

List of Establishments

28 B. ADDITIONAL LOCATIONS OF OPERATION

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATION 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 employees and payroll for full- and part-time employees working at each establishment whose payroll was reported on your Internal Revenue Service Forms 941, Employer's Quarterly Federal Tax Return. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and 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.

MAJOR ACTIVITY CODES FOR COLUMN (c1)

- 60** - Life insurance carrier - direct
- 61** - Accident and disability income insurance - direct
- 62** - Health insurance carrier - direct
- 63** - Health and medical plan - direct
- 64** - Property and casualty insurance carrier - direct
- 65** - Surety insurance carrier - direct
- 66** - Title insurance carrier - direct
- 67** - Other insurance carrier - direct
- 68** - Reinsurance carrier

**INFORMATION COPY
DO NOT USE TO REPORT**

IMPORTANT - DO NOT DUPLICATE ESTABLISHMENTS PRELISTED IN 28A.

Company Establishments and Subsidiaries <i>(Enter Employer Identification Number (EIN), establishment name, your store or plant number, if any, address of physical location, including ZIP Code.)</i>				Employment and Payroll			Major Activity in 2007 <i>(Enter code from the MAJOR ACTIVITY CODES list and specify the principal products or services.)</i>			
(a)				(b)			(c1)			
EIN				2007			Code <input type="text"/> Specify ↴			
<input type="text"/>				Number of employees for pay period including March 12						
Name				<input type="text"/>						
Secondary name				Store or plant No.			Former Owner or Operator (c2)			
<input type="text"/>				<input type="text"/>			Name of former owner or operator			
Physical location (Number and street)				\$Bil.	Mil.	Thou.	Mailing address (Number and street, P.O. Box, etc.)			
<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>				
City, town, village, etc.		State	ZIP Code	2007			City, town, village, etc.			
<input type="text"/>		<input type="text"/>	<input type="text"/>	Annual payroll						State
Date establishment opened or is expected to open		Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			Month
<input type="text"/>				<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>

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28 B. ADDITIONAL LOCATIONS OF OPERATION - Continued

(a) Company Establishments and Subsidiaries				(b) Employment and Payroll			(c1) Major Activity in 2007			
EIN				2007			Code <input type="text"/> Specify ↴			
				Number of employees for pay period including March 12						
Name										
Secondary name		Store or plant No.		First quarter payroll (January-March 2007)			Former Owner or Operator (c2)			
							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
Date establishment opened or is expected to open		Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired		
								Month	Year	
EIN				2007			Code <input type="text"/> Specify ↴			
				Number of employees for pay period including March 12						
Name										
Secondary name		Store or plant No.		First quarter payroll (January-March 2007)			Former Owner or Operator (c2)			
							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
Date establishment opened or is expected to open		Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired		
								Month	Year	
EIN				2007			Code <input type="text"/> Specify ↴			
				Number of employees for pay period including March 12						
Name										
Secondary name		Store or plant No.		First quarter payroll (January-March 2007)			Former Owner or Operator (c2)			
							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
Date establishment opened or is expected to open		Month	Day	Year	\$Bil.	Mil.	Thou.	Date acquired		
								Month	Year	

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