in any correspondence pertaining to this report

Refer to this CENSUS FILE NUMBER



B. ADDITIONAL LOCATIONS OF OPERATIONS

List of Establishments

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATIONS but were in operation and engaged in the industry printed in the mailing address section on the first page of the consolidated report form. If your company operates at locations for which you have received separate report forms, do not list them, instead complete those forms. For acquired establishments that you list, complete column (c2).

Column (b) - Report number of enviloyees payroll for both paid and leased employees for each establishment, including part-year operations.

Column (c1) - Enter the dodd from the MAJOR ACTIVITY CODES list that less describes the activity of each establishment and specify the principal products or services.

IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN TALL.

Column (c2) - Complete for acquired establishments.

MAJOR ACTIVITY CODES FOR COLUMN (c1)

Date acquired

- 01 Life insurance carrier direct
- 02 Accident and disability income insurance direct
- 03 Health insurance carrier direct
- 04 Health and medical plan direct
- 05 Property and Casualty insurance
- 07 Syret insulance darrier direct
- it insurance carrier direct
- 08 Other insurance carrier
- 09 Life reil surande currier
- Adcidental number of the Adcidental number of
- 11 Health and medical plan reinsurance
- 12 Property and casualty reinsurance carrier
- 13 Surety reinsurance carrier
- 14 Title reinsurance carrier
- 15 Other reinsurance carrier

2002 Employment and Company Establishments and Subsidiaries (Employer Major Activity in 2002 (Enter the code from the MAJOR ACTIVITY CODES list and specify the Payroll (Report the number of Identification Number (EIN), establishment name, your employees and payroll for each store or plant number, if any, address of physical location, establishment, including partprincipal products or services.) including ZIP Code) year operations.) (a) (b) (c1)Line No. EIN 2002 Number of Paid employees employees for pay period Code Specify 7 Name including March 12 First \$ Mil. Thou. guarter Former Owner or Operator Secondary name Store or plant No. payroll (Jan.-Mar. (c2)Name of former owner or operator Annual Physical location (Number and street) payroll 2002 Number of Leased employees Mailing address (No. and street, P.O. box, etc.) employees City, town, village, etc. State **ZIP Code** for pay period including City, town, village, etc. State ZIP Code March 12 First Month Day Year \$ Mil. Thou. Date establishment quarter opened or is expected to payroll . (Jan.-Mar. Month Year open

Annual payroll

Form NC-99653

B. ADDITIONAL LOCATIONS	OF OPERATIONS	S - Continu	ed				
(a) Company Establishments and	(b) 2002 En	(b) 2002 Employment and Payroll		(c1) Major Activity in 2002			
Line No. EIN - Name		Number of employees for pay period including	2002 Paid employees		Code Sp	ecify 7	
		March 12					
Secondary name	Store or plant No.	First quarter payroll <i>(JanMar.)</i>	\$ Mil.	Thou.	Former Owner or Operator (c2)		
Physical location (Number and street)		Annual payroll	20	02	Name of former owner or operator		
	Number of	Leased employees		Mailing address (No. and street, P.O. box, etc.) City, town, village, etc. State ZIP Code			
City, town, village, etc. State ZIP Code							employees for pay period including
_ Month [Day Year	March 12 First	\$ Mil.	Thou.	City, town, village, etc.	State Zi	P Code
Date establishment opened or is expected to open	Jay Teal	quarter payroll (JanMar.)	φ IVIII.	IIIou.		Month	n Year
	Annual payroll			Date acquired			
Line No. EIN	Number of	20	·				
	employees for pay	Paid employees		Code Specify ⊋			
Name	period including			ουας <u>σ</u> ρ	cerry y		
	March 12	ch NA:1	The				
Secondary name	Store or plant No.	First quarter	\$ Mil.	Thou.	Former Owr	er or Ope	rator
		payroll (JanMar.)		1 1	(c2)		
		Annual			Name of former owner or operator		
Physical location (Number and street)		payroll	00	00			
	Number of	2002 Leased employees		Mailing address (No. and street, P.O. box, etc.)			
City, town, village, etc. State ZIP Code		employees for pay	200000 0p.o.yeac		g address (rior and onlock from box, otto)		
		period including					
		March 12	A. B.4 11		City, town, village, etc.	State ZI	P Code
Date establishment	Day Year	First quarter	\$ Mil.	Thou.			
opened or is expected to open		payroll (JanMar.)		1 1		Month	n Year
	•	Annual					
Line No. ICINI	payroll		00	Date acquired	•		
Line No. EIN	Number of employees	2002 Paid employees					
		for pay	pay od uding		Code Specify 7		
Name		period including					
	March 12 First	\$ Mil.	Thou.				
Secondary name	Store or plant No.	quarter	ψ IVIII.	i iiou.	Former Owr	er or Ope	rator
,		payroll <i>(JanMar.)</i>				(c2)	
		Annual		1 1	Name of former owner or operator		or
Physical location (Number and street)		payroll	2002				
	Number of employees	Leased employees		Mailing address (No. and street, P.O. box, etc.)			
City, town, village, etc. State ZIP Code							for pay
				period including	City town will	Ctat-	D Cod-
	Day Year	March 12 First	\$ Mil.	Thou.	City, town, village, etc.	State ZI	P Code
Date establishment opened or is expected to	Jay I Gai	quarter payroll	ψ ΙνΙΙΙ.	i iiou.			
open		(JanMar.)				Month	n Year
		Annual payroll			Date acquired		