



# 2007 ECONOMIC CENSUS

## Life, Health, and Medical Insurance Carriers

**DUE DATE**  
**FEBRUARY 12, 2008**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

FI-52401

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 6:00 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.

**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 ballpoint pen.
  - Do not use pencil or felt-tip pen.
  - Place an "X" inside the box.
  - Please center numbers in their respective boxes.
  - Do not put slashes through 0 or 7.
- Examples:  0 1 2 3 4 5 6 7 8 9

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** 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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes - Go to **2**      0022  No - Enter current EIN (9 digits) → 0025  -

**2** 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 - Go to line B

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.? (Mark "X" only ONE box.)

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

**C.** In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

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**3 OPERATIONAL STATUS**

Which ONE of the following best describes this establishment's operational status at the end of 2007?  
(Mark "X" only ONE box.)

0011  In operation

0013  Temporarily or seasonally inactive

0014  Ceased operation - Give date at right

Month	Day	Year

0015  Sold or leased to another operator - Give date at right  
AND enter name and address of new owner or operator  
and Employer Identification Number (EIN) below

0018

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

0016  Other - Specify

0815

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 50.) . . . . . 0002

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

2007			
\$ Bil.	Mil.	Thou.	Dol.
	1 0 2 6		

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Revenue . . . . . 0100

**6 Not Applicable.**

**7 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 1.

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- 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.

For further clarification, see information sheet(s).

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

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

1. Annual payroll . . . . . 0300

2. First quarter payroll (January-March, 2007) . . . . . 0310

2007 Number

2007			
\$ Bil.	Mil.	Thou.	Dol.

52401023

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

8 - 18 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2007? (Mark "X" only ONE box.)

Direct insurance carrier

- 0700 524 113 00 1  Life insurance carrier
- 524 113 00 2  Fraternal life insurance organization
- 524 113 00 4  Accident and disability income insurance carrier
- 524 114 10 1  Health insurance carrier
- 524 114 90 1  Office of health maintenance organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 2  Office of preferred provider organization - NOT providing hospital, medical, and/or dental services
- 524 114 90 4  Office of group hospitalization plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 5  Office of hospital and/or medical service plan - NOT providing hospital, medical, and/or dental services
- 524 114 90 7  Office of dental insurance plan - NOT providing hospital, medical, and/or dental services
- 524 126 10 1  Property and casualty insurance carrier
- 524 128 00 4  Burial insurance carrier
- 524 128 00 3  Other **direct** insurance carrier - *Specify* ↴

0701

Reinsurance carriers

- 524 130 00 8  Life **reinsurance** carrier
- 524 130 00 7  Accident and health **reinsurance** carrier
- 524 130 00 6  Office of hospital and/or medical service plan - **reinsurance**
- 524 130 00 C  Other **reinsurance** carrier - *Specify* ↴

0701

Other business activities

- 524 210 00 6  Insurance agent or broker
- 775 000 00 1  Other kind of business or activity - *Specify* ↴

0701

20 and 21 Not Applicable.

52401031



HOW TO REPORT PERCENTS



If figure is **38.76%** of total sales:

**Report whole percents**

2007

Estimates are acceptable. Report dollars OR percents.

\$ Bil.	Mil.	Thou.	Dol.	Percent
				39

**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 5). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more lines.)

**Line 12** - Revenue includes burial insurance premiums.

**Line 17** - Revenue includes claims adjustment, appraisal, and investigation services.

Description of sales, shipments, receipts, or revenue	Census use	2007					
		Estimates are acceptable. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721					0722
<b>1.</b> Life insurance products - net premiums earned							
<b>a.</b> Individual term life . . . . .	58011						
<b>b.</b> Individual whole life . . . . .	58012						
<b>c.</b> Individual universal life . . . . .	58013						
<b>d.</b> Group life . . . . .	58014						
<b>e. Sum lines 1a through 1d</b> . . . . .	58010						
<b>2.</b> Annuity products - revenue, including considerations and annuity fund deposit							
<b>a.</b> Variable deferred annuities . . . . .	58031						
<b>b.</b> Fixed rate deferred annuities . . . . .	58032						
<b>c.</b> Immediate annuities . . . . .	58033						
<b>d. Sum lines 2a through 2c</b> . . . . .	58030						
<b>3.</b> Health and medical insurance products - net premiums earned							
<b>a.</b> Comprehensive medical service plans . . . . .	58041						
<b>b.</b> Individual service medical coverage plans (includes supplemental Medicare, CHAMPUS, and other) . . . . .	58042						
<b>c.</b> Other health and medical insurance products . . . . .	58043						
<b>d. Sum lines 3a through 3c</b> . . . . .	58040						
<b>4.</b> Accident insurance products - net premiums earned, including accidental death and dismemberment, and disability income insurance	58050						
<b>5.</b> Surety and related products - net premiums earned . . . . .	58060						
<b>6.</b> Vehicle property and liability (casualty) insurance products - net premiums earned . . . . .	58070						
<b>7.</b> Property and liability (except vehicle) insurance products - net premiums earned . . . . .	58080						

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CONTINUE WITH 22 ON PAGE 5

CONTINUE ON PAGE 5

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

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

Description of sales, shipments, receipts, or revenue	Census use	2007					
		Estimates are acceptable. Report dollars OR percents.					
		\$ Bil.	Mil.	Thou.	Dol.	Percent	
0723	0720	0721				0722	
8. Product liability insurance products - net premiums earned . . . . .	58100						
9. Other general liability insurance products - net premiums earned . . . . .	58110						
10. Traveler's insurance products - net premiums earned . . . . .	58120						
11. Title insurance products - net premiums earned . . . . .	58130						
12. All other direct insurance products - net premiums earned . . . . .	58140						
13. Life and health insurance and annuity <b>reinsurance</b> products - premiums assumed . . . . .	58150						
14. Surety bonds and related <b>reinsurance</b> products - premiums assumed . . . . .	58160						
15. Property and casualty <b>reinsurance</b> products - premiums assumed . . . . .	58170						
16. Other <b>reinsurance</b> products - premiums assumed . . . . .	58180						
17. Claims adjustment/appraisal products - fees . . . . .	58210						
18. Third party administration and management products - fees . . . . .	58230						
19. Trading debt instruments on own account - net gains (losses) . . . . .	56510						
20. Trading equities on own account - net gains (losses) . . . . .	56610						
21. Trading derivative contracts on own account - net gains (losses) . . . . .	56710						
22. Trading foreign currency on own account - net gains (losses) . . . . .	56810						
23. Trading other securities and commodity contracts on own account - net gains (losses) . . . . .	56910						
24. Other products - <i>Specify</i> ↴  	59810						
25. <b>TOTAL</b> (Should equal <b>5</b> if reporting in dollars.) . . . . .	59990						1 0 0

**23-25** Not Applicable.

52401056

**26** SPECIAL INQUIRIES

**A. TAX STATUS**

1. Was this establishment operated on a not-for-profit basis?

0106  Yes      0107  No - Go to B

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

0103  Yes      0104  No

**B. ADMINISTRATIVE 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 2007.*

**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, salaries, and other compensation.
- 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 8 (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses.

**Exclude:**

- Federal income taxes.

2007								
Activity	Cen- sus use	Benefits paid (losses)			Cen- sus use	Administrative expenses		
		\$ Bil.	Mil.	Thou.		\$ Bil.	Mil.	Thou.
1. Life insurance and annuities . . . . .	5001				5021			
2. Life reinsurance . . . . .	5008				5028			
3. Health insurance and hospital and medical service plans . . . . .	5002				5022			
4. Health and medical reinsurance . . . . .	5009				5029			
5. Accident insurance . . . . .	5010				5030			
6. Accident reinsurance . . . . .	5011				5031			
7. Providing claims processing and other administrative services for other parties . . . . .					5023			
8. All other activities (i.e., property and casualty, including reinsurance, etc.) . . . . .	5004				5024			
9. <b>TOTAL</b> (Add lines 1 through 8) . . . . .	5005				5025			

**27-29** Not Applicable.

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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?

Yes  No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number		Extension	Fax	Area code	Number	
			-					-

Internet e-mail address	Date completed	Month	Day	Year

**Thank you for completing your 2007 ECONOMIC CENSUS form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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