



2012 ECONOMIC CENSUS

Insurance Carriers, Except Life, Health, and Medical

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
- **Call** 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

FI-52402

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Report Online - It's fast and secure!
Go to: 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

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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		

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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* →

Month	Day	Year

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* →

Month	Day	Year

 0018

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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 2012 Number

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

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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.

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None 2012

Revenue 0100

2012		
\$ Bil.	Mil.	Thou.

6 Not Applicable.

52402021

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 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, 2012 0000

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B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" if None

Mark "X" if None

2012

	\$ Bil.	Mil.	Thou.
1. Annual payroll 0300 <input type="checkbox"/>			
2. First quarter payroll (January-March 2012) 0310 <input type="checkbox"/>			

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8 - 18 Not Applicable.

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.)

Direct insurance carriers

- 0700 524 126 10 1 Property and casualty insurance carrier
- 524 126 10 2 Property insurance carrier
- 524 128 00 5 Warranty insurance carrier
- 524 126 90 2 Workers' compensation insurance carrier
- 524 126 90 1 Surety and fidelity insurance carrier
- 524 127 00 1 Title insurance carrier
- 524 113 00 1 Life insurance carrier
- 524 114 10 1 Health insurance carrier
- 524 128 00 3 Other **direct** insurance carrier - Specify

0701

Reinsurance carriers

- 524 130 00 5 Property and casualty **reinsurance** carrier
- 524 130 00 4 Surety, fidelity, and liability **reinsurance** carrier

CONTINUE WITH **19** ON PAGE 4

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19 KIND OF BUSINESS - Continued

Reinsurance carriers - Continued

- 0700 524 130 00 E Title **reinsurance** carrier
- 524 130 00 C Other **reinsurance** carrier - *Specify* ↴

0701

Other business activities

- 524 210 00 6 Insurance agent or broker
- 525 190 00 3 Guaranty Association (fund)
- 775 000 00 1 Other kind of business or activity - *Specify* ↴

0701

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20 and 21 Not Applicable.

HOW TO
REPORT
PERCENTS



Percentages 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 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 2i - Revenue includes warranty insurance premiums.

Line 11 - Revenue includes burial insurance premiums.

Description of sales, shipments, receipts, or revenue	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
1. Underwriting services for vehicle property and liability insurance policies - net premiums earned				
a. Personal vehicle insurance policies 58071				
b. Commercial vehicle insurance policies 58072				
c. Add lines 1a and 1b 58070				
2. Underwriting services for property and liability insurance policies, except vehicle - net premiums earned				
a. Underwriting services for agricultural multiple peril insurance policies 58081				
b. Underwriting services for homeowners multiple peril insurance policies 58082				
c. Underwriting services for commercial multiple peril insurance policies 58083				

CONTINUE WITH **22** 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	2012			
	Report thousands of dollars OR whole percents. Estimates are acceptable.			
	\$ Bil.	Mil.	Thou.	Percent
2. Underwriting services for property and liability insurance policies, except vehicle - net premiums earned - Continued				
d. Underwriting services for transportation insurance policies 58084				
e. Underwriting services for fire insurance policies 58085				
f. Underwriting services for burglary and theft insurance policies 58086				
g. Underwriting services for glass and window insurance policies 58087				
h. Underwriting services for earthquake insurance policies . . . 58088				
i. Underwriting services for property and liability insurance policies, not elsewhere specified 58089				
j. Add lines 2a through 2i 58080				
3. Underwriting services for product liability insurance policies - net premiums earned 58100				
4. Underwriting services for traveler's insurance policies - net premiums earned 58120				
5. Underwriting services for other general liability insurance policies, not elsewhere specified - net premiums earned				
a. Medical malpractice insurance policies 58111				
b. Workers' compensation insurance policies 58112				
c. Other general liability insurance policies 58113				
d. Add lines 5a through 5c 58110				
6. Underwriting services for surety bonds and related products - net premiums earned 58060				
7. Underwriting services for title insurance policies - net premiums earned 58130				
8. Underwriting services for life insurance - net premiums earned 58010				
9. Underwriting services for pensions and annuities - fees 58030				

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CONTINUE WITH **22** ON PAGE 6

CONTINUE ON PAGE 6

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
10. Underwriting services for health and accident insurance - net premiums earned 58040				
11. Underwriting services for other direct insurance policies - net premiums earned 58140				
12. Reinsurance services for life and health insurance and annuities - premiums assumed 58150				
13. Reinsurance services for surety bond and related insurances - premiums assumed 58160				
14. Reinsurance services for property and casualty insurance - premiums assumed 58170				
15. Reinsurance services, not elsewhere specified - premiums assumed 58180				
16. Title search, title reconveyance, and title abstract service fees 58240				
17. Trading debt instruments on own account - net gains (losses) 56510				
18. Trading equities on own account - net gains (losses) 56610				
19. Trading derivative contracts on own account - net gains (losses) 56710				
20. Trading foreign currency on own account - net gains (losses) 56810				
21. Trading other securities and commodity contracts on own account - net gains (losses) 56910				
22. Other services - <i>Specify</i> 				
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> 59810				
23. TOTAL (Should equal 5 if reporting in dollars.) 59990				100

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23-25 Not Applicable.

52402062



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

26 SPECIAL INQUIRIES

A. DIRECT LOSSES INCURRED AND ADMINISTRATIVE EXPENSES

Report the losses incurred and administrative expenses of providing insurance by this establishment during 2012.

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 10 (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses.

Exclude:

- Federal income taxes.

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Activity	2012			2012		
	Losses incurred			Administrative expenses		
	\$ Bil.	Mil.	Thou.	\$ Bil.	Mil.	Thou.
1. Vehicle property and liability (casualty) insurance 5013				5033		
2. Homeowners multiple peril insurance 5014				5034		
3. Workers' compensation insurance 5015				5035		
4. Medical malpractice insurance 5016				5036		
5. Product liability insurance . . . 5017				5037		
6. Surety and related insurance 5018				5038		
7. Other property and liability (casualty) insurance 5019				5039		
8. Property and casualty reinsurance 5012				5032		
9. Providing claims processing and other administrative services for other parties 5023						
10. All other activities (i.e., life, accident and health, and hospital and medical service plans including reinsurance) 5007				5027		
11. TOTAL (Add lines 1 through 10.) 5005				5025		

52402070



26 SPECIAL INQUIRIES - Continued

B. DIRECT PREMIUMS EARNED

Report the direct premiums earned by each type of insurance provided by this establishment during 2012.

Property and casualty lines of business	2012		
	Direct premiums earned		
	\$ Bil.	Mil.	Thou.
1. Vehicle property and liability (casualty) insurance 5051			
2. Homeowners multiple peril insurance 5052			
3. Workers' compensation insurance 5053			
4. Medical malpractice insurance 5054			
5. Product liability 5055			
6. Surety and related insurance 5056			
7. Other general liability insurance 5057			
8. TOTAL (Add lines 1 through 7.) 5060			

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27-29 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

Area code	Number	Extension

Area code	Number

E-mail address

Date completed	Month	Day	Year

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

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