



2012 ECONOMIC CENSUS

Other Insurance Related Activities and Employee Benefit Funds

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-52460

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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		

--	--	--	--	--	--	--	--	--	--	--	--

CONTINUE WITH **2** ON PAGE 2

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

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

 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

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

EXAMPLE

5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None 2012

Revenue 0100

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

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 to the left of the mailing address or corrected in **7**.

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 0030

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

Insurance activities

- 0700 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
- 524 292 00 A Insurance claims processing service
- 524 292 00 5 Third party prescription drug claims processing
- 524 291 00 1 Insurance claims adjusting
- 524 291 00 3 Insurance claims appraising
- 524 298 00 1 Insurance investigation service (except claims investigation)
- 524 298 00 2 Medical utilization review, including peer review organization

Agents/agencies and brokers/brokerages

- 524 210 00 1 Independent insurance agent or agency
- 524 210 00 4 Exclusive insurance agent or agency

CONTINUE WITH **19** ON PAGE 4

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19 KIND OF BUSINESS - Continued

Agents/agencies and brokers/brokerages - Continued

- 0700 524 210 00 9 Managing general agent or agency
- 524 210 00 5 Insurance broker or brokerage

Employee benefit funds

- 525 110 00 1 Pension fund
- 525 120 00 3 Health and/or welfare fund
- 525 120 00 6 Employee benefit plan
- 525 110 00 4 401 k retirement plan
- 525 110 00 2 Profit sharing plan
- 525 110 00 3 Union trust fund
- 525 120 00 5 Taft-Hartley trust
- 525 110 00 5 Retirement plan
- 525 190 00 1 Workers' compensation self-insurance fund
- 777 520 00 9 Other kind of fund or plan - *Specify* ↴

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0701

Other business activities

- 523 920 00 6 Third party investment/asset portfolio manager of pension funds/plans
- 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
- 523 991 00 5 Trustee in bankruptcy
- 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



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 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.

CONTINUE WITH **22** 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
1. Insurance brokerage and agency services - 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. Add lines 1a through 1g 58190				
2. Claims adjustment services 58210				
3. Consulting services for insurance 58220				
4. Insurance support services - third party administration				
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				
d. Third party administration and management of other self-insurance - fees 58234				
e. Other fees associated with third party administration 58235				
f. Add lines 4a through 4e 58230				

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CONTINUE WITH **22** 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
5. Financial planning and investment management services				
a. Mergers and acquisition financial consulting services 57714				
b. Financial management consulting services 57711				
c. Personal financial planning and advice services 57712				
d. Personal investment management services 57713				
e. Add lines 5a through 5d 57710				
6. Brokering and dealing services for equities 55610				
7. Title search, title reconveyance, and title abstract service fees 58240				
8. Other services - <i>Specify</i> ↴				
<input type="text"/> 59810				
9. TOTAL (Should equal 5 if reporting in dollars.) 59990				100

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23-25 Not Applicable.

26 SPECIAL INQUIRIES

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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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.)

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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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