



2007 ECONOMIC CENSUS

Insurance Agencies and Brokerages

FORM

FI-52403 (01/31/2007)

OMB No. 0607-0931: Approval Expires 12/31/2008

DUE DATE
FEBRUARY 12, 2008

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

FI-52403

**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

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:

Report

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

Report

Mark "X" if None

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

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

See information sheet(s) for general description. In addition, include revenue earned from:

- Commissions from sales of insurance, annuity contracts, and securities.
- Fees from rate-making, claims adjusting and appraisal, and insurance inspection services.
- Other operating revenue.

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

Revenue 0100

6 Not Applicable.

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

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

2007
Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

1. Annual payroll 0300

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

8 - 13 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.)

Insurance agents/agencies and brokers/brokerages

- 0700 524 210 00 1 Independent insurance agent or agency
- 524 210 00 4 Exclusive insurance agent or agency
- 524 210 00 9 Managing general agent or agency
- 524 210 00 5 Insurance broker or brokerage
- 524 210 00 A Risk finance consulting for individuals

Other insurance activities

- 524 291 00 1 Insurance claims adjusting
- 524 291 00 3 Insurance claims appraising
- 524 292 00 A Insurance claims processing service
- 524 292 00 8 Third party administration - pension, health, and/or welfare funds/plans
- 524 292 00 7 Third party administration - health insurance
- 524 292 00 3 Third party administration - workers' compensation and other self-insurance
- 524 292 00 6 Health care management - providing hospital certification programs, preferred provider organizations, and a range of other services intended to lower or contain health care costs
- 524 298 00 1 Insurance investigation service (except claims investigation)
- 525 190 00 4 Insurance guaranty association or fund

CONTINUE WITH 19 ON PAGE 4

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19 KIND OF BUSINESS - Continued

Other business activities

- 0700 531 210 10 4 Real estate agent or broker - residential
- 541 191 00 1 Title abstract or settlement offices
- 775 000 00 1 Other kind of business or activity - *Specify*

0701

20 and 21 Not Applicable.

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
				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 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 2 - Revenue includes claims adjustment, appraisal, and investigation services.

Description of sales, shipments, receipts, or revenue	Cen- sus use	2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
0723	0720	0721				0722
1. Insurance brokerage and agency products - commissions						
a. Life and accident	58191					
b. Health and medical	58192					
c. Property and casualty - personal lines	58193					
d. Property and casualty - commercial lines	58194					
e. Annuity	58195					
f. Title	58196					
g. Other	58197					
h. Sum lines 1a through 1g	58190					
2. Claims adjustment/appraisal products - fees	58210					
3. Insurance consulting products - fees	58220					
4. Other products related to insurance						
a. Third party administration and management of pension funds/plans - fees	58231					
b. Third party administration and management of health and/or welfare funds/plans - fees	58232					
c. Third party administration and management of workers' compensation self-insurance - fees	58233					

CONTINUE WITH ON PAGE 5

CONTINUE ON PAGE 5

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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	
4. Other products related to insurance - Continued							
d. Third party administration and management of other self-insurance - fees	58234						
e. Other - fees	58235						
f. Sum lines 4a through 4e	58230						
5. Financial planning and investment management products							
a. Financial planning and investment management services for businesses and governments	57711						
b. Personal financial planning and advice products	57712						
c. Personal investment management products	57713						
d. Sum lines 5a through 5c	57710						
6. Brokering and dealing products - equities	55610						
7. Title search, title reconveyance, and title abstract service fees	58240						
8. Other products - Specify							
	59810						
9. TOTAL (Should equal 5 if reporting in dollars.)	59990						1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

LICENSED INSURANCE AGENTS/BROKERS

1. Number of licensed agents/brokers, including employees and independent contractor agent/brokers, working for this establishment during the week of March 12, 2007

- a.** Full time 5200
- b.** Part time 5201
- c. TOTAL** (Sum lines 1a and 1b) 5202

Mark "X" if None	2007		
	Number		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

2. Commissions paid by this establishment to independent contractor agents/brokers, which were NOT reported on Internal Revenue Service form 941 and not included in **7**, part B 5205

Mark "X" if None	2007		
	\$ Mil.	Thou.	Dol.
<input type="checkbox"/>			

27-29 Not Applicable.

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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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