pertaining to this report.

List of Establishments

28 B. ADDITIONAL LOCATIONS OF OPERATION **MAJOR ACTIVITY CODES FOR COLUMN (c1)** Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF 60 - Life insurance carrier - direct OPERATION but were in operation and engaged in 61 - Accident and disability income insurance - direct the industry printed in the mailing address section on the first page of the consolidated report form. 62 - Health insurance carrier - direct If your company operates at locations for which 63 - Health and medical plan - direct you have received separate report forms, do not list 64 - Property and casualty insurance carrier - direct them, instead complete those forms. For acquired establishments that you list, complete column (c2). 65 - Surety insurance carrier - direct Column (b) - Report number of employees and 66 - Title insurance carrier - direct payroll for full- and part-time employees working at 67 - Other insurance carrier - direct each establishment whose payroll was reported on your Internal Revenue Service Forms 941, Employer's 68 - Reinsurance carrier Quarterly Federal Tax Return. Include part-year **INFORMATION COPY** operations. Do not combine data for establishments. If book figures are not available for employment and DO NOT USE TO REPORT payroll for each establishment, please provide your best estimates. Column (c1) - Enter the code from the MAJOR ACTIVITY CODES list that best describes the activity of each establishment and specify the principal products or services. **Column (c2)** - Complete for acquired establishments. IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN @A. **Company Establishments and Subsidiaries** Maior Activity in 2007 (Enter Employer Identification Number (EIN), Employment and Payroll (Enter code from the MAJOR ACTIVITY CODES establishment name, your store or plant number, if any, list and specify the principal products or services.) address of physical location, including ZIP Code.) (a) (b) (c1) EIN 2007 Number of employees for pay period including Code Specify 7 March 12 Name Secondary name Store or plant No. Former Owner or Operator 99653016 First quarter payroll (c2) (January-March 2007) Name of former owner or operator Physical location (Number and street) \$Bil Mil Thou. Mailing address (Number and street, P.O. Box, etc.) City, town, village, etc. State ZIP Code 2007 Annual payroll City, town, village, etc. State ZIP Code Month Day Year \$Bil Mil. Thou. Date establishment opened or is expected to open Month Year

Date acquired

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IONS	OF O	PERATION - C	Cont	inuea			
(a) Company Establishments and Subsidiaries				Employment	t and Payroll	(c1) Major Activity in 2007	
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