



# 2012 ECONOMIC CENSUS

## Insurance Agencies and Brokerages

**DUE DATE**  
**FEBRUARY 12, 2013**

(Please correct any errors in this mailing address.)

**Need help or have questions?**

- **Read** the accompanying information sheet(s) before answering the questions.
- **Visit** [econhelp.census.gov](http://econhelp.census.gov)
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

**FI-52403**

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**Report Online** - It's fast and secure!  
**Go to:** [econhelp.census.gov](http://econhelp.census.gov)

- **OR** -

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

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

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 to the left of the mailing address the same as the one used for this establishment on its latest 2012 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

    -    

CONTINUE WITH **2** ON PAGE 2



**2** PHYSICAL LOCATION - Continued

**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

**3** OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2012?  
(Mark "X" only ONE box.)

- 0011  In operation
- 0013  Temporarily or seasonally inactive
- 0014  Ceased operation - Give date at right →
- 0015  Sold or leased to another corporation - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below ↴

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Month	Day	Year
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

0060 Name of new owner or operator	0061 EIN (9 digits)
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <span style="font-size: 1.2em;">-</span> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

0062 Mailing address (Number and street, P.O. Box, etc.)

0063 City, town, village, etc.	0064 State	0065 ZIP Code
	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <span style="font-size: 1.2em;">-</span> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

0016  Other - Specify →

**4** MONTHS IN OPERATION

Number of months in operation during 2012 (If none, mark "X" and go to 30.) . . . . . 0002

	2012
	Number
<input type="checkbox"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

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

**HOW TO REPORT DOLLAR FIGURES**

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

If a figure is **\$2,035,628.79**:

**Report** →

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

**Report** →

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.
	2	036
EXAMPLE		

**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.

Revenue . . . . .

Mark "X" if None

2012		
\$ Bil.	Mil.	Thou.

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**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 to the left of 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).

Mark "X" if None

2012	
Number	

**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

2012		
\$ Bil.	Mil.	Thou.

**1.** Annual payroll . . . . . 0300

**2.** First quarter payroll (January-March 2012) . . . . . 0310

**8-18 Not Applicable.**

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**19** KIND OF BUSINESS

Which ONE of the following best describes this establishment's principal kind of business in 2012?  
(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 consulting
- 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

**Other business activities**

- 531 210 10 4  Real estate agent or broker - residential
- 541 191 00 1  Title abstract or settlement offices
- 523 920 00 8  Asset/portfolio manager, including investment advisory, with authority to make investment decisions for clients
- 523 930 00 1  Investment advice, without portfolio management authority
- 775 000 00 1  Other kind of business or activity - *Specify* ↴

0701

**20 and 21** Not Applicable.

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

**HOW TO REPORT PERCENTS**

Percents should be **rounded to whole** percents.

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

2012

Report thousands of dollars OR whole percents.

Estimates are acceptable.

\$ Bil.	Mil.	Thou.	Percent
			39

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

*(Report sources of operating revenue for this establishment, either as a dollar figure or as a whole percent of total operating revenue (reported in 5). See HOW TO REPORT DOLLAR FIGURES on page 3 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

2012

Report thousands of dollars OR whole percents.

Estimates are acceptable.


	\$ Bil.	Mil.	Thou.	Percent
<b>1.</b> Insurance brokerage and agency services - commissions				
<b>a.</b> Life and accident . . . . . 58191				
<b>b.</b> Health and medical . . . . . 58192				
<b>c.</b> Property and casualty - personal lines . . . . . 58193				
<b>d.</b> Property and casualty - commercial lines . . . . . 58194				
<b>e.</b> Annuity . . . . . 58195				
<b>f.</b> Title . . . . . 58196				
<b>g.</b> Other . . . . . 58197				
<b>h. Add lines 1a through 1g</b> . . . . . 58190				
<b>2.</b> Claims adjustment services . . . . . 58210				
<b>3.</b> Consulting services for insurance . . . . . 58220				
<b>4.</b> Insurance support services - third party administration				
<b>a.</b> Third party administration and management of pension funds/plans - fees . . . . . 58231				
<b>b.</b> Third party administration and management of health and/or welfare funds/plans - fees . . . . . 58232				
<b>c.</b> Third party administration and management of workers' compensation self-insurance - fees . . . . . 58233				
<b>d.</b> Third party administration and management of other self-insurance - fees . . . . . 58234				

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

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
<b>4.</b> Insurance support services - third party administration - Continued				
<b>e.</b> Other fees associated with third party administration . . . . 58235				
<b>f. Add lines 4a through 4e</b> . . . . . 58230				
<b>5.</b> Financial planning and investment management services				
<b>a.</b> Mergers and acquisition financial consulting services . . . . . 57714				
<b>b.</b> Financial management consulting services . . . . . 57711				
<b>c.</b> Personal financial planning and advice services . . . . . 57712				
<b>d.</b> Personal investment management services . . . . . 57713				
<b>e. Add lines 5a through 5d</b> . . . . . 57710				
<b>6.</b> Brokering and dealing services for equities . . . . . 55610				
<b>7.</b> Title search, title reconveyance, and title abstract service fees . . . . . 58240				
<b>8.</b> Other services - <i>Specify</i> 				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> . . . . . 59810				
<b>9. TOTAL</b> (Should equal <b>5</b> if reporting in dollars.) . . . . . 59990				100

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**23-25** Not Applicable.

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

26 SPECIAL INQUIRIES

A. 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, 2012

Mark "X" if None

2012	
Number	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

a. Full time . . . . . 5200

b. Part time . . . . . 5201

c. TOTAL (Add lines 1a and 1b.) . . . . . 5202

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 part B . . . . . 5205

Mark "X" if None

2012	
\$ Mil.	Thou.
<input type="text"/>	<input type="text"/>

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B. FRANCHISE

1. Was this establishment operating under any trademark(s) authorized by a franchisor in 2012? (Mark "X" only ONE box.)

0237  Yes - franchisee-owned establishment

0238  Yes - franchisor-owned establishment

0239  No

2. If yes, provide the trademark(s) below. ↴

0235

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.)

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**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
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Name of person to contact regarding this report

Title

Area code	Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Area code	Number
<input type="text"/>	<input type="text"/>

E-mail address

Date completed	Month	Day	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Thank you for completing your 2012 ECONOMIC CENSUS form.  
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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