



1997 ECONOMIC CENSUS

PROPERTY AND CASUALTY, AND OTHER 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-6302

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

Name of new owner or operator _____

Number and street _____

City _____

State _____

ZIP Code _____

Item 4. DOLLAR VOLUME OF REVENUE

See instruction sheet for general directions. Additionally, 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 rent from real properties
- Other operating revenue

Insurance agents and brokers (establishment NOT owned or operated by any insurance carrier) should include revenue earned from:

- Insurance commissions
- 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 _____

b. First quarter (January-March)

031 _____

Item 6. EMPLOYMENT Number

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 in the label.

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

Property and casualty insurance carrier 6331011

Surety, fidelity, and liability insurance carrier 6351011

Title insurance carrier 6361011

Property and casualty **reinsurance** carrier 6331021

Surety, fidelity, or liability **reinsurance** carrier 6351021

Title **reinsurance** carrier 6361021

Other insurance carrier – Describe 6300000

Insurance agent or broker (office not owned or operated by any insurance carrier) 6411104

Other kind of business or activity – Describe 7777777

Item 9. SOURCES OF REVENUE
Report sources of revenue for this establishment either as dollar figures or as whole percents of total revenue. (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, on page 1.

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
	Not acceptable				38.76

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
1. Property and casualty insurance premiums earned (net)	850	851				852
a. Fire, allied, and multiple peril insurance	0131					
b. Ocean marine insurance	0132					
c. Inland marine insurance	0133					
d. Workers' compensation insurance	0134					
e. Private passenger auto insurance (include no-fault, liability, and physical damage)	0135					
f. Commercial auto insurance (include no-fault, liability, and physical damage)	0136					
g. Miscellaneous property liability insurance	0137					
h. Product liability insurance	0138					
i. Surety insurance	0139					
j. Mortgage guarantee insurance	0141					
k. Glass insurance	0142					
l. Burglary and theft insurance	0143					
m. Boiler and machinery insurance	0144					
n. All other property and casualty insurance	0149					
o. Sum of lines 1a through 1n	0130					
2. Title insurance premiums earned (net)	0150					

Sources of revenue	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.				
		Bil.	Mil.	Thou.	Dol.	Per-cent
3. Reinsurance premiums—assumed						
a. Property and casualty	0173					
b. Surety	0174					
c. Title	0175					
d. Life	0171					
e. Accident, health, and medical	0172					
f. Other reinsurance	0179					
g. Sum of lines 3a through 3f	0170					
4. Accident, health, and medical insurance premiums earned (net)	0120					
5. Life insurance premiums earned (net)	0110					
6. Annuity revenue	0180					
7. Other insurance premiums earned (net)	0160					
8. Realized capital gains (or losses) on investment accounts	0340					
9. Other investment income (net) – Include rental revenue on line 10.	0480					
10. Gross rents from real properties	1300					
11. Title search, title reconveyance, and title abstract service fees	0890					
12. Other revenue – Specify 076	9810					
13. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%

Item 10. SPECIAL INQUIRIES
Net premiums earned by State
 Report the net premiums earned by this establishment for all types of insurance. 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.	Mil-lions (000)	Thou-sands (000)	Dol-lars (000)
	Example: If a figure is \$1,125,628.79 report	• Preferred 1	126	
	Acceptable	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			

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
Net premiums earned by State – Continued

Item 10. SPECIAL INQUIRIES – Continued

State	Bil.	Mil.	Thou.	Dol.
7. Connecticut	895			
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			

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 1 through 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?

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

- 097 1 Yes →
- 2 No

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

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

- 098 1 Yes →
- 2 No

EIN (9 digits)

EIN (9 digits)

ITEM 11 CONTINUED ON PAGE 4



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

Number

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

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.

1	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		
2	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		
3	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 – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date