

**BUSINESS PUBLICATION CIRCULATION STATEMENT
FOR THE 6 MONTH PERIOD ENDED JUNE 2009
(Including Supplementary Data)**

No attempt has been made to rank the information contained in this report in order of importance, since BPA Worldwide believes this is a judgment, which must be made by the user of the report.

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**FINANCIAL & INSURANCE
MEETINGS**

A Penton Media Publication
11 Riverbend Drive South
Stamford, CT 06907
Tel.: (203) 358-9900
Fax: (203) 358-5812
Website: <http://meetingsnet.com>

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FIELD SERVED

FINANCIAL & INSURANCE MEETINGS serves the insurance industry including life/health, property/casualty and multiple lines insurance companies; full service investment or securities firms and insurance trade associations. Also served are meeting planning firms and others allied to the field.

DEFINITION OF RECIPIENT QUALIFICATION

Qualified recipients are individuals in general management/administration, sales/marketing, meetings management, general agents/agency managers, independent meeting planners, meeting consultants, other insurance company executives, and other titled personnel that are responsible for meeting and incentive travel programs.

PURPOSE

This circulation statement contains multiple analyses of respondents who indicate the following types of services/facilities they use for their meetings and incentive travel programs: resorts, downtown hotels, suburban hotels, conference centers, airport hotels, convention centers & auditoriums, all-suites, cruise ships, gaming properties/facilities, convention & visitors bureaus, and other services/facilities.

AVERAGE NON-QUALIFIED CIRCULATION	
NON-QUALIFIED Not Included Elsewhere	Copies
Other Paid Circulation _____	35
Advertiser and Agency _____	1,203
Rotated or Occasional _____	2
Allocated for Trade Shows and Conventions _____	213
Electronic _____	-
All Other _____	881
TOTAL	2,334

1. AVERAGE QUALIFIED CIRCULATION BREAKOUT FOR PERIOD						
QUALIFIED CIRCULATION	Total Qualified		Qualified Non-Paid		Qualified Paid	
	Copies	Percent	Copies	Percent	Copies	Percent
Individual _____	8,333	100.0	8,333	100.0	-	-
Sponsored Individually Addressed _	-	-	-	-	-	-
Membership Benefit _____	-	-	-	-	-	-
Multi-Copy Same Addressee _____	-	-	-	-	-	-
Single Copy Sales _____	-	-	-	-	-	-
TOTAL QUALIFIED CIRCULATION	8,333	100.0	8,333	100.0	-	-

2. QUALIFIED CIRCULATION BY ISSUES WITH REMOVALS AND ADDITIONS FOR PERIOD															
2009 Issue	Number Removed	Number Added	Print Version Only (A)	Electronic Version Only (B)	Qualified Non-Paid	Qualified Paid	Total Qualified	2009 Issue	Number Removed	Number Added	Print Version Only (A)	Electronic Version Only (B)	Qualified Non-Paid	Qualified Paid	Total Qualified
March/April	1,000	-	7,732	268			8,000	TOTAL	1,000	-					

3a. BUSINESS/OCCUPATION BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY/JUNE 2009
This issue is 5.9% or 500 copies below the average of the other 2 issues reported in Paragraph two.

BUSINESS AND INDUSTRY	TOTAL QUALIFIED	PERCENT OF TOTAL	Print Version Only (A)	Electronic Version Only (B)	Total Recipients Responsible for Meetings and Incentive Travel Programs	General Management/Administration (A)	Sales/Marketing (B)	Meetings Management (C)	General Agent/Agency Manager (D)	Other Insurance Company Executives (F)	Procurement Management (H)
Life/Health Insurance _____	1,429	17.9	1,390	39	1,333	1,102	128	39	23	35	1
Property/Casualty Insurance _____	1,448	18.1	1,394	54	1,436	1,091	214	39	25	59	5
Multiple Lines Insurance _____	603	7.5	580	23	554	376	99	33	30	14	2
Full Service Investment or Security Firm _____	2,812	35.2	2,718	94	2,812	2,161	358	109	17	84	10
Trade Association (Insurance) _____	616	7.7	596	20	616	445	124	23	8	10	4
Independent Meeting Planning Firm _____	698	8.7	667	31	698	513	103	59	10	8	1
Others Allied to the Field _____	89	1.1	83	6	89	64	11	10	-	2	1
Subtotal	7,695	96.2	7,428	267	7,538	5,752	1,037	312	113	212	24
Percent	96.2	-	92.9	3.3	94.2	71.9	13.0	3.9	1.4	2.7	0.3
FICP (Financial & Insurance Conference Planners Association) _____	305	3.8	303	2	305						
TOTAL QUALIFIED CIRCULATION	8,000	100.0	7,731	269	7,843						

Note 1:

(A) General Management/Administration: Chairman, CEO, COO, CIO, President, Owner, Executive Director, Director, Executive Vice President, Vice President, Managing Director, General Manager, Director of Communications, Human Resource Director, Treasurer/Controller
 (B) Sales/Marketing: Marketing Communications Manager/Director, Sales/Marketing Manager/ Director, Supervisor
 (C) Meetings Management: Meeting Planner/Manager/Director, Conference/Exhibit Planner/Manager, Convention Manager, Incentive Program Planner
 (D) General Agent/Agency Manager: Superintendent of Agency, Owner, Agency Vice President, Director of Agency
 (F) Other Insurance Company Executives: Manager of Education or Training, Project Manager, Supervisor, Executive Assistant/Secretary, Regional Administrator
 (H) Procurement Management: Procurement Director/Manager/Supervisor, Purchasing Director/Manager/Supervisor

SUPPLEMENTARY DATA FOR ISSUE OF MAY/JUNE 2009

This is an analysis of 8,462 or 94.0% respondents who indicated what types of Services/Facilities they use for their meetings and incentive travel programs. (See question #6 on the questionnaire used to elicit these data on the back of this report.) Since any one respondent may have checked more than one response, the totals for each of these services/facilities should not be added together as the total may exceed the total circulation. These data are presented for statistical and marketing purposes only.

BUSINESS AND INDUSTRY	TOTAL QUALIFIED	PERCENT OF TOTAL	TOTAL QUALIFIED RESPONDENTS	Downtown Hotel	Resort	Airport Hotel	Suburban Hotel	Conference Center	All-Suite	Cruise Ship	Gaming Property/Facility	Convention Center/Auditorium	Convention & Visitors' Bureau	Other
Life/Health Insurance _____	1,333	16.7	1,333	838	773	591	616	691	656	451	495	583	453	278
Property/Casualty Insurance _____	1,436	18.0	1,436	619	479	338	397	454	395	209	218	332	243	637
Multiple Lines Insurance _____	554	6.9	554	306	253	192	224	229	241	152	147	189	151	91
Full Service Investment or Securities Firm _____	2,740	34.3	2,740	1,120	818	604	775	1,020	573	267	315	719	484	1,443
Trade Association (Insurance) _____	614	7.7	614	200	140	100	129	173	112	38	38	110	75	431
Independent Meeting Planning Firm _____	695	8.7	695	323	335	200	230	334	253	135	168	216	180	254
Other Allied to the Field _____	89	1.1	89	56	55	26	28	27	41	14	21	24	21	18
Subtotal	7,461	93.3	7,461	3,462	2,853	2,051	2,399	2,928	2,271	1,266	1,402	2,173	1,607	3,152
Percent	93.3		93.3	43.3	35.7	25.6	30.0	36.6	28.4	15.8	17.5	27.2	20.1	39.4
FICP (Financial & Insurance Conference Planners Association) _____	539	6.7												
TOTAL QUALIFIED CIRCULATION	8,000	100.0												

3b. QUALIFICATION SOURCE BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY/JUNE 2009

QUALIFICATION SOURCE	Qualified Within			Print Version Only (A)	Electronic Version Only (B)	Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
	1 Year	2 Years	3 Years						
I. Direct Request: _____	3	7,458	-	7,201	260			7,461	93.3
II. Request from recipient's company: _____	-	-	-	-	-			-	-
III. Membership Benefit: _____	535	4	-	530	9			539	6.7
IV. Communication from recipient or recipient's company (other than request): _____	-	-	-	-	-			-	-
V. TOTAL - Sources other than above (listed alphabetically): _____	-	-	-	-	-			-	-
Association rosters and directories _____	-	-	-	-	-			-	-
Business directories _____	-	-	-	-	-			-	-
Manufacturer's, distributor's, and wholesaler's lists _____	-	-	-	-	-			-	-
Other sources _____	-	-	-	-	-			-	-
VI. Single Copy Sales: _____	-	-	-	-	-			-	-
TOTAL QUALIFIED CIRCULATION	538	7,462	-	7,731	269			8,000	100.0
PERCENT	6.7	93.3	-	96.6	3.4			100.0	

3c. MAILING ADDRESS BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY/JUNE 2009

MAILING ADDRESS	Print Version Only (A)	Electronic Version Only (B)	Qualified Non-Paid	Qualified Paid	Total Qualified	Percent
Individuals by name and title and/or function _____	7,731	269			8,000	100.0
Individuals by name only _____	-	-			-	-
Titles or functions only _____	-	-			-	-
Company names only _____	-	-			-	-
Multi-Copy Same Addressee copies _____	-	-			-	-
Single Copy Sales _____	-	-			-	-
TOTAL QUALIFIED CIRCULATION	7,731	269			8,000	100.0

4. GEOGRAPHICAL BREAKOUT OF QUALIFIED CIRCULATION FOR ISSUE OF MAY/JUNE 2009

State & Zip Code	Print Version Only (A)	Electronic Version Only (B)	Total Qualified	Percent
039-049 Maine _____	39	1	40	
030-038 New Hampshire _____	26	-	26	
050-059 Vermont _____	18	-	18	
010-027 Massachusetts _____	227	9	236	
028-029 Rhode Island _____	41	-	41	
060-069 Connecticut _____	111	3	114	
NEW ENGLAND	462	13	475	5.9
100-149 New York _____	522	17	539	
070-089 New Jersey _____	219	11	230	
150-196 Pennsylvania _____	324	13	337	
MIDDLE ATLANTIC	1,065	41	1,106	13.8
430-459 Ohio _____	289	10	299	
460-479 Indiana _____	169	9	178	
600-629 Illinois _____	453	15	468	
480-499 Michigan _____	172	6	178	
530-549 Wisconsin _____	228	8	236	
EAST NO. CENTRAL	1,311	48	1,359	17.0
550-567 Minnesota _____	205	5	210	
500-528 Iowa _____	225	12	237	
630-658 Missouri _____	196	8	204	
580-588 North Dakota _____	29	2	31	
570-577 South Dakota _____	33	1	34	
680-693 Nebraska _____	108	2	110	
660-679 Kansas _____	130	8	138	
WEST NO. CENTRAL	926	38	964	12.1
197-199 Delaware _____	15	-	15	
206-219 Maryland _____	132	6	138	
200-205 Washington, DC _____	48	4	52	
220-246 Virginia _____	163	5	168	
247-268 West Virginia _____	32	-	32	
270-289 North Carolina _____	185	4	189	
290-299 South Carolina _____	65	3	68	
300-319 Georgia _____	191	8	199	
320-349 Florida _____	428	15	443	
SOUTH ATLANTIC	1,259	45	1,304	16.3
400-427 Kentucky _____	102	3	105	
370-385 Tennessee _____	145	4	149	
350-369 Alabama _____	113	3	116	
386-397 Mississippi _____	54	4	58	
EAST SO. CENTRAL	414	14	428	5.4
716-729 Arkansas _____	77	3	80	
700-714 Louisiana _____	85	1	86	
730-749 Oklahoma _____	99	3	102	
750-799 Texas _____	512	12	524	
WEST SO. CENTRAL	773	19	792	9.9
590-599 Montana _____	38	1	39	
832-838 Idaho _____	42	-	42	
820-831 Wyoming _____	14	2	16	
800-816 Colorado _____	148	3	151	
870-884 New Mexico _____	33	1	34	
850-865 Arizona _____	112	5	117	
840-847 Utah _____	78	7	85	
889-898 Nevada _____	65	1	66	
MOUNTAIN	530	20	550	6.9
995-999 Alaska _____	9	-	9	
980-994 Washington _____	149	6	155	
970-979 Oregon _____	83	1	84	
900-961 California _____	703	24	727	
967-968 Hawaii _____	8	-	8	
PACIFIC	952	31	983	12.3
UNITED STATES	7,692	269	7,961	99.6
969 & 004-009 U.S. Territories _____	3	-	3	
Canada _____	36	-	36	
Mexico _____	-	-	-	
Other International _____	-	-	-	
APO/FPO _____	-	-	-	
TOTAL QUALIFIED CIRCULATION	7,731	269	8,000	100.0

7. AVERAGE ANNUAL AUDITED QUALIFIED CIRCULATION AND CURRENT UNAUDITED CIRCULATION STATEMENTS

6-Month Period Ended:	Audited Data	Audited Data	Audited Data	Audited Data	Audited Data	Circulation Claim
	2005	2006	2007	January-June 2008	July-December 2008	January-June 2009*
Total Audit Average Qualified	9,002	9,019	9,059	9,000	9,000	8,333
Qualified Non-Paid Total	9,002	9,018	9,058	8,997	9,000	8,333
Print Only	9,002	9,018	8,776	8,123	8,373	8,046
Electronic Only	-	-	282	874	627	287
Qualified Paid Total	-	1	1	3	-	-
Print Only	-	1	1	3	-	-
Electronic Only	-	-	-	-	-	-
Post Expire Copies included in Paid Circulation	**NC	**NC	**NC	**NC	**NC	**NC
Average Annual Order Price	**NC	**NC	**NC	**NC	**NC	**NC

***NOTE: January - June 2009 data is unaudited. With each successive period, new data will be added until six 6-month periods are displayed.**

**NC = None Claimed.

8. PAID CIRCULATION DATA

**NC	Average Annual Subscription Order Price for the Period. (includes promotional incentive value, if any)
6	Issues Per Year
**NC	All Single Copy Sales Prices for the Period
**NC	Renewal Rate of Paid Subscribers (Optional)

9. ADDITIONAL DATA

METHOD OF DISTRIBUTION

All qualified circulation conforms to the field served of a recipient's qualification, as reported. Print copies are distributed via postal services or other carriers. Recipients who request the electronic version are notified via email when the version is available.

PARAGRAPHS 5 AND 6 ARE NOT REQUIRED.

QUESTIONNAIRE USED BY PUBLICATION TO ELICIT SUPPLEMENTARY DATA:

FREE subscription offer

Please print with a black pen.

Print Name _____
 Title _____
 Company _____
 Address _____
 City _____
 State/Prov. _____ Country _____
 ZIP/Postal Code _____
 Phone (____) _____ FAX* (____) _____
 E-Mail** _____



*Your fax number is used to communicate to you. By providing your fax number, you are giving your written permission to receive subscriptions & other related information from Financial & Insurance Meetings that may be of interest to you by fax. We will share this information or use it for any other purpose. You may opt out of receiving faxes from us any time in the future.

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1 Do you wish to receive/continue to receive Financial & Insurance Meetings FREE? YES NO
 Signature required _____ Date _____

2 How would you like to receive your copy of Financial & Insurance Meetings? (If you want to receive the digital version of the magazine, we must have your email address)
 Digital
 Print

3 Are you involved in the selection, authorization, approval, planning and/or review of financial and insurance meetings, recognition programs, and/or incentive travel programs for your company?
 Yes
 No
 If NO, please route this form to the appropriate person in your organization.

4 What is your primary business?* (check only ONE box)
 Life/Health Insurance
 Property/Casualty Insurance
 Multiple Lines Insurance
 Full Service Financial Services Provider
 Trade Association (Insurance or Financial Services)
 Independent Meeting/Planning Company that provides services for insurance or financial services firms (includes independent meeting planners and meeting consultants)
 Others Allied to the Field (please specify) _____

5 What is your title classification?* (check only ONE box)
 General Management/Administration: Chairman, CEO, COO, CIO, President, Owner, Executive Director, Director, Executive Vice President, Vice President, Managing Director, General Manager, Director of Communications, Human Resources Director, Treasurer/Controller
 Sales/Marketing: Marketing Communications Manager/Director, Sales/Marketing Manager/Director, Supervisor
 Meeting Management: Meeting Planner/Manager/Director, Conference/Exhibit Manager, Convention Manager, Incentive Program Planner
 General Agency/Agency Manager: Superintendent of Agency, Owner, Agency Vice President, Director of Agency Administrator
 Other Insurance/Financial Services Company Executive: Manager of Education or Training, Project Manager, Supervisor, Executive Assistant/Secretary, Regional Administrator
 Procurement Management: Procurement Director/Manager/Supervisor, Purchasing Director/Manager/Supervisor
 Others Related to the Field (please specify) _____

6 What types of SERVICES/FACILITIES do you use for your meetings and incentive travel programs? (check all that apply)
 Resort
 All-suite
 Downtown Hotel
 Cruise Ship
 Suburban Hotel
 Conference Center
 Airport Hotel
 Gaming Property/Facility
 Convention Center or Auditorium
 Convention & Visitors Bureau
 Other _____

7 Check ALL destinations inside the USA where you have held or plan to hold meetings or incentive travel programs.
 New England (ME, NH, VT, MA, RI, CT)
 Middle Atlantic (NY, NJ, PA)
 South Atlantic (DE, MD, DC, VA, WV)
 South East Atlantic (NC, SC, GA, FL)
 East North Central (OH, IN, IL, MI, WI)
 West North Central (MN, IA, MO, SD, NE, KS)
 East South Central (KY, TN, AL, MS)
 West South Central (AR, LA, OK, TX)
 Mountain (MT, ID, WY, CO, NM, AZ, UT, NV)
 Pacific (WA, OR, CA)
 Alaska
 Hawaii
 Not applicable

8 Do you plan meetings outside the United States?* (By checking yes, you will receive Beyond Borders, the annual supplement about planning international meetings.)
 Yes
 No
 Other _____

9 Check ALL functions for which you have responsibility in your company:
 Meetings
 Incentive Travel Programs
 Training/Educational Meetings
 Trade Shows/Exhibits/Conventions
 Recognition Programs
 Corporate Events
 Other _____

10 How many OFF-SITE MEETINGS (including incentive travel, training, and education) does your company or division hold each year?
 Less than 5
 5-8
 9-11
 12 or more
 Other _____

11 Approximate attendance at your meetings and/or incentive travel programs? (check all that apply)
 up to 49
 50-99
 100-199
 200-499
 500 or more

CS7001

Allow 4 to 6 weeks for processing. Incomplete forms cannot be processed or acknowledged. The publisher reserves the right to omit only those individuals who meet the publication qualifications.

MASTER - rev. 9/14/07

PUBLISHER'S AFFIDAVIT

We hereby make oath and say that all data set forth in this statement are true.

Melissa Fromento, Group Publisher

Seth Olson, Audience Marketing Manager

(At least one of the above signatures must be that of an officer of the publishing company or its authorized representative.)

IMPORTANT NOTE:

This unaudited circulation statement has been checked against the previous audit report. It will be included in the annual audit made by BPA Worldwide.

Date signed September 3, 2009
 State New York
 County New York City
 Received by BPA Worldwide September 3, 2009
 Type PSD
 ID Number I151Y0J9