



**2021 ANNUAL
SURVEY OF STATE GOVERNMENT FINANCES
Finances of Insurance Trust Systems**

OMB No. 0607-0585: Approval Expires 07/31/2023

DUE DATE:

January 21, 2022

RETURN TO:

ewd.state.finance@census.gov

**Need help or have
questions?**

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

Agency or Fund Name:

NOTE: Title 13 United States Code (U.S.C.), Sections 161 and 182 authorizes the Census Bureau to conduct this collection and to request your voluntary assistance. These data are subject to provisions of Title 13, U.S.C., Section 9(b) exempting data that are customarily provided in public records from rules of confidentiality. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number is 0607-0585 and appears at the upper right of this form. Without this approval, we could not conduct this survey.

Please note that this collection of information applies to governments with wide differences in the size of their service areas, the amount of population served, and the extent and complexity of their activities. We estimate the time to complete this survey varies from 30 minutes to 2 hours, with an average of 1 hour, 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: EWD Survey Comments 0607-0585, U.S.Census Bureau, 4600 Silver Hill Road, Room EWD-5K071, Washington, DC 20233. You may e-mail comments to ewd.state.finance@census.gov. Be sure to use EWD Survey Comments 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. Report figures for the system's fiscal year which **ended between October 1, 2020 and September 30, 2021**.
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.

PART 1 – ENDING DATE OF FISCAL YEAR

- 1 Which one of the following indicates the ending date of the system's fiscal year that ended between October 1, 2020 and September 30, 2021? Use this fiscal year even though a more recent one may be available. Mark "X" only one box.

2020

- October
 November
 December

- January
 February
 March

2021

- April
 May
 June
 July
 August
 September

PART 2 - RECEIPTS**2 What was the amount of receipts during the fiscal year indicated in ① ?**

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

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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:

1. ...
2. ...
3. ...

Other Receipts			
\$Bil.	Mil.	Thou.	Dol.

PART 3 - PAYMENTS**3 What was the amount of payments made during the fiscal year indicated in ① ?**

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

Payments			
\$Bil.	Mil.	Thou.	Dol.

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. ...

\$Bil.	Mil.	Thou.	Dol.

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

4

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 ①?

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

Amount at End of Fiscal Year			
\$Bil.	Mil.	Thou.	Dol.

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 securities 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.)

PART 5 – REMARKS

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

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

PART 6 – CONTACT INFORMATION

6 **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

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Extension

--	--	--	--

Area code and fax number

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Email Address - Please print

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

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Department Website

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