**2012 ECONOMIC CENSUS**  
Life, Health, and Medical Insurance Carriers (Consolidated)

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

**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.

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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:**  
0123456789

**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).**

### HOW TO REPORT DOLLAR FIGURES

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

- **Mark “X” if None**

**HOW TO REPORT DOLLAR FIGURES**

<table>
<thead>
<tr>
<th>2012</th>
<th>2012</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$ Bil.</strong></td>
<td><strong>Mil.</strong></td>
<td><strong>Thou.</strong></td>
</tr>
</tbody>
</table>

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

- **Report → □**

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

- **Report → □**

### 5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Refer to accompanying information sheet(s) for special instructions for this question.)

- **Mark “X” if None**

<table>
<thead>
<tr>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$ Bil.</strong></td>
</tr>
<tr>
<td><strong>Mil.</strong></td>
</tr>
<tr>
<td><strong>Thou.</strong></td>
</tr>
</tbody>
</table>

Revenue . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 0100 □

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**PENALTY FOR FAILURE TO REPORT**  
CONTINUE ON PAGE 2
6 Not Applicable.

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).

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
</tr>
</tbody>
</table>

1. Annual payroll ____________________________ 0300

2. First quarter payroll (January-March 2012) ____________________________ 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 2012?
(Mark "X" only ONE box.)

Direct insurance carriers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>524 113 00 1</td>
<td>Life insurance carrier</td>
</tr>
<tr>
<td>524 113 00 2</td>
<td>Fraternal life insurance organization</td>
</tr>
<tr>
<td>524 113 00 4</td>
<td>Accident and disability income insurance carrier</td>
</tr>
<tr>
<td>524 114 10 1</td>
<td>Health insurance carrier</td>
</tr>
<tr>
<td>524 114 90 3</td>
<td>Dental and/or vision insurance carrier</td>
</tr>
<tr>
<td>524 114 90 1</td>
<td>Office of health maintenance organization - NOT providing hospital, medical, and/or dental services</td>
</tr>
<tr>
<td>524 114 90 2</td>
<td>Office of preferred provider organization - NOT providing hospital, medical, and/or dental services</td>
</tr>
<tr>
<td>524 114 90 4</td>
<td>Office of group hospitalization plan - NOT providing hospital, medical, and/or dental services</td>
</tr>
<tr>
<td>524 114 90 5</td>
<td>Office of hospital and/or medical service plan - NOT providing hospital, medical, and/or dental services</td>
</tr>
<tr>
<td>524 114 90 7</td>
<td>Office of dental insurance plan - NOT providing hospital, medical, and/or dental services</td>
</tr>
<tr>
<td>524 126 10 1</td>
<td>Property and casualty insurance carrier</td>
</tr>
</tbody>
</table>

CONTINUE WITH 19 ON PAGE 3
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

19 KIND OF BUSINESS - Continued

Direct insurance carriers - Continued

0700 524 128 00 4 Burial insurance carrier

0701 524 128 00 3 Other direct insurance carrier - Specify

Reinsurance carriers

524 130 00 8 Life reinsurance carrier

524 130 00 7 Accident and health reinsurance carrier

524 130 00 6 Office of hospital and/or medical service plan - reinsurance

524 130 00 C Other reinsurance carrier - Specify

Other business activities

524 210 00 6 Insurance agent or broker

775 000 00 1 Other kind of business or activity - Specify

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**

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 9). 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 11 - Revenue includes burial insurance premiums.

Line 16 - Revenue includes claims adjustment, appraisal, and investigation services.

1. Underwriting services for life insurance - net premiums earned

   a. Individual term life . . . . . . . . . . . . . . . . . . . . . 58011

   b. Individual whole life . . . . . . . . . . . . . . . . . . . . 58012

   c. Individual universal life . . . . . . . . . . . . . . . . . . . 58013

Continue with **3** on page 4
### Description of sales, shipments, receipts, or revenue

<table>
<thead>
<tr>
<th>2012</th>
<th>$ Bil.</th>
<th>Mil.</th>
<th>Thou.</th>
<th>Percent</th>
</tr>
</thead>
</table>

#### 1. Underwriting services for life insurance - net premiums earned - Continued

- **d. Group life**
  - **58014**

- **e. Other life - Specify**
  - **58016**

- **f. Add lines 1a through 1e**
  - **58010**

#### 2. Underwriting services for pensions and annuities - fees

- **a. Variable deferred annuities**
  - **58031**

- **b. Fixed rate deferred annuities**
  - **58032**

- **c. Immediate annuities**
  - **58033**

- **d. Add lines 2a through 2c**
  - **58030**

#### 3. Underwriting services for health and accident insurance - net premiums earned

- **a. Dental service plans - group and individual**
  - **58044**

- **b. Individual medical service plans**
  - **58042**

- **c. Supplemental Medicare insurance plans**
  - **58045**

- **d. Supplemental CHAMPUS/TRICARE insurance plans**
  - **58046**

- **e. Group managed care medical service plans**
  - **58047**

- **f. Group fee-for-service medical service plans**
  - **58048**

- **g. Accidental death and dismemberment, and disability income insurance plans**
  - **58049**

- **h. Other health and medical insurance services**
  - **58043**

- **i. Add lines 3a through 3h**
  - **58040**
## DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ Bil.</td>
</tr>
<tr>
<td></td>
<td>------</td>
</tr>
<tr>
<td>4. Underwriting services for surety bonds and related products - net premiums earned</td>
<td>58060</td>
</tr>
<tr>
<td>5. Underwriting services for vehicle property and liability insurance policies - net premiums earned</td>
<td>58070</td>
</tr>
<tr>
<td>6. Underwriting services for property and liability insurance policies, except vehicle - net premiums earned</td>
<td>58080</td>
</tr>
<tr>
<td>7. Underwriting services for product liability insurance policies - net premiums earned</td>
<td>58100</td>
</tr>
<tr>
<td>8. Underwriting services for other general liability insurance policies, not elsewhere specified - net premiums earned</td>
<td>58110</td>
</tr>
<tr>
<td>9. Underwriting services for traveler’s insurance policies - net premiums earned</td>
<td>58120</td>
</tr>
<tr>
<td>10. Underwriting services for title insurance policies - net premiums earned</td>
<td>58130</td>
</tr>
<tr>
<td>11. Underwriting services for other direct insurance policies - net premiums earned</td>
<td>58140</td>
</tr>
<tr>
<td>12. Reinsurance services for life and health insurance and annuities - premiums assumed</td>
<td>58150</td>
</tr>
<tr>
<td>13. Reinsurance services for surety bond and related insurances - premiums assumed</td>
<td>58160</td>
</tr>
<tr>
<td>14. Reinsurance services for property and casualty insurance - premiums assumed</td>
<td>58170</td>
</tr>
<tr>
<td>15. Reinsurance services, not elsewhere specified - premiums assumed</td>
<td>58180</td>
</tr>
<tr>
<td>16. Claims adjustment services</td>
<td>58210</td>
</tr>
<tr>
<td>17. Insurance support services - third party administration</td>
<td>58230</td>
</tr>
<tr>
<td>18. Trading debt instruments on own account - net gains (losses)</td>
<td>56510</td>
</tr>
<tr>
<td>19. Trading equities on own account - net gains (losses)</td>
<td>56610</td>
</tr>
<tr>
<td>20. Trading derivative contracts on own account - net gains (losses)</td>
<td>56710</td>
</tr>
<tr>
<td>21. Trading foreign currency on own account - net gains (losses)</td>
<td>56810</td>
</tr>
<tr>
<td>22. Trading other securities and commodity contracts on own account - net gains (losses)</td>
<td>56910</td>
</tr>
</tbody>
</table>

CONTINUE WITH ☐ ON PAGE 6

CONTINUE ON PAGE 6

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52450053
**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

<table>
<thead>
<tr>
<th>Description of sales, shipments, receipts, or revenue</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report thousands of dollars OR whole percents. Estimates are acceptable.</td>
</tr>
<tr>
<td></td>
<td>$ Bil.</td>
</tr>
</tbody>
</table>

23. Other services - *Specify* □

| 24. TOTAL *(Should equal ③ if reporting in dollars.)* | ③ 59990 |

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?

   - [ ] Yes
   - [ ] No

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

   - [ ] Yes
   - [ ] No

**CONTINUE WITH ③ ON PAGE 7**

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### B. ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

Report the benefits paid to policy holders (losses) and administrative expenses of providing insurance by this reporting unit 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 8 (all other activities); assign all other investment expenses according to the distribution of reserves.
- Other general insurance expenses.

**Exclude:**
- Federal income taxes.

<table>
<thead>
<tr>
<th>Activity</th>
<th>2012 Benefits paid (losses)</th>
<th>2012 Administrative expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ Bil.</td>
<td>Mil.</td>
</tr>
<tr>
<td><strong>1. Life insurance and annuities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Life reinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Health insurance and hospital and medical service plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Health and medical reinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Accident insurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Accident reinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Providing claims processing and other administrative services for other parties</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. All other activities (i.e., property and casualty, including reinsurance, etc.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. TOTAL (Add lines 1 through 8.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27 Not Applicable.
LOCATIONS OF OPERATION

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

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

C. Number of locations

Include:
- All locations in operation or temporarily inactive in B.
- All locations added in B.

Exclude:
- All locations that have ceased operation or were sold.

Total number of locations currently in operation . . . . . . . . . .

Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

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  TO

Name of person to contact regarding this report

Title

Telephone  

Fax  

E-mail address

Date completed

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