SERVICE ANNUAL SURVEY
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FORM
SA-52400E (11-22-2011)

OMB No. 0607-0422: Approval Expires 10/31/2012

2011 ANNUAL SERVICES REPORT

Direct Health and Medical Insurance Carriers

Due Date

Need help or have questions?

Call 1-800-772-7851
(8:30 a.m. - 5:00 p.m. ET, M-F)
or
Visit census.gov/econhelp/sas

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.

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(Please correct any errors in name, address, and ZIP Code.)

Return via Internet:
census.gov/econhelp/sas
Username:
Password:

Return via Mail:
U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47134-0001

To view Survey Results:
census.gov/services

GENERAL INSTRUCTIONS

Throughout this survey, any reference to **"this firm"** is referring to the EIN that is printed in the mailing address area or the new EIN that was provided as a response in ❷. Any responses related to "this firm" should only include data for the EIN referenced.

- Any significant change in this firm's operations should be noted in ⓱.
- For establishments sold or acquired in 2011 or 2010, report data only for the period the establishments were operated by this firm.
- Estimates are acceptable if book figures are not available.
- Enter "0" where applicable.
- Do not combine data for two or more detailed lines.
- Report data on an accrual basis, except for payroll.
- Dollars should be rounded to the nearest dollar.
- If a figure is $1,030,280,456 it should be reported as →

Bil.	Mil.	Thou.	Dol.
1	030	280	456

Include:
- Data for all Services establishments (excluding data for Retail, Wholesale, Manufacturing, Mining, and Construction operations) operating under the EIN printed in the mailing address area.
- Data for auxiliary facilities primarily engaged in supporting services to those establishment(s) such as warehouses, garages, central administrative offices, and repair services.

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1 SURVEY COVERAGE

Did this firm provide the business activities described below?

This report covers all domestic locations that report payroll for the Federal Employer Identification Number (EIN) shown above the address label primarily engaged in initially underwriting (i.e., assuming the risk and assigning premiums) health and medical insurance policies. Group hospitalization plans and HMO establishments (except those providing health care services) that provide health and medical insurance policies without providing health care services are included in this industry.

☐ Yes

☐ No - *Specify this firm's business activity*

2 FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)

Does this firm report payroll under EIN

☐ Yes

☐ No - *Enter current 9-digit EIN **AND** date payroll was first reported for this EIN* . . . . . EIN (9 digits) ___ - ___

Month | Day | Year

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CONTINUE ON PAGE 3

3 ORGANIZATIONAL CHANGE

A. Did this firm experience any acquisitions, sales, mergers, and/or divestitures in 2011 or 2010?

☐ Yes

☐ No - *Go to* 4

B. Which of the following organizational changes occurred in 2011 or 2010?

Check all that apply. If more than one organizational change occurred during the reporting period, explain in 17.

☐ Acquisition
☐ Sale
☐ Merger
☐ Divestiture

Date of organizational change . . . . . | Month | Day | Year |

AND

Enter detailed information below

Name of company	EIN (9 digits)
	-

Address (Number and street, P.O. Box, etc.)

City, town, village, etc.	State	ZIP Code
		-

4 REPORTING PERIOD

What time period is covered by the data provided in this report?

☐ Calendar year

☐ Fiscal or partial year - *Report beginning and ending dates* . . . . . .

2011		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

2010		
Beginning Date		
Month	Day	Year
Ending Date		
Month	Day	Year

5 Not Applicable.

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6 SALES, RECEIPTS, OR REVENUE

What were the revenues for this firm in 2011 and 2010?

Include:

- Report gross billings, **except** where noted elsewhere on the form.
- Amounts received for work subcontracted to others.
- Revenue from services performed by domestic locations of foreign parent firms, subsidiaries, branches, etc.
- Dues and assessments from members and affiliates.
- Income from investments, sales of company-owned real estate (land and building) or other assets (except inventory held for resale), securities, gifts, loans, contributions, and grants.
- Interest earned from financing leases. Interest earned from sales, rent or lease under capital, finance, or full payout. Also include interest, dividends, and royalties.
- Net realized gains (losses) within specified area(s) of activity.
- Rents from separately operated departments, concessions, etc., which are leased to others.
- E-commerce revenue.

Exclude:

- Transfers made within the company.
- Net unrealized gains (losses).
- Taxes collected directly from customers or clients and paid directly to a local, state, or federal tax agency.
- Revenue of separately operated departments, concessions, etc., which are leased to others.
- Revenue from customers for carrying or other credit charges.
- Commissions from vending machine operators.
- Revenue of foreign subsidiaries (those located outside the U.S., i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. Possessions).
- Revenue from the sale of used equipment.

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
1. Health and medical insurance products - net premiums earned - Include comprehensive medical service plans, individual service medical coverage plans (e.g., supplemental Medicare, CHAMPUS, other), and other health and medical insurance products								
2. All other operating revenue - Revenue not reported in line **1. If this item is greater than 20% of the total operating revenue, specify the primary source of the revenue below**								
3. TOTAL OPERATING REVENUE *Sum of lines **1 and 2***								

7 SALES TAX

A. Did this firm collect any sales taxes in 2011 or 2010?

☐ Yes

☐ No - *Go to* 8

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
B. What were the total sales taxes collected in 2011 and 2010? *Exclude excise taxes*								

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8 E-COMMERCE

E-commerce is the sale of goods and services where the buyer places an order, or the price and terms of the sale are negotiated, over an Internet, mobile device (M-Commerce), extranet, EDI network, electronic mail, or other comparable online system. Payment may or may not be made online.

A. Did this firm have any e-commerce revenue in 2011 or 2010?

☐ Yes

☐ No - *Go to* 14

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
B. What was the total e-commerce revenue in 2011 and 2010?								

9–13 Not Applicable.

14 OPERATING EXPENSES

What were the operating expenses for this firm in 2011 and 2010?

Exclude:

- Transfers made within the company.
- Capitalized expenses.
- Bad debt.
- Impairment.
- Income tax.

Gross annual payroll

Include salaries and wages, commissions, dismissal pay, bonuses, employee contributions to Social Security, income tax withholding, union dues, group insurance premiums, savings bonds, cash equivalent in-kind, allowances, holiday pay, vacation pay, sick leave, stock purchase plans, and employee contributions to pension plans. **Exclude** the cost of leased employees, employer's cost for fringe benefits, and temporary staff obtained from temporary help services. For unincorporated businesses, **exclude** profit or other compensation of proprietors or partners.

All other operating expenses

Include travel and entertainment; postage, shipping or delivery services; warehousing and storage services; royalties; security services; janitorial and grounds maintenance services; purchased transportation with operators; and other expenses not reported elsewhere.

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
1. Personnel Costs								
a. Gross annual payroll - Total annual Medicare salaries and wages for all employees as reported on this firm's IRS Form 941, Employer's Quarterly Federal Tax Return, line 5(c) for the four quarters that correspond to the survey period or IRS Form 944 Employer's Annual Federal Tax Return, line 4(c). **Include** the spread on stock options that are taxable to employees as wages								
b. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law. **Include** insurance premiums for hospital plans, medical plans, and single service plans (e.g., dental, vision, prescription drugs); premium equivalents for self-insured plans and fees paid to third-party administrators (TPAs); defined benefit pension plans; defined contribution plans (e.g., profit sharing, 401K, stock option plans); and other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare). **Exclude** employee contributions								

CONTINUE WITH 14 *ON PAGE 6*

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14 OPERATING EXPENSES - Continued

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
1. Personnel Costs - Continued								
c. Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. **Include** all charges for payroll, benefits, and services								
2. Expensed Materials, Parts, and Supplies (not for resale)								
a. Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). Report packaged software in line **3a.** Report leased and rented equipment in line **3c**								
b. Expensed purchases of other materials, parts, and supplies - Materials and supplies used in providing services to others; materials and parts used in repairs; office and janitorial supplies; small tools; containers and other packaging materials; and motor fuels . . .								
3. Expensed Purchased Services								
a. Expensed purchases of software - Purchases of prepackaged, custom coded, or vendor customized software. **Include** software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software, and maintenance fees related to software upgrades and alterations								
b. Purchased electricity and fuels (except motor fuels) - If the cost of electricity and heating fuels (e.g., natural gas, propane, oil, coal) are included in lease or rental payments, report in line **3c**								
c. Lease and rental payments - For land, buildings, offices, structures, machinery, equipment, and other tangible items. **Include** lease and rental of transportation equipment without operators and penalties incurred for broken leases. **Exclude** capital and financing lease agreements and licensing/leasing of software								
d. Purchased repair and maintenance - Include expensed repair and maintenance to buildings and integral building components (e.g., elevators, heating and cooling systems), structures, offices, machinery, vehicles, equipment, and computer hardware. **Exclude** materials, parts, and supplies used for repair and maintenance performed by this firm's employees. Report janitorial and grounds maintenance services in line **4d**								
e. Purchased advertising and promotional services - Include marketing and public relations services .								

CONTINUE WITH 14 ON PAGE 7

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14 OPERATING EXPENSES - Continued

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
4. Other Operating Expenses								
a. Depreciation and amortization charges - Include depreciation charges taken against tangible assets owned and used by this firm, tangible assets and improvements owned by this firm within leaseholds, tangible assets obtained through capital lease agreements, and amortization charges against intangible assets (e.g., patents, copyrights). **Exclude** impairment								
b. Governmental taxes and license fees - Payments to government agencies for taxes and licenses. **Include** business and property taxes. **Exclude** income taxes and sales and excise taxes collected from customers								
c. Operating interest expense - Report non-operating interest expense in 15 . . .								
d. All other operating expenses - All other operating expenses not reported above, unless specifically excluded in the general instructions. **Include** office postage paid and package delivery. **Exclude** purchases of merchandise for resale and non-operating expenses. **If this item is greater than 20% of the total operating expenses, specify the primary source of the expenses below**								
5. TOTAL OPERATING EXPENSES *Sum of lines **1a through 4d***								

15 NON-OPERATING INTEREST EXPENSE

What was the non-operating interest expense for this firm as defined in 1?

Exclude:

- Transfers made within the company.
- Capitalized interest.

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
Non-operating interest expense - Non-operating interest expenses incurred in the financing of operations and long lived assets used in continuing operations								

16 BENEFITS PAID (LOSSES)

What were the benefits paid to policyholders (losses) for this firm as defined in 1?

	2011				2010			
	$ Bil.	Mil.	Thou.	Dol.	$ Bil.	Mil.	Thou.	Dol.
Benefits paid (losses) - Benefits paid to policyholders (losses) for health insurance and hospital and medical service plans								

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17 **REMARKS -** Please use this space to explain any significant year-to-year changes, to clarify responses, or indicate where data were estimated.

18 **CONTACT INFORMATION**

Name of person to contact regarding this report *(Please print)*	Title

Address (Number and street)	City	State	ZIP Code
			-

	Area code	Number	Extension		Area code	Number
Telephone		-		Fax		-

E-mail address	Website address

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Public reporting burden for this collection of information is estimated to average 3-6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0422, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0422" as the subject. Please include form name and number in all correspondence. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.