2014 ANNUAL
SURVEY OF STATE GOVERNMENT FINANCES
Finances of Insurance Trust Systems

DUE DATE:

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

Need help or have questions?

- **Visit**
  census.gov/govs/state/
- **Call**
  1-866-820-7210 weekdays, 7AM to 5PM ET
- **Email**
  govs.state.finance@census.gov

In correspondence pertaining to this report, please refer to the first 9 digits in the 1st line of the address box.

GENERAL INSTRUCTIONS

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

1. Report figures for the system's fiscal year which **ended between October 1, 2013 and September 30, 2014**.

2. Report figures relating to all accounts and reserves of the system, including amounts for retirement, disability, survivors, and other benefits, as well as any amounts for administration of the system. **Exclude** transfers between reserves of the system, and also any investment transactions relating to loans to system members.

3. **Report in whole dollars**.

4. **PLEASE COMPLETE ALL ITEMS ON THE FORM**. If some items do not apply to the system, do not leave them blank. Mark these items with "None" or a dash in the reporting space provided.

5. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.

6. Use a black or blue ball point pen. Do not use pencil or a felt-tip pen.

1 **Is the addressee title/department and mailing address the same as shown in the address label?**

☐ Yes – Go to **2**   ☐ No – Enter correct information below

Addressee Title or Department

ATTN:	

Street 1

Street 2

City   State   Zip Code

17134016

PART 1 – ENDING DATE OF FISCAL YEAR

2 **Which one of the following indicates the ending date of the system's fiscal year that ended between October 1, 2013 and September 30, 2014?** *Use this fiscal year even though a more recent one may be available. Mark "X" only one box.*

2013		2014	
☐ October	☐ January	☐ April	☐ July
☐ November	☐ February	☐ May	☐ August
☐ December	☐ March	☐ June	☐ September

PART 2 – RECEIPTS

3 **What was the amount of receipts during the fiscal year indicated in 2 ?**

A. 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
- Amounts received from State government employees
- Dividends or return of excess premiums *(report as a deduction from total contributions)*

Exclude
- Amounts received from State government *(should be reported in item B.)* . . . .

Contributions

$Bil.	Mil.	Thou.	Dol.
☐☐	☐☐☐	☐☐☐	☐☐☐

B. 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 . . . .

$Bil.	Mil.	Thou.	Dol.
☐☐	☐☐☐	☐☐☐	☐☐☐

C. Earnings on investments – Interest earnings on investment securities, deposits, and other interest-bearing accounts.

Include
- Accrued interest on investment securities sold
- Recorded profits on investment transactions (minus any realized losses)
- Rentals
- Other earnings on investments

Exclude
- Rentals from the State government . . . .

Earnings

$Bil.	Mil.	Thou.	Dol.
☐☐	☐☐☐	☐☐☐	☐☐☐

D. Other receipts

Exclude
- Receipts from sale of investments

Specify and report other receipts:

Other Receipts

	$Bil.	Mil.	Thou.	Dol.
1. [_____] . . .	☐☐	☐☐☐	☐☐☐	☐☐☐
2. [_____] . . .	☐☐	☐☐☐	☐☐☐	☐☐☐
3. [_____] . . .	☐☐	☐☐☐	☐☐☐	☐☐☐

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PART 3 – PAYMENTS

4 **What was the amount of payments made during the fiscal year indicated in ❷ ?**

Payments

	$Bil.	Mil.	Thou.	Dol.

A. **Benefits –** Amounts paid to, or on behalf of, insurance beneficiaries . . . .

B. **Other payments**

Include
- Administrative expenses
- Recorded costs on investment transactions
- Other costs or payments not representing benefits

Exclude
- Purchase of investments

Specify and report other payments:

1. . . .

2. . . .

3. . . .

PART 4 – CASH AND INVESTMENTS HELD AT THE END OF FISCAL YEAR

5 **What was the total amount of cash and investments (at market value) held by the system at the end of the fiscal year indicated in ❷ ?**

Amount at End of Fiscal Year

	$Bil.	Mil.	Thou.	Dol.

A. **Cash and deposits –** Cash on hand and demand, and time or savings deposits . . . .

B. **Federal government securities –** Obligations of the US Treasury and Federal Financing Bank.

Include
- Short term notes . . . .

C. **Federal agency securities –** Bonds and mortgage-backed securites issued by CCC, Export-Import Bank, FHA, GNMA, Postal Service, and TVA . . . .

D. **Securities of State and local governments and their agencies** . . . .

E. **Other securities**
1. Corporate bonds

   Include
   - Debentures . . . .

2. Corporate stocks . . . .

3. Mortgages . . . .

4. Other

   Exclude
   - Real property . . . .

F. **TOTAL –** *(Sum of items A. through E.)* . . . .

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PART 5 – REMARKS

6 **Use this space for any explanations that may be essential in understanding the reported data.**

Include
- Any significant changes occurring within the last year
- Any difficulties encountered in completing this form

PART 6 – CONTACT INFORMATION

7 **Who should be contacted to answer questions about data reported on this form?**

Name of contact person - Please print

Title of contact person - Please print

Area code and phone number

Extension

Area code and fax number

Email Address - Please print

Date form was completed
(MM) (DD) (YYYY)

Thank you for completing this form.
Retain a copy of the completed questionnaire for your records.

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Form F-13