



2007 ECONOMIC CENSUS

Life, Health, and Medical Insurance Carriers (Consolidated)

DUE DATE
FEBRUARY 12, 2008

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

FI-52450

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.

**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 ballpoint pen.
- Please center numbers in their respective boxes.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

<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 a consolidation of all your company's domestic establishments for the industry specified in the mailing address section. Establishments are generally single physical locations. Please update the pre-identified establishments for this industry in the locations of operations supplement. For further clarification, see information sheet(s).

1 - 4 Not Applicable.

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

2007

\$ Bil.	Mil.	Thou.	Dol.
	1	0	26

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Refer to accompanying information sheet(s) for special instructions for this question.)

Mark "X" if None

2007

\$ Bil.	Mil.	Thou.	Dol.

Revenue 0100

6 Not Applicable.

52450012

7 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees for this reporting unit whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return.

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).

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

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

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

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

1. Annual payroll 0300

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

8-18 Not Applicable.

19 KIND OF BUSINESS

Which ONE of the following best describes this reporting unit'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

52450020



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

19 KIND OF BUSINESS - Continued

Reinsurance carriers - Continued

- 0700 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.

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 reporting unit, either as a dollar figure or as a whole percent of total revenue (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 1 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
1. Life insurance products - net premiums earned							
a. Individual term life	58011						
b. Individual whole life	58012						
c. Individual universal life	58013						
d. Group life	58014						
e. Sum lines 1a through 1d	58010						
2. Annuity products - revenue, including considerations and annuity fund deposit							
a. Variable deferred annuities	58031						
b. Fixed rate deferred annuities	58032						
c. Immediate annuities	58033						
d. Sum lines 2a through 2c	58030						

CONTINUE WITH 22 ON PAGE 4

CONTINUE ON PAGE 4

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

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
3. Health and medical insurance products - net premiums earned						
a. Comprehensive medical service plans	58041					
b. Individual service medical coverage plans (includes supplemental Medicare, CHAMPUS, and other)	58042					
c. Other health and medical insurance products	58043					
d. Sum lines 3a through 3c	58040					
4. Accident insurance products - net premiums earned, including accidental death and dismemberment, and disability income insurance	58050					
5. Surety and related products - net premiums earned	58060					
6. Vehicle property and liability (casualty) insurance products - net premiums earned	58070					
7. Property and liability (except vehicle) insurance products - net premiums earned	58080					
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 reinsurance products - premiums assumed	58150					
14. Surety bonds and related reinsurance products - premiums assumed	58160					
15. Property and casualty reinsurance products - premiums assumed	58170					
16. Other reinsurance 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					

52450046



CONTINUE WITH **23** 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
24. Other products - Specify						
	59810					
25. TOTAL (Should equal 5 if reporting in dollars.)	59990					1 0 0

23-25 Not Applicable.

26 SPECIAL INQUIRIES

A. TAX STATUS

1. Were the organizational activities covered by this form operated on a not-for-profit basis?

0106 Yes 0107 No - Go to B

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

0103 Yes 0104 No

CONTINUE WITH **26** ON PAGE 6

52450053



26 SPECIAL INQUIRIES - Continued

B. ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

(To be completed by insurance carriers and health plans ONLY.)

Report the benefits paid to policy holders (losses) and administrative expenses of providing insurance by this reporting unit 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. TOTAL (Add lines 1 through 8)	5005				5025			

27 Not Applicable.

52450061



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

28 LOCATIONS OF OPERATION

A. Complete the Pre-identified Locations of Operation supplement (See attached pages for 28A.)

B. Complete the Additional Locations of Operation supplement (See attached pages for 28B.)

C. Number of locations

Include:

- All locations in operation or temporarily inactive in 28A.
- All locations added in 28B.

Exclude:

- All locations that have ceased operation or were sold.

Mark "X" if None

2007
Number

Total number of locations currently in operation 6070

29 Not Applicable.

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.

52450079

