Health insurance carrier 6321021
 Property and casualty insurance carrier 6331013
 Life **reinsurance** carrier 6311021
 Accident and health **reinsurance** carrier 6321031
 Other insurance carrier – Describe 6300000

Insurance agent or broker (office not owned or operated by any insurance carrier) 6411105

Hospital and medical service plans

Office of health maintenance organization (NOT providing hospital, medical, and/or dental services) 6324011

Office of preferred provider organization (NOT providing hospital, medical, and/or dental services) 6324012
 Office of group hospitalization plan 6324013

Office of hospital and/or medical service plan – direct. 6324014

Office of hospital and/or medical service plan – reinsurance. 6324021
 Office of dental insurance plan 6324017

Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE – Continued					
Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Bil.	Mil.	Thou.	Dol.
5. Reinsurance premiums – assumed					
a. Life	0171				
b. Accident, health, and medical	0172				
c. Property and casualty	0173				
d. Other reinsurance	0179				
e. Sum of lines 5a through 5d	0170				
6. Property and casualty insurance premiums earned (net)	0130				
7. Other insurance premiums earned (net)	0160				
8. Realized capital gains (or losses) on investment accounts	0340				
9. Other investment income (include rental revenue on line 11)	0480				
10. Fees collected for providing administrative services					
a. Services to Medicare, Medicaid, and CHAMPUS	0841				
b. Services to all other parties (insurance, health plans, etc.)	0842				
c. Sum of lines 10a and 10b	0840				
11. Gross rents from real properties	1300				
12. Other revenue – Specify 076					
	9810				
13. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

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 on page 1 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:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				39
	<i>Not acceptable</i>				38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Bil.	Mil.	Thou.	Dol.
1. Life insurance premiums earned (net)	850 0110	851			852
2. Annuity revenue (include considerations and annuity fund deposits)	0180				
3. Health and medical insurance premiums earned (net)	0122				
4. Accident insurance premiums earned (net) (include accidental death and dismemberment, and disability income insurance)	0121				

Item 10. SPECIAL INQUIRIES

a. Tax Status

(1) Is this establishment operated on a not-for-profit basis?

980 1 Yes
 2 No – Skip to item 10b

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

981 1 Yes
 2 No

ITEM 10 CONTINUED ON PAGE 3

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

Census File Number

Item 10. 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 policyholders (losses) and administrative expenses of providing insurance by this establishment during 1997.

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
- Other general insurance expenses
- 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.

Exclude —

- Federal income taxes

Activity	Benefits paid (losses)			Administrative expenses		
	Bil.	Mil.	Thou.	Bil.	Mil.	Thou.
(1) Life insurance, life reinsurance, and annuities	870			871		
(2) Accident and health insurance (including reinsurance), and hospital and medical service plans	872			873		
(3) Providing claims processing and other administrative services for other parties				874		
(4) All other activities (i.e., property and casualty, including reinsurance, etc.)	875			876		
(5) TOTAL (Sum of lines 1 through 4)	877			878		

c. Net premiums earned by State

Report the net premiums earned for all types of insurance by state for this establishment. 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.

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79**
 report **1 126** (Preferred)
 or **1 125 629** (Acceptable)

Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
1	126	
1	125	629

State	Bil.	Mil.	Thou.	Dol.
(1) Alabama	889			
(2) Alaska	890			
(3) Arizona	891			
(4) Arkansas	892			
(5) California	893			
(6) Colorado	894			
(7) Connecticut	895			

Part c continues in next column

Item 10. SPECIAL INQUIRIES – Continued

c. Net premiums earned by State – Continued

State	Bil.	Mil.	Thou.	Dol.
(8) Delaware	896			
(9) District of Columbia	897			
(10) Florida	898			
(11) Georgia	899			
(12) Hawaii	900			
(13) Idaho	901			
(14) Illinois	902			
(15) Indiana	903			
(16) Iowa	904			
(17) Kansas	905			
(18) Kentucky	906			
(19) Louisiana	907			
(20) Maine	908			
(21) Maryland	909			
(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			
(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			

ITEM 10 CONTINUED ON PAGE 4

Item 10. SPECIAL INQUIRIES – Continued

c. Net premiums earned by State – Continued

State	Bil.	Mil.	Thou.	Dol.
(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) TOTAL Sum of lines (1) – (51) (Should equal sum of lines 1 through 7 of Item 9, Sources of Revenue)	940			

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1 Yes – Complete this item
- 2 No – Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name			1997	Mil.	Thou.	Dol.
Number and street			Revenue	081		
City State ZIP Code			Annual payroll	082		
Kind-of-business description			Paid employees for pay period including March 12			
			083			
			Census use 088			
Name			1997	Mil.	Thou.	Dol.
Number and street			Revenue	081		
City State ZIP Code			Annual payroll	082		
Kind-of-business description			Paid employees for pay period including March 12			
			083			
			Census use 088			

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.

Period covered by this report FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report – *Print or type*

Title

Telephone Area code Number Extension

Signature of authorized person Date