



1997 ECONOMIC CENSUS

LIFE, ACCIDENT, AND HEALTH INSURANCE CARRIERS (CONSOLIDATED)

OMB No. 0607-0834: Approval Expires 12/31/99

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-6311

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.

IMPORTANT – This is a National report

This report requests data for operations of all establishments of your company for the activity specified in the address label above. Item 10c requests net premiums earned by State, and item 11 requests information for each of your locations. Responses to all other items should summarize U.S. activity.

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 1-3. Not applicable to this report

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
Acceptable

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

Item 4. DOLLAR VOLUME OF REVENUE

Refer to accompanying instruction sheet for special instructions for this item.

Revenue in 1997

Bil.	Mil.	Thou.	Dol.
010			

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		
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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.

032

Item 7. Not applicable to this report

Item 8. KIND OF BUSINESS OR ACTIVITY

What was this firm's PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box.

070

Insurance carriers

Life insurance carrier 6311014

Fraternal life insurance organization 6311015

Health insurance carrier 6321023

Accident and disability income insurance carrier 6321013

Life **reinsurance** carrier 6311022

Accident and health **reinsurance** carrier 6321032

Other insurance carrier – Describe 6300000

Hospital and medical service plans

Hospital and/or medical service plan – direct 6324013

Hospital and/or medical service plan – reinsurance 6324022

Preferred provider organization – direct 6324018

Group hospitalization plan – direct 6324015

Other kind of business or activity – Describe 7777777

CONTINUE WITH ITEM 8 IN NEXT COLUMN

CONTINUE WITH ITEM 9 ON PAGE 2

Item 9. SOURCES OF REVENUE						
<p>Report sources of revenue for this industry 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.</p> <p>If you report in dollars, the Total (line 13) should equal Item 4, Dollar Volume of Revenue.</p> <p>Net premiums earned: Please refer to the definition currently used by the National Association of Insurance Commissioners.</p>						
HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:		Mil.	Thou.	Dol.	Per-cent
	<ul style="list-style-type: none"> 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. 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				
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				

Item 9. SOURCES OF REVENUE – Continued						
Sources of revenue		Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
			Bil.	Mil.	Thou.	Dol. Per-cent
12. Other revenue – Specify 076		9810				
13. TOTAL (Should equal item 4 if reporting in dollars)		9990				100%
Item 10. SPECIAL INQUIRIES						
a. Tax status						
(1) Are these establishments operated on a not-for-profit basis?						
980 1 <input type="checkbox"/> Yes						
2 <input type="checkbox"/> No – Skip to item 10b						
(2) Was all or part of the income of these establishments or organizations exempt from Federal income taxes under section 501 of the Internal Revenue Code?						
981 1 <input type="checkbox"/> Yes						
2 <input type="checkbox"/> No						
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 these establishments during 1997.						
INSTRUCTIONS FOR ADMINISTRATIVE EXPENSES:						
Include –						
<ul style="list-style-type: none"> 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 –						
<ul style="list-style-type: none"> 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 (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	
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

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 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

• Preferred 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			
(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			

Part c continues in next column

Item 10. SPECIAL INQUIRIES – Continued

c. Net premiums earned by State – Continued

State	Bil.	Mil.	Thou.	Dol.
(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			
(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. LOCATIONS OF OPERATION – See attached pages.

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