

1997 ECONOMIC CENSUS Insurance Carriers

INSTRUCTIONS FOR FORMS FI-6311 AND FI-6321

Each report should be completed and returned, as soon as possible, in the preaddressed envelope (or use the preaddressed label) provided.

These instructions cover report forms FI-6311 and FI-6321 for multi-establishment companies engaged in underwriting life, accident, health, fire, marine, casualty, or surety insurance.

The report form requests data for activities conducted during 1997 and consists of two parts:

- (1) Items 4-10, pages 1 and 2, request information consolidated for the major activity printed in the mailing label;
- (2) Item 11, the listing of establishments, requests information for the individual establishments your company previously reported to be engaged in the major activity printed in the mailing label. This listing should be updated to include all locations for the type of activity specified.

If the report form does **NOT** seem to apply to the kind of business or activity appearing in the mailing label, **DESCRIBE** the business or activity in item 8, **AND COMPLETE** the report form, including the listing sheet(s), as accurately as possible. In most cases, completion of these report forms will satisfy the Census Bureau's requirements and eliminate further correspondence.

GENERAL INSTRUCTIONS

- Complete the form only for the activities identified in the label area of the form. If you have questions about the form call the Census Bureau at 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., eastern time, Monday through Friday. If you have any questions, or if any communication regarding a report form is necessary, be sure to reference the 11-digit Census File Number (CFN) printed in the mailing label.
- Each report should cover calendar year 1997. If book figures are not available, **estimates** are acceptable.
- Mail both the reporting form and the listing sheets together in the same package. The form may be separated for purposes of completing the information requested, but be sure to return the parts together.
- Revenue and payroll data should be rounded to the nearest thousand dollars, as illustrated on the report form.
- If additional space is necessary to complete any item, use the Remarks section at the end of the report form or attach a separate sheet. If extra sheets are added, **write your CFN at the top of each page**.
- Please make a photocopy of each completed report form and retain the copies in your files.
- We estimate it will take from 10 minutes to 4 hours and 45 minutes to complete this report form, with 1 hour and 17 minutes being the average time. This includes time to read instructions, assemble and review information, and record answers on the report form. If you have any comments regarding these estimates, send them to the Associate Director for Administration/Comptroller, Attn.: Paperwork Reduction Project (0607-0834), Room 3104, FB-3, Bureau of the Census, Washington, DC 20233.
- Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget (OMB). The OMB 8-digit number appears in the upper right corner of each questionnaire.

INSTRUCTIONS FOR SELECTED ITEMS

Items 1, 2, and 3. Not applicable.

Item 4. DOLLAR VOLUME OF REVENUE

Report revenue in thousands of dollars. **YOUR RESPONSE** in this item **IS STRICTLY CONFIDENTIAL**. Your company's reports will be used solely for developing summary statistics. **THEY CANNOT BE USED FOR PURPOSES OF TAXATION, INVESTIGATION, OR REGULATION.**

Revenue should be reported on the accrual basis of accounting, using Generally Accepted Accounting Principles (GAAP), if possible.

Report revenue from all business activities.

Include:

- Net insurance premiums earned, annuities, and reinsurance premiums assumed.
- Net investment income and net realized capital gains (losses).
- Commissions and fees received from all sources.
- Net gains (losses) from the sale of real property owned by you for investment, rent, or lease (NOT gross sales).
- Gross rents from real property leased by you to others.
- Fees earned for administrative services provided.
- Interest earned from property marketed under capital, finance, or full-payout leases.
- Other operating revenue

Exclude:

- Sales and other taxes collected directly from customers or clients and paid directly to a local, State, or Federal tax agency.
- Sales of concessions or stores of other firms operating in your establishments.

Item 5. PAYROLL

Answer this item according to the guidelines outlined below. (Definitions are the same as those used in the Employer's Quarterly Federal Tax Return, IRS Form 941, and as described in Circular E, Employer's Tax Guide.)

Include:

- Wages, salaries, tips, vacation allowances, bonuses, and other compensation paid to employees during 1997, whether or not subject to income or FICA tax.
- Salaries of officers and executives of a corporation.
- Compensation paid to sales agents as reported on your IRS Form 941 (**exclude** if reported on IRS Form 1099 - MISC - Statement for Recipients of Miscellaneous Income).
- Employee contributions to qualified pension plans.

Exclude:

- Payments to or withdrawals by proprietors or partners of an unincorporated company.
- Annuities or supplemental unemployment compensation benefits, even if income tax is withheld.
- Payrolls of concessions or stores of other firms operating in your establishments.
- Commissions paid to agents not considered employees of the firm on your IRS Form 941 (e.g., independent insurance agents).

Item 6. EMPLOYMENT

Include:

- All full- and part-time employees on the payroll during the pay period including March 12, 1997.
- Officers and executives of a corporation.
- Employees on paid sick leave, paid vacations, and paid holidays.
- Agents considered employees of the firm (e.g., full-time life insurance agents) as reported on your IRS Form 941.

Exclude:

- Proprietors or partners of an unincorporated firm.
- Employees of departments or concessions of other firms operating in your establishments.
- Agents not considered employees of the firm on your IRS Form 941 (e.g., independent insurance agents).

Item 7. Not applicable.

Item 8. KIND OF BUSINESS OR ACTIVITY

Choose the **one** kind of business which best describes the activity conducted during 1997 by the locations listed in item 11. If none of the provided selections seem appropriate, mark (X) the box next to "Other kind of business or activity," provide a specific description of the **primary** business activity, and complete the remainder of the report form.

Item 9. SOURCES OF REVENUE

- Revenue may be reported EITHER in thousands of dollars OR in whole percents of total revenue as illustrated on the report form. It is not necessary to report both dollars and percents.
- Allocate revenue (as reported in item 4) by source on appropriate revenue lines. Please do not combine data for two or more lines. **Estimates are acceptable.**
- If the locations represented by this report received revenue from a source(s) not listed here, report this revenue on the "Other revenue" line at the end of the list, and describe the revenue source(s) in the space provided.
- The sum of the revenue lines reported should equal the amount reported in item 4 (or 100 percent, if the lines were reported as percentages of the revenue).

Item 10. SPECIAL INQUIRIES

Refer to the applicable section below.

Report form *FI-6311*:

- a. Tax status — If the establishments in the kind of business or activity listed in the mailing label operated on a not-for-profit basis, mark "yes" to this question and answer the next question. If the establishments did not operate on a not-for-profit basis, mark "no" and skip to item 10b.
- b. Operating expenses and benefits paid (losses) — Refer to the instructions on the report form for this item.
- c. Net premiums earned by State — Report the net premiums earned **by State** by this firm for activities covered by this form.

Report form *FI-6321*:

Net premiums earned by State — Report the net premiums earned **by State** by this firm for activities covered by this form.

Item 11A. LOCATIONS OF OPERATION: PRELISTED ESTABLISHMENTS OF YOUR COMPANY

We have prelisted establishments of your company based on Census records, in EIN sequence, for the major activity preprinted in the mailing label on page 1.

These establishments should include all operating facilities, service locations, and any other facilities, such as administrative offices, main or branch offices, or claims offices which are either directly responsible for supervising such activities or the base from which personnel operate to carry out these activities.

Please update the list:

Kind of activity — For each location, if the preprinted "Major activity" is correct, no entry is needed in this box, otherwise describe the kind of activity in the box immediately above the "Major activity" box.

Employment —

- If employees worked at more than one location, report them at the ONE location where they spent the majority of their working time.
- Refer to instructions for item 6.

Payroll — Refer to instructions for item 5.

Part-year and inactive locations —

- If an establishment ceased operation before January 1, 1997, indicate such in column (c) on the appropriate listing sheet entry.
- If an establishment ceased operation during 1997; i.e., it was closed, sold, or leased to another firm, indicate such in column (c) on the appropriate listing sheet entry, and complete the listing sheet entry for the portion of the year the establishment was in operation under this ownership.

Item 11B. LOCATIONS OF OPERATION: ADDITIONAL ESTABLISHMENT(S) OF YOUR COMPANY

- List additional establishments of your company and its subsidiaries that are not prelisted, but were primarily engaged in the activity described in the mailing label during part or all of 1997. If additional space is needed attach a separate sheet. Be sure to write the CFN, located in the mailing label, on the top of each additional sheet. Be sure to include the revenue, payroll, and employment of these establishments in items 4, 5, and 6 of the questionnaire.