



2002 ECONOMIC CENSUS

OTHER INSURANCE RELATED ACTIVITIES AND EMPLOYEE BENEFIT FUNDS

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-52460

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 an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

Mark "X" if None		2002	
		Number of months	

2 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025 -

3 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031 Yes

0032 No - Enter physical location →

0035 Number and street		
0036 City, town, village, etc.	0037 State	0038 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. Type of municipality where this establishment is physically located

0046 City, village, or borough 0047 Town or township 0048 Other or do not know



52460011

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.

If a figure is **\$1,025,628.79**:

If a value is "0" (or less than \$500.00):

Report →

Report →

Mark "X" if None

Mark "X" if None

2002			
\$ Bil.	Mil.	Thou.	Dol.
	1	026	

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Revenue 0100

2002			
\$ Bil.	Mil.	Thou.	Dol.

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

A. Did this establishment 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**

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

0185

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

6 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **2**.

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).

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

Mark "X" if None

2002	
Number	

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

1. Annual payroll 0300

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



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

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment 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.)

1. Annual payroll for leased employees 0350

2002		
\$ Mil.	Thou.	Dol.

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

18 KIND OF BUSINESS

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

Insurance activities

- 0700
- 524 292 10 46 Third party administration - pension, health, and/or welfare funds/plans
 - 524 292 90 49 Third party administration - health insurance
 - 524 292 90 23 Third party administration - workers' compensation and other self-insurance
 - 524 292 90 56 Third party prescription drug claims processing
 - 523 920 10 63 Third party investment/asset portfolio manager of pension funds/plans
 - 524 292 90 64 Health care management - providing hospital certification programs, preferred provider organizations, and a range of other services intended to lower or contain health care costs
 - 524 292 90 31 Insurance claims processing service
 - 524 291 00 15 Insurance claims adjusting
 - 524 291 00 31 Insurance claims appraising
 - 524 298 00 18 Insurance investigation service

CONTINUE WITH **13** ON PAGE 4

18 KIND OF BUSINESS - Continued

Insurance activities - Continued

- 0700 524 298 00 26 Medical utilization review, including peer review organization
- 541 191 00 10 Title abstract or settlement offices
- 523 930 00 22 Pension plan asset consulting

Agents/agencies and brokers/brokerages

- 524 210 00 16 Independent insurance agent or agency
- 524 210 00 47 Exclusive insurance agent or agency
- 524 210 00 96 Managing general agent or agency
- 524 210 00 54 Insurance broker or brokerage

Miscellaneous financial activities

- 523 991 90 29 Trustee in bankruptcy
- 525 110 00 11 Pension fund
- 525 120 00 35 Health and/or welfare fund
- 525 120 00 68 Employee benefit plan
- 525 110 00 45 401 k retirement plan
- 525 120 00 43 Apprenticeship training fund
- 525 110 00 29 Profit sharing plan
- 525 110 00 37 Union trust fund
- 525 120 00 50 Taft-Hartley trust
- 525 110 00 52 Retirement plan
- 525 190 00 48 Insurance guaranty association or fund
- 525 190 00 14 Workers' compensation self-insurance fund
- 525 120 00 92 Vacation fund for employees
- 523 991 90 37 Vacation trust fund administrator
- 525 110 00 60 Self-administered pension fund/plan, where the fund/plan manager and the fund/plan both operate under the EIN of this establishment
- 525 120 00 76 Self-administered health and/or welfare fund/plan, where the fund/plan manager and the fund/plan both operate under the EIN of this establishment
- 777 520 00 95 Other kind of fund or plan - Specify ↴

0701

Other business activities

- 775 000 00 15 Other kind of business or activity - Specify ↴

0701



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

19-21 Not Applicable.

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 establishment, either as a dollar figure or as a whole percent of total revenue reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

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. Insurance commissions						
a. Life and accident	50831					
b. Health and medical	50832					
c. Property and casualty - personal lines	50833					
d. Property and casualty - commercial lines	50834					
e. Annuity	50835					
f. Title	50836					
g. Other	50839					
h. Sum lines 1a through 1g	50830					
2. Third party administration and management fees						
a. Pension funds/plans	50851					
b. Health and/or welfare funds/plans	50852					
c. Workers' compensation self-insurance	50853					
d. Other self-insurance	50854					
e. Sum lines 2a through 2d	50850					
3. Insurance claims adjusting/appraisal fees	50860					
4. Insurance consulting fees	50870					
5. Fees from investment consulting and advice, excluding investment management for clients	50880					
6. Asset/investment portfolio management fees, including investment advisory fees where investment decisions are made for the client	50520					
7. Income from fiduciary activities, including trust, custody, and escrow	50510					
8. Title search, title reconveyance, and title abstract service fees	50890					

CONTINUE WITH 2 ON PAGE 6

CONTINUE ON PAGE 6

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22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
9. Revenue from all other insurance-related activities	50990					
10. Securities commissions	50800					
11. Real estate sales commissions	51200					
12. Gross rents from real property owned by this establishment	51300					
13. Other revenue - <i>Specify</i> ↴ 	59810					
14. TOTAL (Should equal 4 if reporting in dollars.)	59990					1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

SUPPORT SERVICES

Was this establishment primarily engaged in providing management, administrative, or support services to other establishments of the same company (rather than for the general public or other business firms) in 2002?

0998 Yes

0999 No

27-28 Not Applicable.

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 In operation

0014 Ceased operation - Give date at right →

0018	Month	Day	Year

0013 Temporarily or seasonally inactive

0015 Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴

0060 Name of new owner or operator	0061 Employer Identification Number
	Enter EIN of new owner (9 digits) →
0062 Mailing address (number and street, P.O. Box, etc.)	
0063 City, town, village, etc.	0064 State 0065 ZIP Code



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

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

0072 Name of person to contact regarding this report	0073 Title

Telephone 0074	Area code	Number		Extension	Fax 0075	Area code	Number	
		-					-	

0076 Internet e-mail address	Date completed 0069	Month	Day	Year

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.



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