



# 2007 ECONOMIC CENSUS

## Other Insurance Related Activities and Employee Benefit Funds

**DUE DATE**  
**FEBRUARY 12, 2008**

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

FI-52460

**INFORMATION COPY  
DO NOT USE TO REPORT**

**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](http://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.

(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. Examples:
- 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 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		

**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**

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

Revenue . . . . . 0100

**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 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).

Mark "X" if None

2007 Number

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

Mark "X" if None

2007			
\$ Bil.	Mil.	Thou.	Dol.

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

1. Annual payroll . . . . . 0300

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

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

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 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
- 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* ↴

0701

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**19** KIND OF BUSINESS - Continued

**Other business activities**

- 0700 523 920 00 6  Third party investment/asset portfolio manager of pension funds/plans
- 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.

<b>HOW TO REPORT PERCENTS</b>		2007				
		Estimates are acceptable. Report dollars OR percents.				
		\$ Bil.	Mil.	Thou.	Dol.	Percent
	If figure is <b>38.76%</b> of total sales:	<b>Report whole percents</b>				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
<b>1.</b> Insurance brokerage and agency products - 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. Sum lines 1a through 1g</b>	58190					
<b>2.</b> Claims adjustment/appraisal products - fees	58210					
<b>3.</b> Insurance consulting products - fees	58220					
<b>4.</b> Other products related to insurance						
<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					

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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	
<b>4.</b> Other products related to insurance - Continued							
<b>d.</b> Third party administration and management of other self-insurance - fees	58234						
<b>e.</b> Other - fees	58235						
<b>f. Sum lines 4a through 4e</b>	58230						
<b>5.</b> Financial planning and investment management products							
<b>a.</b> Financial planning and investment management services for businesses and governments	57711						
<b>b.</b> Personal financial planning and advice products	57712						
<b>c.</b> Personal investment management products	57713						
<b>d. Sum lines 5a through 5c</b>	57710						
<b>6.</b> Brokering and dealing products - equities	55610						
<b>7.</b> Trust products - fiduciary fees	57410						
<b>8.</b> Title search, title reconveyance, and title abstract service fees	58240						
<b>9.</b> Other products - Specify ↴							
	59810						
<b>10. TOTAL</b> (Should equal <b>5</b> if reporting in dollars.)	59990						1 0 0

**23-29** 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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