Attachment D-9

Department of Commerce United States Census Bureau OMB Information Collection Request 2017 Economic Census OMB Control Number 0607-XXXX

Draft Previews of Standard, Consolidated, and Classification Questionnaires Sector 52

		Instrument	
Attachment	Sector	Path	Instrument Path Title
D-9	52	52111	Monetary Authorities-Central Bank
		52230	Financial Transactions Processing and Other Activities Related to Credit
			Intermediation
		52321	Securities and Commodity Exchanges
		52410	Health and Medical Insurance Carriers

Location Information

DEFINITION OF ESTABLISHMENT The reporting unit for this questionnaire is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. MAILING ADDRESS Please update the mailing address if needed. ATTN RECORD_ATTN_TXT Name 1 RECORD_NAME1 Store/Plant RECORD_STOR Name 2 RECORD_NAME2 Number and Street ADDR_STREET City, town, village, etc State ZIP Code Select State or Territory ADDR_CITY ADDR_ZIP PHYSICAL LOCATION Please update the physical location if needed. (P.O. Box and rural route addresses are not physical locations.) Number and Street PHYSLOC_ADDR_STREET ZIP Code City, town, village, etc. State Select State or Territory PHYSLOC_ADDR_CITY PHYSLOC_A For Census Bureau Use Only CFN RECORD_CFN ELECTRONIC_B



Legal Boundary and Municipality

LEGAL BOUNDARY AND MUNICIPALITY
Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
● Yes
◎ No
No legal boundaries
Do not know
In what type of municipality is this establishment physically located?
City, village, or borough
Town or township
Other
Do not know



ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

Yes

No



Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN



Additional Reporting Guidelines

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable.** If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

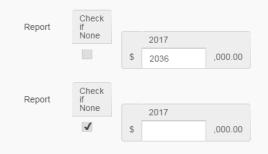
EXAMPLE: If a dollar figure is \$2,036,355.25

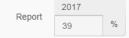
EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

How to Report Percents:

Percents should be rounded to whole percents

EXAMPLE: If figure is 38.76% of total sales







Item 2A: Ownership or Control
ITEM 2A: OWNERSHIP OR CONTROL
Is your company owned or controlled by another domestic company?
● Yes
○ No



ITEM 2A: Ownership or Control - Voting Stock Validation

ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

Yes



○ No

Item 2A: Ownership or Control - Management and Policy

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

Yes

No



Item 2A: Ownership or Control - Percent of Voting Stock Held

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

○ 50%



Item 2A: Ownership or Control - Company Information ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company? Name of owning or controlling company Home office address (Number and street) City, town, village, etc. State Select States and Territories EIN



Item 2B: Number of Establishments - More Than One Location

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

Yes

No



Item 2B: Number of Establishments	
ITEM 2B: NUMBER OF ESTABLISHMENTS	
How many establishments operated under EIN at the end of 2017?	2017



Item 2B: Number of Establishments - Establishments of This Company

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.



Item 2B: Number of Establishments - Establishment Information

lame		
condary Name	Store/Plant Number	
imber and Street		
y, town, village, etc.	State Select States and Territories	ZIP Code
escribe kind of business at this loca	tion	
	than one location, report the employment and payroll data for employees	at the ONE location where they spent most
r employees that worked at more rking time. Number of Employees for Pay Perio		2017
rking time.		2017
rking time. lumber of Employees for Pay Perio		2017 Number



Item 2B: Number of Establishments - Consolidating Data Instructions

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for Item 5, Sales, Shipments, Receipts, or Revenue and Item 22, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for Item 7, Employment and Payroll that follows.
- Report combined data for all other questions that follow.



Item 3: Operational Status

ITEM 3: OPERATIONAL STATUS						
Which of the following best describes this establishment's operational status at the end of 2017?						
In operation						
Temporarily or seasonally inactive						
Ceased operation						
Sold or leased to another operator						
Other						
Describe						





Item 3: Operational Status - Sold Operation Date and Information

TEM 3: OPERATIONAL STATUS - SOLD OPERATION DAT	E AND INFORMATION	
When was this establishment sold or leased to another opera	itor?	
MMDDYYYY		
m		
Vhat is the name, address, and 9-digit Employer Identification	n Number (EIN) of this establishment's new owner or operator?	
Name of new owner/operator		
Mailing Address (Number and Street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
ony, torri, timege, etc.	Select States and Territories	
	00000 0000 0000	
EIN		



ITEM 4: MONTHS IN OPERATION

Check if None

What was the number of months in operation during 2017?



Item 5: Sales, Shipments, Receipts, or Revenue

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

For further clarification, click the "Additional Information" link above.

Check if None

2017

What was the total revenue?



Item 7: Employment and Payroll

ITEM 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) in Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

None 2017

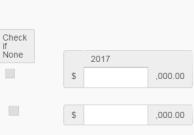
Check

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

2. What was the first quarter payroll (January-March 2017)?





Item 17: Principal Business or Activity

ITEM 17: PRINCIPAL BUSIN	ESS OR ACTIVITY
	est describes this establishment's principal kind of business or activity in 2017? ions seem appropriate, provide a specific description of the primary business activity.
521110 001	Federal Reserve bank or branch
775000 001	Other principal business or activity - Describe Describe



the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what products and services were included?					
Loans to financial businesses - include federal funds		8000075000			
2. Trading securities and commodity contracts on own account - net gains (losses) More		8000150000			
a. Trading debt instruments on own account		8000150003			
b. Trading equities on own account, including private equity		8000150006			
c. Trading derivative contracts on own account		8000150009			
d. Trading foreign currency (wholesale) on own account		8000150012			
e. Trading other securities and commodity contracts on own account		8000150015			
3. Automated Clearing House (ACH) services More		7005546000			
Cash handling and management services for business		7005542000			
Support services for financial and commodity markets		7005545000			
6. Regulation of credit markets		7017475000			
7. Other products supporting financial services		7005547000			



Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Description		Value	Produ Cod
1. Loans to financial busine	sses - include federal funds More	\$,000.00 8000075
2. Trading securities and co	mmodity contracts on own account - net gains (losses) More		
a. Trading debt instrum	ents on own account	\$,000.00 8000150
b. Trading equities on o	wn account, including private equity	\$,000.00 8000150
c. Trading derivative co	ntracts on own account	\$,000.00 8000150
d. Trading foreign curre	ency (wholesale) on own account	\$,000.00 8000150
e. Trading other securit	ies and commodity contracts on own account	\$,000.00 8000150
Subtotal		\$,000.00 8000150
3. Automated Clearing Hou	se (ACH) services More	\$	700554
4. Cash handling and mana	gement services for business More	\$,000.00 700554
5. Support services for final	ncial and commodity markets More	\$,000.00 700554
6. Regulation of credit mark	tets	\$,000.00 701747
7. Other products supporting	g financial services	\$,000.00 700554
8. All other products and se	rvices, not elsewhere classified		
a. All other products an	d services, not elsewhere classified - write-in #1		
Pick one	Describe	\$,000.00 900000
b. All other products an	d services, not elsewhere classified - write-in #2		
Pick one	Describe	\$,000.00 900000
c. All other products an	d services, not elsewhere classified - write-in #3		
Pick one	Describe	\$	900000
Add Additional Prod	ducts		
TAL - Sum of lines should	d equal total Sales, Shipments, Receipts, or Revenue report	ted in Item 5	,000.00 9900000



Item 26: Business Cooperative

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

○ No



Remarks	
REMARKS	
(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.	
	You have
	characters left.



Location Information

DEFINITION OF ESTABLISHMENT The reporting unit for this questionnaire is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. MAILING ADDRESS Please update the mailing address if needed. ATTN RECORD_ATTN_TXT Name 1 RECORD_NAME1 Store/Plant RECORD_STOR Name 2 RECORD_NAME2 Number and Street ADDR_STREET City, town, village, etc ZIP Code Select State or Territory ADDR_CITY ADDR_ZIP PHYSICAL LOCATION Please update the physical location if needed. (P.O. Box and rural route addresses are not physical locations.) Number and Street PHYSLOC_ADDR_STREET ZIP Code City, town, village, etc. State Select State or Territory PHYSLOC_ADDR_CITY PHYSLOC_A For Census Bureau Use Only CFN RECORD_CFN ELECTRONIC_B



Legal Boundary and Municipality

LEGAL BOUNDARY AND MUNICIPALITY
Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
● Yes
◎ No
No legal boundaries
Do not know
In what type of municipality is this establishment physically located?
City, village, or borough
Town or township
Other
Do not know



ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

Yes

No



Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN



Additional Reporting Guidelines

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable.** If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

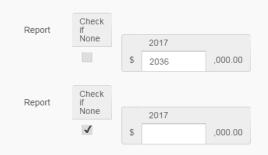
EXAMPLE: If a dollar figure is \$2,036,355.25

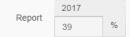
EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

How to Report Percents:

Percents should be rounded to whole percents

EXAMPLE: If figure is 38.76% of total sales







Item 2A: Ownership or Control
ITEM 2A: OWNERSHIP OR CONTROL
Is your company owned or controlled by another domestic company?
● Yes
○ No



ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

Yes

No



Item 2A: Ownership or Control - Management and Policy

ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

Yes

No



Item 2A: Ownership or Control - Percent of Voting Stock Held

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

○ 50%



Item 2A: Ownership or Control - Company Information ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company? Name of owning or controlling company Home office address (Number and street) City, town, village, etc. State Select States and Territories EIN



Item 2B: Number of Establishments - More Than One Location

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

Yes

No



Item 2B: Number of Establishments	
ITEM 2B: NUMBER OF ESTABLISHMENTS	
How many establishments operated under EIN at the end of 2017?	2017



Item 2B: Number of Establishments - Establishments of This Company

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.



Item 2B: Number of Establishments - Establishment Information

lame		
econdary Name	Store/Plant Number	
umber and Street		
ity, town, village, etc.	State Select States and Territories	ZIP Code
escribe kind of business at this loca	tion	
	than one location, report the employment and payroll data for emplo	yees at the ONE location where they spent mos
	than one location, report the employment and payroll data for emplo	eyees at the ONE location where they spent mos
rking time.		2017
r employees that worked at more riking time. Number of Employees for Pay Perio First Quarter Payroll Jan - March 2017)		2017
Number of Employees for Pay Perio		2017 Number



Item 2B: Number of Establishments - Consolidating Data Instructions

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for Item 5, Sales, Shipments, Receipts, or Revenue and Item 22, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for Item 7, Employment and Payroll that follows.
- Report combined data for all other questions that follow.



Item 3: Operational Status

ITEM 3: OPERATIONAL STATUS
Which of the following best describes this establishment's operational status at the end of 2017?
In operation
Temporarily or seasonally inactive
Ceased operation
Sold or leased to another operator
Cold of reduced to different operator
Other Other
Describe





Item 3: Operational Status - Sold Operation Date and Information

ITEM 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND I	NFORMATION	
When was this establishment sold or leased to another operator?		
MMDDYYYY		
m		
What is the name, address, and 9-digit Employer Identification Numb	er (EIN) of this establishment's new owner or operator?	
Name of new owner/operator		
Mailing Address (Number and Street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
	Select States and Territories	
EIN		



ITEM 4: MONTHS IN OPERATION

Check if None

What was the number of months in operation during 2017?



Item 5: Sales, Shipments, Receipts, or Revenue

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE A. Revenue For further clarification, click the "Additional Information" link above. Check if None 2017 ,000.00 What was the total revenue? B. Exported Services NOTE: An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include: • Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches) Exclude: • Products provided to domestic subsidiaries of foreign firms Check None 2017 ,000.00 What were the receipts or revenue for exported services?



Item 7: Employment and Payroll

ITEM 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) in Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

None 2017

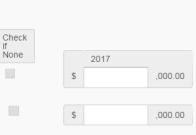
Check

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

2. What was the first quarter payroll (January-March 2017)?





ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. Select only ONE.

Financial transaction	on pr	rocessing
522320 201		Electronic funds transfer network
522390 008		Money transfer or wire transmission
522320 202	0	Electronic payment service
522320 203		Automated Teller Machine (ATM) or Automated Loan Machine (ALM) network
522320 204		Clearinghouse, bank or check
522320 301		Credit card services by nondepository credit institution
522320 902	0	Credit and/or debit card processing service
Other credit related	serv	vices
522390 006		Check cashing agency
522390 005	0	Money order issuance
522390 007		Payday loans
523130 008		Foreign currency exchange
522310 002		Mortgage broker
522292 901		Mortgage banker, mortgage company, or loan correspondent
522390 001		Mortgage and non-mortgage loan servicing
522298 101		Pawn shop
Other principal bus	ines	s or activity
531210 101		Agent or broker - residential real estate
531210 901		Agent or broker - nonresidential real estate
524210 006	0	Insurance agent or broker
775000 001		Other principal business or activity - Describe Describe



the \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what products and services were included?			
1. Loans to financial businesses		8000075000	
		0000070000	
2. Loans to non-financial businesses More		8000100000	
3. Loans to governments More		8000125000	
4. Residential mortgage loans More		7000300000	
Other secured or guaranteed home loans to consumers		7000325000	
a. Home equity loans		7000325003	
b. Secured or guaranteed home loans to consumers, except home equity loans More		7000325006	
6. Consumer vehicle loans More		7002700000	
7. Secured or guaranteed loans to consumers, except mortgage and vehicle loans More		7005400000	
8. Unsecured loans to consumers More		7005425000	
9. Credit card services More		7005526000	
a. Credit card services for cardholders, business and government		7005526003	
b. Credit card services for cardholders, consumer		7005526006	
c. Credit card services for merchants More		7005526009	
d. Credit card association products		7005526012	
10. Other credit financing services More		7005531000	
11. Brokering and dealing services for debt instruments More		7005533000	
12. Trading securities and commodity contracts on own account - net gains (losses) More		8000150000	
13. Deposit account service packages, except business More		7005350000	
14. Separately-priced deposit account services, except business More		7005375000	
15. Cash handling and management services for business More		7005542000	
16. Traveler's check services		7003915000	



17. Document payment services (except traveler's check services) More	7005543000
18. Foreign currency exchange services, retail	7003725000
19. Trust services - fiduciary fees More	7005544000
20. Automated Clearing House (ACH) services More	7005546000
21. Personal financial planning and investment management services	7005450000
22. Financial management consulting and implementation services for businesses and governments	7014575000
23. Other products supporting financial services	7005547000



Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Description	Value	Product Code
1. Loans to financial businesses More	\$,000.00	800007500
2. Loans to non-financial businesses More	,000.00	800010000
3. Loans to governments More	,000.00	800012500
4. Residential mortgage loans More	,000.00	700030000
5. Other secured or guaranteed home loans to consumers More		
a. Home equity loans	,000.00	700032500
b. Secured or guaranteed home loans to consumers, except home equity loans More	,000.00	700032500
Subtotal	,000.00	700032500
6. Consumer vehicle loans More	,000.00	700270000
7. Secured or guaranteed loans to consumers, except mortgage and vehicle loans More	,000.00	700540000
8. Unsecured loans to consumers More	,000.00	700542500
9. Credit card services More		
a. Credit card services for cardholders, business and government	,000.00	70055260
b. Credit card services for cardholders, consumer	,000.00	70055260
c. Credit card services for merchants More	,000.00	70055260
d. Credit card association products	,000.00	70055260
Subtotal	,000.00	700552600
10. Other credit financing services More	\$,000.00	70055310
11. Brokering and dealing services for debt instruments More	,000.00	70055330
12. Trading securities and commodity contracts on own account - net gains (losses) More	,000.00	80001500
13. Deposit account service packages, except business More	,000.00	700535000
14. Separately-priced deposit account services, except business More	,000.00	70053750
15. Cash handling and management services for business More	,000.00	70055420
16. Traveler's check services	\$,000.00	70039150



	vices (except traveler's check services) More	\$,000.00	70055430
18. Foreign currency exchai	nge services, retail	\$,000.00	70037250
19. Trust services - fiduciary	fees More	\$,000.00	70055440
20. Automated Clearing Hou	use (ACH) services More	\$,000.00	70055460
21. Personal financial plann	ing and investment management services	\$,000.00	70054500
22. Financial management (consulting and implementation services for businesses and governments	\$,000.00	70145750
23. Other products supporting	ng financial services	\$,000.00	70055470
24. All other products and se	ervices, not elsewhere classified		
a. All other products and	d services, not elsewhere classified - write-in #1		
Pick one	Describe	\$,000.00	90000000
h. All alle a see dool a	d services, not elsewhere classified - write-in #2		
b. All other products and		202.22	
Pick one	Describe	\$,000.00	90000000
Pick one	Describe d services, not elsewhere classified - write-in #3	\$,000.00	90000000
Pick one		\$,000.00	90000000
Pick one c. All other products and	d services, not elsewhere classified - write-in #3 Describe		



Item 25: Franchise

ITEM 25: FRANCHISE
 A. Was this establishment operating under any trademark(s) or brand name(s) authorized by a franchisor in 2017? Yes - franchisee-owned establishment
Yes - franchisor-owned establishment
● No
B. If yes, what was the trademark(s) or brand name(s) operated under? Describe



Item 26: Business Cooperative

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

	20
	25

○ No



Remarks	
REMARKS	
(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.	
	You have
	characters left.



Location Information

DEFINITION OF ESTABLISHMENT The reporting unit for this questionnaire is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. MAILING ADDRESS Please update the mailing address if needed. ATTN RECORD_ATTN_TXT Name 1 RECORD_NAME1 Store/Plant RECORD_STOR Name 2 RECORD_NAME2 Number and Street ADDR_STREET City, town, village, etc State ZIP Code Select State or Territory ADDR_CITY ADDR_ZIP PHYSICAL LOCATION Please update the physical location if needed. (P.O. Box and rural route addresses are not physical locations.) Number and Street PHYSLOC_ADDR_STREET ZIP Code City, town, village, etc. State Select State or Territory PHYSLOC_ADDR_CITY PHYSLOC_A For Census Bureau Use Only CFN RECORD_CFN ELECTRONIC_B



Legal Boundary and Municipality

LEGAL BOUNDARY AND MUNICIPALITY	
Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?	
● Yes	
◎ No	
No legal boundaries	
Do not know	
In what type of municipality is this establishment physically located?	
City, village, or borough	
Town or township	
Other	
Do not know	



ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

Yes

No



Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN



Additional Reporting Guidelines

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable.** If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

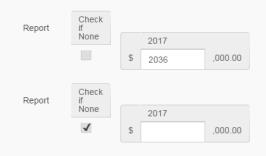
EXAMPLE: If a dollar figure is \$2,036,355.25

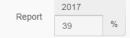
EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

How to Report Percents:

Percents should be rounded to whole percents

EXAMPLE: If figure is 38.76% of total sales







Item 2A: Ownership or Control
ITEM 2A: OWNERSHIP OR CONTROL
Is your company owned or controlled by another domestic company?
● Yes
○ No



ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

Yes

Item 2A: Ownership or Control - Voting Stock Validation

○ No



ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

Yes

No

Item 2A: Ownership or Control - Management and Policy



Item 2A: Ownership or Control - Percent of Voting Stock Held

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

○ 50%



Item 2A: Ownership or Control - Company Information ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company? Name of owning or controlling company Home office address (Number and street) City, town, village, etc. State Select States and Territories



Item 2B: Number of Establishments - More Than One Location

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

Yes

No



Item 2B: Number of Establishments	
ITEM 2B: NUMBER OF ESTABLISHMENTS	
How many establishments operated under EIN at the end of 2017?	2017



Item 2B: Number of Establishments - Establishments of This Company

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.



Item 2B: Number of Establishments - Establishment Information

lame			
econdary Name	Store/Plant Number		
umber and Street			
ty, town, village, etc.	State Select States and Territories	ZIP Code	
escribe kind of business at this locat	tion		
	than one location, report the employment and payroll data for en	nployees at the ONE location where they spent n	most
	than one location, report the employment and payroll data for er	2017	most
rking time.			most
rking time.		2017 Number	most
rking time. lumber of Employees for Pay Perior irst Quarter Payroll		2017 Number	00.00
rking time. Jumber of Employees for Pay Perior First Quarter Payroll		2017 Number	
wing time. umber of Employees for Pay Period irst Quarter Payroll lan - March 2017)		2017 Number 2017 \$,00	
or employees that worked at more orking time. Number of Employees for Pay Period First Quarter Payroll (Jan - March 2017) Annual Payroll		2017 Number 2017 \$,00	00.00



Item 2B: Number of Establishments - Consolidating Data Instructions

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for Item 5, Sales, Shipments, Receipts, or Revenue and Item 22, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for Item 7, Employment and Payroll that follows.
- Report combined data for all other questions that follow.



Item 3: Operational Status

ITEM 3: OPERATIONAL STATUS			
Which of the following best describes this establishment's operational status at the end of 2017?			
In operation			
Temporarily or seasonally inactive			
Ceased operation			
Sold or leased to another operator			
Other			
Describe			





Item 3: Operational Status - Sold Operation Date and Information

Em 3: OPERATIONAL STATUS - SOLD OPERATION DATE AND INFORMATION then was this establishment sold or leased to another operator? IMDDYYYY that is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator? Idame of new owner/operator Idailing Address (Number and Street, PO. Box, etc.) State Select States and Territories ZIP Code Select States and Territories
Inat is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator? Idame of new owner/operator Idailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
nat is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator? Idailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
hat is the name, address, and 9-digit Employer Identification Number (EIN) of this establishment's new owner or operator? Idailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
lailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
lailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
lailing Address (Number and Street, P.O. Box, etc.) State Select States and Territories ZIP Code
State Select States and Territories ZIP Code
State ZIP Code Select States and Territories
State ZIP Code Select States and Territories
Select States and Territories
Select States and Territories
Select States and Territories



ITEM 4: MONTHS IN OPERATION

Check if None

What was the number of months in operation during 2017?



Item 5: Sales, Shipments, Receipts, or Revenue

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE A. Revenue For further clarification, click the "Additional Information" link above. Check if None 2017 ,000.00 What was the total revenue? B. Exported Services NOTE: An exported service is a product (e.g., service performed, license agreement) that is sold or transferred to, or performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include: • Products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches) Exclude: • Products provided to domestic subsidiaries of foreign firms Check None 2017 ,000.00 What were the receipts or revenue for exported services?



Item 7: Employment and Payroll

ITEM 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) in Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

None 2017

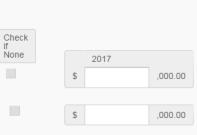
Check

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

2. What was the first quarter payroll (January-March 2017)?





Item 17: Principal Business or Activity

ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY Which ONE of the following best describes this establishment's principal kind of business or activity in 2017? If none of the provided selections seem appropriate, provide a specific description of the primary business activity. Select only ONE. 523210 001 Securities exchange 523210 002 Commodities exchange 52399 002 Securities/commodities exchange clearinghouse 775000 001 Other principal business or activity - Describe Describe



Item 22: Detail of Sales, Shipments, Receipts, or Revenue

e \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what products and services were included? ct ALL that apply.	
Support services for financial and commodity markets	7005545000
a. Payment clearing and settlement services for financial transactions, except trades of securities and commodity contracts	7005545003
b. Trade execution, clearing, and settlement services for security and commodity contracts	7005545006
c. Trading and clearing system services for security and commodity contracts	7005545009
d. Listing services for security and commodity contracts	7005545012
e. Support services for financial market and clearing products, not elsewhere classified	7005545015
2. Regulation of securities markets	7017450000
3. Other products supporting financial services	7005547000



Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Description		Value		Produ Code
Support services for financia	and commodity markets More			
a. Payment clearing and se commodity contracts	ettlement services for financial transactions, except trades of securities and	\$,000.00	700554
b. Trade execution, clearin	g, and settlement services for security and commodity contracts	\$,000.00	700554
c. Trading and clearing sys	etem services for security and commodity contracts	\$,000.00	700554
d. Listing services for secu	rity and commodity contracts	\$,000.00	700554
e. Support services for fina	ncial market and clearing products, not elsewhere classified	\$,000.00	700554
Subtotal		\$,000.00	700554
2. Regulation of securities mar	kets	\$,000.00	701745
3. Other products supporting fi	nancial services	\$,000.00	700554
4. All other products and service	es, not elsewhere classified			
a. All other products and se	ervices, not elsewhere classified - write-in #1			
Pick one	Describe	\$,000.00	900000
b. All other products and se	ervices, not elsewhere classified - write-in #2			
Pick one	Describe	\$,000.00	900000
c. All other products and se	ervices, not elsewhere classified - write-in #3			
Pick one	Describe	\$,000.00	900000
Add Additional Product	ts			
OTAL - Sum of lines should ed	qual total Sales, Shipments, Receipts, or Revenue reported in Item 5	\$,000.00	990000



Item 26: Business Cooperative

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

: 5	- 1	7	

○ No



Remarks	
REMARKS	
(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.	
	You have
	characters left.



Location Information

DEFINITION OF ESTABLISHMENT The reporting unit for this questionnaire is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. MAILING ADDRESS Please update the mailing address if needed. ATTN RECORD_ATTN_TXT Name 1 RECORD_NAME1 Store/Plant RECORD_STOR Name 2 RECORD_NAME2 Number and Street ADDR_STREET City, town, village, etc ZIP Code Select State or Territory ADDR_CITY ADDR_ZIP PHYSICAL LOCATION Please update the physical location if needed. (P.O. Box and rural route addresses are not physical locations.) Number and Street PHYSLOC_ADDR_STREET ZIP Code City, town, village, etc. State Select State or Territory PHYSLOC_ADDR_CITY PHYSLOC_A For Census Bureau Use Only CFN RECORD_CFN ELECTRONIC_B



Legal Boundary and Municipality

LEGAL BOUNDARY AND MUNICIPALITY
Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
● Yes
● No
No legal boundaries
Do not know
In what type of municipality is this establishment physically located?
City, village, or borough
Town or township
● Other
Do not know



ITEM 1: EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) used on this establishment's latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

Yes

No



Item 1: Employer Identification Number

ITEM 1: EMPLOYER IDENTIFICATION NUMBER

What is this establishment's 9-digit Employer Identification Number (EIN) used on its latest 2017 Internal Revenue Service Form 941, Employer's Federal Quarterly Tax Return?

EIN



Additional Reporting Guidelines

ADDITIONAL REPORTING GUIDELINES

GENERAL INSTRUCTIONS

- Please report information for each establishment owned or controlled by the company or organization.
- Each report form should cover calendar year 2017. If book figures are not available, **estimates are acceptable.** If your fiscal year covers at least 10 months of calendar year 2017, you may report all items except payroll on a fiscal year basis. Calendar year figures for payroll should be available from your Internal Revenue Service (IRS) Form 941, Employer's Quarterly Federal Tax Return, or Form 944, Employer's Annual Federal Tax Return. Indicate the exact dates covered when the report form(s) is submitted.

How to Report Dollar Figures:

Dollar figures should be rounded to thousands of dollars

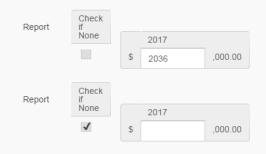
EXAMPLE: If a dollar figure is \$2,036,355.25

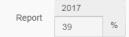
EXAMPLE: If a dollar figure is "0" (or less than \$500.00):

How to Report Percents:

Percents should be rounded to whole percents

EXAMPLE: If figure is 38.76% of total sales









ITEM 2A: OWNERSHIP OR CONTROL - VOTING STOCK VALIDATION

Does another domestic company own more than 50 percent of the voting stock of your company?

Yes

No



ITEM 2A: OWNERSHIP OR CONTROL - MANAGEMENT AND POLICY

Does another domestic company have the power to control the management and policies of your company?

Yes

No



Item 2A: Ownership or Control - Percent of Voting Stock Held

ITEM 2A: OWNERSHIP OR CONTROL - PERCENT OF VOTING STOCK HELD

What percent of voting stock was held by the owning or controlling company?

Less than 50%

○ 50%



Item 2A: Ownership or Control - Company Information ITEM 2A: OWNERSHIP OR CONTROL - COMPANY INFORMATION What is the name, address, and 9-digit Employer Identification Number (EIN) of the owning or controlling company? Name of owning or controlling company Home office address (Number and street) City, town, village, etc. State Select States and Territories



Item 2B: Number of Establishments - More Than One Location

ITEM 2B: NUMBER OF ESTABLISHMENTS - MORE THAN ONE LOCATION

Does your company operate in more than one location?

Yes

No



Item 2B: Number of Establishments	
ITEM 2B: NUMBER OF ESTABLISHMENTS	
How many establishments operated under EIN at the end of 2017?	2017



Item 2B: Number of Establishments - Establishments of This Company

ITEM 2B: NUMBER OF ESTABLISHMENTS - ESTABLISHMENTS OF THIS COMPANY

This company owns and operates establishments under EIN at the end of 2017.

- Use the 'Add Establishment' button to add ALL establishments in the company and their respective data.
- Provide the headquarters location first, then all the other locations.
- Data for establishments operated during 2017, but not in operation at the end of the year, should be included with the headquarters location.
- Please ensure all establishments of this company are listed below with one establishment per row.
- Use the 'Edit' button on each row to update the location's physical address or other information.



Item 2B: Number of Establishments - Establishment Information

lame		
econdary Name	Store/Plant Number	
umber and Street		
ty, town, village, etc.	State Select States and Territories	ZIP Code
escribe kind of business at this locat	tion	
	than one location, report the employment and payroll data for e	employees at the ONE location where they spent most
	than one location, report the employment and payroll data for e	2017
rking time.		
rking time.		2017 Number
rking time. Number of Employees for Pay Perior First Quarter Payroll		2017 Number
rking time. Number of Employees for Pay Perior First Quarter Payroll		2017 Number
rking time. lumber of Employees for Pay Perior irst Quarter Payroll		2017 Number 2017 \$,000.00
rking time. Number of Employees for Pay Period First Quarter Payroll Jan - March 2017)		2017 Number
or employees that worked at more orking time. Number of Employees for Pay Period First Quarter Payroll (Jan - March 2017) Annual Payroll		2017 Number 2017 \$,000.00



Item 2B: Number of Establishments - Consolidating Data Instructions

ITEM 2B: NUMBER OF ESTABLISHMENTS - CONSOLIDATING DATA INSTRUCTIONS

Consolidating Data for EIN :

- Add the values reported in Sales, Shipments, Receipts, or Revenue for all establishments of the EIN and report the combined total in the questions for Item 5, Sales, Shipments, Receipts, or Revenue and Item 22, Detail of Sales, Shipments, Receipts, or Revenue that follow.
- Add the values reported in Employment, First Quarter Payroll, and Annual Payroll for all establishments of the EIN and report the combined totals in the question for Item 7, Employment and Payroll that follows.
- Report combined data for all other questions that follow.



Item 3: Operational Status

Which of the following best describes this establishment's operational status at the end of 2017? • In operation	
In operation	
Temporarily or seasonally inactive	
Ceased operation	
Sold or leased to another operator	
Other	
Describe	





Item 3: Operational Status - Sold Operation Date and Information

TEM 3: OPERATIONAL STATUS - SOLD OPERATION DAT	E AND INFORMATION	
When was this establishment sold or leased to another opera	itor?	
MMDDYYYY		
m		
Vhat is the name, address, and 9-digit Employer Identification	n Number (EIN) of this establishment's new owner or operator?	
Name of new owner/operator		
Mailing Address (Number and Street, P.O. Box, etc.)		
City, town, village, etc.	State	ZIP Code
ony, torri, timege, etc.	Select States and Territories	
	00000 0000 0000	
EIN		



ITEM 4: MONTHS IN OPERATION

Check if None

What was the number of months in operation during 2017?



ITEM 5: Sales, Shipments, Receipts, or Revenue

ITEM 5: SALES, SHIPMENTS, RECEIPTS, OR REVENUE

For further clarification, click the "Additional Information" link above.

Check if None

2017

\$,000.00



Item 7: Employment and Payroll

ITEM 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) in Item 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, click the "Additional Information" link above.

A. Employment

What was the number of employees for pay period including March 12?

None 2017

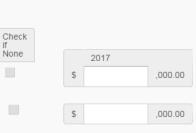
Check

B. Payroll before deductions

(Exclude employer's cost for fringe benefits.)

1. What was the annual payroll?

2. What was the first quarter payroll (January-March 2017)?





ITEM 17: PRINCIPAL BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2017?

If none of the provided selections seem appropriate, provide a specific description of the primary business activity.

Select only ONE.

Direct insurance ca	rriers	\$
524114 006		Health insurance carrier
524113 003		Accident and disability income insurance carrier
524114 002		Dental and/or vision insurance carrier
524114 003		Health maintenance organization office - NOT providing hospital, medical, and/or dental services
524114 004		Preferred provider organization office - NOT providing hospital, medical, and/or dental services
524114 005		Dental insurance plan office - NOT providing hospital, medical, and/or dental services
524126 101		Property and casualty insurance carrier
524113 001		Life insurance carrier
524128 004		Other direct insurance carrier - Describe
		Describe
Reinsurance carrie	rs	
524130 008		Life reinsurance carrier
524130 007	0	Accident and health reinsurance carrier
524130 006		Hospital and/or medical service plan office - reinsurance
524130 009		Other reinsurance carrier - Describe
		Describe
Other principal bus	ines	s or activity
524210 006		Insurance agent or broker
775000 001		Other principal business or activity - Describe
		Describe



e \$,000.00 of Sales, Shipments, Receipts, or Revenue reported in Item 5, what products and services were inc	chabul.	
e \$,000.00 of Sales, Shipments, Receipts, of Revenue reported in item 5 , what products and services were incet at ALL that apply.	iuueu?	
Heath and accident insurance underwriting services - net premiums earned		7005000000
a. Dental service plans for groups and individuals - underwriting services		7005000003
b. Individual medical service plans - underwriting services		7005000006
c. Supplemental Medicare insurance plans - underwriting services		7005000009
d. Supplemental CHAMPUS/TRICARE insurance plans - underwriting services		7005000012
e. Group managed care medical service plans - underwriting services		7005000015
f. Group fee-for-service medical service plans - underwriting services		7005000018
g. Accidental death and dismemberment, and disability income insurance plans - underwriting services		7005000021
h. Other health and medical insurance - underwriting services		7005000024
2. Life insurance underwriting services - net premiums earned		7004975000
3. Pensions and annuities underwriting services - fees		7005475000
4. Reinsurance services for life and health insurance and annuities - premiums assumed		7005555000
5. Reinsurance services for surety bond and related insurance - premiums assumed		7005556000
6. Reinsurance services for property and casualty insurance - premiums assumed		7005557000
7. Reinsurance services, not elsewhere classified - premiums assumed		7005558000
8. Claims adjustment services More		7005561000
9. Insurance support services, not elsewhere classified, including third party administration		7005563000



Item 22: Detail of Sales, Shipments, Receipts, or Revenue - Continued

Description	Value	Pro Co
1. Heath and accident insurance underwriting services - net premiums earned		
a. Dental service plans for groups and individuals - underwriting services	\$,000.	70050
b. Individual medical service plans - underwriting services	\$,000.	70050
c. Supplemental Medicare insurance plans - underwriting services	\$,000.	70050
d. Supplemental CHAMPUS/TRICARE insurance plans - underwriting services	\$,000.	70050
e. Group managed care medical service plans - underwriting services	\$,000.	70050
f. Group fee-for-service medical service plans - underwriting services	\$,000.	70050
g. Accidental death and dismemberment, and disability income insurance plans - underwriting services	\$,000.	70050
h. Other health and medical insurance - underwriting services	\$,000.	70050
Subtotal	\$,000.	70050
2. Life insurance underwriting services - net premiums earned	\$,000.	70049
3. Pensions and annuities underwriting services - fees	\$,000.	70054
4. Reinsurance services for life and health insurance and annuities - premiums assumed	\$,000.	7005
5. Reinsurance services for surety bond and related insurance - premiums assumed	\$,000.	7005
6. Reinsurance services for property and casualty insurance - premiums assumed	\$,000.	7005
7. Reinsurance services, not elsewhere classified - premiums assumed	\$,000.	70058
8. Claims adjustment services More	\$,000.	70055
9. Insurance support services, not elsewhere classified, including third party administration	\$,000.	70058
10. Trading securities and commodity contracts on own account - net gains (losses) More	\$,000.	000 8000
11. All other products and services, not elsewhere classified		
a. All other products and services, not elsewhere classified - write-in #1		
Pick one Describe	,000.	90000
b. All other products and services, not elsewhere classified - write-in #2		



c. All other products and services, not elsewhere classified - write-in #3		
Pick one Describe	\$,000.00	900000009
Add Additional Products		
TOTAL - Sum of lines should equal total Sales, Shipments, Receipts, or Revenue reported in Item 5	\$,000.00	9900000000



Item 26: Business Cooperative

ITEM 26: BUSINESS COOPERATIVE

A cooperative is a business or organization owned by, controlled by, and operated for the benefit of members using its services. Members (also known as user-owners) benefit from use of service and product operations and/or earnings generated by the co-op. This includes purchasing co-ops, member/patron organizations, member-controlled non-profits, consumer co-ops, marketing co-ops, worker co-ops, etc.

Is this establishment a cooperative?

	20
	25

○ No



ITEM 28: SPECIAL INQUIRIES - ADMINISTRATIVE EXPENSES AND BENEFITS PAID (LOSSES)

What were the benefits paid to policyholders (losses) and administrative expenses from providing insurance by this establishment in 2017?

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

<u>Activity</u>

	Paid (Losse		Admin Expen	istrative ises
1. Health insurance and hospital and medical services plans	\$,000.00	\$,000.00
2. Health and medical reinsurance	\$,000.00	\$,000.00
3. Life insurance and annuities	\$,000.00	\$,000.00
4. Life reinsurance	\$,000.00	\$,000.00
5. Accident insurance	\$,000.00	\$,000.00
6. Accident reinsurance	\$,000.00	\$,000.00
7. Providing claims processing and other administrative services for other parties			\$,000.00
8. All other activities (i.e., property and casualty, including reinsurance, etc.)	\$,000.00	\$,000.00
9. TOTAL (Add lines 1 through 8.)	\$,000.00	\$,000.00



REMARKS	
(Please use this space for any explanations that may be essential in understanding your reported data.) Maximum length is 1,000 characters.	
	You have
	1000
	characters left.

