

FORM **F-13**
(8-4-2004)

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

**2004
SURVEY OF THE
FINANCES OF
INSURANCE TRUST
SYSTEMS**

**In correspondence pertaining to this report, please refer to the
Census File Number above your address.**

Data supplied by

Name

Title

Telephone

Area code Number

RETURN TO

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

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

System's fiscal year ended

Name of system

Month Day Year

This form has been approved by the Office of Management and Budget (OMB) and has been given the number 0607-0585. Please note that we have displayed this number in the upper right hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number were not displayed, we could not request your participation in this survey.

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of the population served, and the extent and complexity of their financial accounts. We estimate public reporting burden for this collection of information to vary from .5 to 2.0 hours per response, with an average of 1.0 hours per response, including 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 0607-0585, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0585" as the subject.

GENERAL INSTRUCTIONS

Before filling out this form, please read carefully each part and all related definitions and instructions. Note especially:

1. Please report figures for your system's fiscal year which **ended between July 1, 2003 and June 30, 2004**, and indicate the closing date of the reported fiscal year in the space provided above.
2. Report figures relating to all accounts and reserves of your system, including amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system. **Report in whole dollars. Exclude** transfers between reserves of the system, and also any investment transactions relating to loans to system members.
3. **Please complete all parts of the form.** If some items do not apply to your system, do not merely leave them blank, but enter "None" or a dash in the reporting space provided.
4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.
5. If you have any questions, call 1-888-590-2748.

Item	Amount — Omit cents
A. RECEIPTS DURING FISCAL YEAR	
1. Contributions other than from State government — Premiums, assessments, or contributions collected from employers (other than the State government) and from employees for financing benefits. Include amounts received from local governments and their employees, and from State government employees. Exclude here and report in item A2 any State government contributions.	\$.00
2. Contributions from State government — Premiums or contributions paid by the State government and State institutions or agencies for financing benefits, and any State government contributions or appropriations for administration or other support of the system.	.00
3. Earnings on investments — Interest, dividends, rents, and other earnings on investments, and any recorded profits on investment transactions (e.g., premiums on investments, and the like, if recorded as receipts of the system.)	.00
If total amount includes rentals from the State government — Show amount of such receipts here.	Amount — Omit cents \$.00

Item	Amount — Omit cents	
A. RECEIPTS DURING FISCAL YEAR — Continued		
4. Other receipts — <i>Specify below. Exclude receipts from sale of investments.</i>		
a. _____	\$.00
b. _____		.00
c. _____		.00
B. PAYMENTS DURING FISCAL YEAR		
1. Benefits — Amounts paid to, or on behalf of, insurance beneficiaries		
2. Other Payments — Administrative expenses, recorded costs or losses on investment transactions, and other costs or payments not representing benefits. — <i>Specify below. Exclude purchase of investments.</i>		
a. _____	\$.00
b. _____		.00
c. _____		.00
C. CASH AND SECURITY HOLDINGS BOOK VALUE AT END OF FISCAL YEAR		
1. Cash and deposits — Cash on hand and demand, and time or savings deposits		
2. Federal Securities — Obligations of U.S. Treasury (including short-term notes) and Federal Financing Bank		
3. Other Federal Securities — CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA		
4. Securities of State and local governments and their agencies		
5. Other securities — Bonds, stocks, mortgages, notes, loans, etc., not included in the foregoing classes. <i>Report amounts separately, as follows:</i>		
a. Corporate bonds (including debentures)		.00
b. Corporate stocks (at book value)		.00
c. Mortgages		.00
d. Other — <i>Exclude real property.</i>		.00
6. Total cash and security holdings — <i>Sum of items C1 through C5d</i> →		.00
REMARKS		