TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION

PLAINTIFF'S EXHIBIT

SWB-337

LEONARD W. RILEY, JR.
EXECUTIVE DIRECTOR

TEXAS
WORKERS' COMPENSATION COMMISSION

SOUTHFIELD BUILDING, MS-96, 4000 SOUTH IH-35, AUSTIN, TEXAS 78704-7491
(512) 448-7900

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

CERTIFICATION OF SPECIFIED INSTRUMENT(S)

I, Rachel Solis, Data Entry Operator and Custodian of the Records of the Texas Workers' Compensation Commission of the State of Texas, DO HEREBY CERTIFY that the attached are complete copies of the IAB Form 9's(Notice of Cancellation of Compensation Insurance) and IAB Form 20's(Notice that Employer has become Subscriber) for the period of 06-01-68 to 01-01-80 for:

Southwestern Bell Telephone Co
MBI#9070111400

I FURTHER CERTIFY that I am the lawful possessor and custodian of the records of the Texas Workers' Compensation Commission of the State of Texas.

IN TESTIMONY WHEREOF, I have officially affixed my name and caused to be impressed hereon the seal of the Texas Workers' Compensation Commission at 4000 South IH-35, in the City of Austin, Texas on this 5th day of February, 2001.

"This document is signed under the authority delegated to me by Leonard W. Riley, Jr., Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041-402.042."

Rachel Solis

Rachel Solis,
Insurance Coverage Department

Tex. Lab. Code §§ 402.042, 402.081.
Do not remove any of the records or detach this certification page. These actions nullify the certification.

An Equal Opportunity Employer

It is hereby agreed that the cancellation Form T2-21 is deleted for Southwestern Bell Telephone Co.

POLICY NUMBER	INSURED	EFFECTIVE
2-72 WP 2207326	I. Idee Electrical Design and Construction, Inc., Etal 1320 Kress, Houston, Tex 77020	2-12-80

FIREMAN'S FUND INSURANCE COMPANY
cam-0 THE AMERICAN INSURANCE COMPANY
3-27-80 NATIONAL SURETY CORPORATION
ASSOCIATED INDEMNITY CORPORATION
AMERICAN AUTOMOBILE INSURANCE COMPANY

Myron Du Bain

PRESIDENT

PRODUCER
Alexander & Alexander of Tex, Inc.
Houston, Tex

COUNTERSIGNATURE OF AUTHORIZED AGENT

100309--6-65 SETS

IAB. COPY

It is hereby agreed that the Cancellation form IX-21 is
to read Rowe, Garrett & Kowrath in lieu of as shown.

POLICY NUMBER	INSURED	EFFECTIVE
2-72 WP 2207326	1. Edco Electrical Design and Construction, Inc., Etal. 1320 Kress, Houston, Tex 77020	2-12-80

FIREMAN'S FUND INSURANCE COMPANY
cam-0 THE AMERICAN INSURANCE COMPANY
3-27-80 NATIONAL SURETY CORPORATION
ASSOCIATED INDEMNITY CORPORATION
AMERICAN AUTOMOBILE INSURANCE COMPANY

Myron du Bain
PRESIDENT

PRODUCER
Alexander & Alexander of Tex, Ins.
Houston, Tex
AUTHORIZED AGENT

180002-6-65 SETS

IAB.copy

RECEIVED
APR 1 '80
Industrial Accident Board
AUSTIN

STATE	TERRITORY	LIMITS OF LIABILITY			DR. REC.	LINE DESIG.	FORM OR CLASS	COMP	COLL	DISC.	PREMIUM	ENDS.	PREMIUM
PLAN	RATE/RATIO	I. M.	PD	MED.									

07114

SPECIAL NO. 1

WORKMEN'S COMPENSATION AND EMPLOYER'S LIABILITY POLICY

CANCELLATION PROVISION OR COVERAGE CHANGE ENDORSEMENT

IN THE EVENT OF CANCELLATION OR MATERIAL CHANGE WHICH REDUCES OR RESTRICTS IN THE INSURANCE AFFORDED BY THE POLICY, THE COMPANY AGREES TO MAIL 10 DAYS PRIOR WRITTEN NOTICE OF SUCH CANCELLATION OR MATERAL CHAIGE TO;

SOUTHWESTERN BELL TELEPHONE COMPANY
308 SOUTH AKARD, ROOM 1404
DALLAS, TEXAS 75202

This endorsement, issued by one of the below named companies forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein

(The information below is required only when this endorsement is issued subsequent to preparation of policy.)

Endorsement effective — Policy No. — Endorsement No. TX-21

Named Insured

Additional Premium $ — Return Premium $

	BI	PD
In Advance $	$	
1st Anniv. $	$	
2nd Anniv. $	$	

The Ætna Casualty and Surety Company
The Standard Fire Insurance Company
Hartford, Connecticut

CHP13451215 13
E.E. Rupert

(Countersigned) — (Authorized Representative)

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD
P.O. Box 12757 Capitol Station
Austin, Texas 78711

The Industrial Accident Board is hereby given notice of the CANCELLATION OF A POLICY of insurance issued under the terms and provisions of the Texas Workers' Compensation Law, to

EMPLOYER SOUTHWESTERN BELL TELEPHONE AND ADDITIONAL INSURED: BA CONSTRUCTION
(Firm name under which business is conducted)

ADDRESS 1210 S. STAPLES, CORPUS CHRISTI, TEXAS
(P.O. Box or Street Address) (City, State, Zip Code)

OCCUPATION CONTRACTOR
(Character of business in which engaged)

POLICY NUMBER WC 221 0006 POLICY PERIOD: From 4-24-79 To 4-24-80

DATE OF CANCELLATION 4-24 19 79, HOUR OF CANCELLATION 12:01 A. M.
(Month and day) (Hour) (A.M. or P.M.)

DATE NOTICE MAILED TO SUBSCRIBER AT INSURED'S REQUEST

INSURER FIDELITY & CASUALTY COMPANY OF NEW YORK
(Full name of insurance company or association)

ADDRESS 4800 SAN FELIPE HOUSTON, TEXAS
(P.O. Box or Street Address) (City, State, Zip Code)

By Rene M. Hatter, Underwriter
(Name and official capacity)

BOARD'S STAMP

RECEIVED

AUG 15 '79

Industrial Accident Board
Austin

Dated at HOUSTON, Texas, this 13TH day of AUGUST 19 79
(Name of city or town) (Month)

This form must be executed by the CARRIER promptly upon the CANCELLATION OF A POLICY of insurance under the terms and provisions of the Texas Workers' Law and mailed or delivered in person to the Industrial Accident Board Austin Texas

If an employer ceases to be a subscriber either because his policy has expired or has been cancelled he shall on or before the date on which his policy expires give notice to his employees by posting notices to that effect in three public places around such subscriber's plant, and also to the Industrial Accident Board

A (I Form 9 (Rev. 8-77)
Reorder #14 0012 Hart Graphics

ORIGINAL COPY

GENERAL CHANGE ENDORSEMENT

It is understood and agreed that ten (10) days prior written notice of cancellation

Southwestern Bell Telephone Company
308 South Akard, Room 1409
Dallas, TX 75202

071114

RECEIVED
APR 13 '79
CENTRAL ACCIDENT BOOKING

This endorsement, issued by one of the below named companies, forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein

(The information below is required only when this endorsement is issued subsequent to preparation of policy.)

Endorsement effective | Policy No | Endorsement No

Named Insured

Additional Premium in Advance	$	Return Premium in Advance	$
1st Anniv	$	1st Anniv	$
2nd Anniv	$	2nd Anniv	$
TOTAL	$	TOTAL	$

EQUITABLE GENERAL INSURANCE COMPANY
HOUSTON GENERAL INSURANCE COMPANY
EQUITABLE GENERAL INSURANCE COMPANY OF TEXAS
Fort Worth, Texas 76151

Countersigned by
(Authorized Representative)

740 0003 (11 78) Shadout

ORIGINAL

740 0004 (11 78) Worksheet

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

BOX 2797, DALLAS, TEXAS 75221

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER WC-C-72735

☐ NEW POLICY ☒ RENEWAL

EFFECTIVE: FROM 1-1-79 TO 1-1-80

AGENCY WRITING THIS COVERAGE:

NAME

ADDRESS

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM TO

THROUGH: (INS. CO.) POLICY NUMBER

NOT REQUIRED IF RENEWED IN SAME COMPANY)

SCOPE OF COVERAGE:

☒ ENTIRE STATE OF TEXAS (ALL OPERATIONS)

☒ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED

■ NOTICE FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON T.A.B. FORM 154

☐ REINSTATEMENT REVOKES CANCELLATION

EFFECTIVE

OCCUPATION

INSURED Telephone Or Telegraph Co

APPROXIMATE NUMBER OF EMPLOYEES 377,924

ESTIMATED ANNUAL PAYROLL 1,133,773,224.

BELOW LIST PRINCIPAL CORPORATE NAME FIRST GIVING HEADQUARTERS ADDRESS, THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS. ALSO LIST EVERY OPERATING OR DIVISION NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS. CONTINUE ON SEPARATE SHEET AND ATTACH

Southwes[illegible] Bell Telephone Company

1010 P[illegible]

St. [illegible]

BOARD'S STAMP

RECEIVED

INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED R. E. Hancock

TITLE

SIGNATURE OF INSURED EMPLOYER

Insurance Act, Chapter 105, Statutes Laws, 1917, and amendments thereto that the named employer has become subject to and under said Act and amendments thereto, and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association refusing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty

INSURANCE COMPANY SIGN HERE
(DO NOT USE AGENT NAME)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNATURE OF AGENT

SIGNATURE MUST CONSTITUTE NOTICE ON BEHALF OF INSURANCE COMPANY.

WC-B-72735

POLICY NUMBER:

NEW POLICY

EFFECTIVE: FROM 1-1-78 TO 1-1-79

OCCUPATION OF INSURED: Telephone or Telegraph Co. Office

APPROXIMATE NUMBER OF EMPLOYEES: 377,909

ESTIMATED ANNUAL PAYROLL: 1,133,728,224

SCOPE OF COVERAGE:

XOX ☐ ENTIRE STATE OF TEXAS (ALL OPERATIONS)

XOX ☐ PROPRIETOR AND/OR EXECUTIVE OFFICERS INCLUDED

■ NOTICE: FOR DIVIDED RISK POLICIES COVERING SPECIFIC JOBS JOINT VENTURES AND FOREIGN OPERATIONS MUST BE FILED ON I.A.B. FORM 154

☐ REINSTATEMENT- REVOKES CANCELLATION EFFECTIVE

RECEIVED

AGENCY WRITING THIS COVERAGE

NAME

ADDRESS

PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM TO

THROUGH: (INS. CO.)
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

POLICY NUMBER

BELOW LIST PRINCIPAL CORPORATE NAME FIRST GIVING HEADQUARTERS ADDRESS THEN LIST EVERY SUBSIDIARY CORPORATION DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS ADDRESS ALSO LIST EVERY OPERATING OR DIVISIONAL NAME USED IN TEXAS AND PROVIDE THEIR LOCATIONS IN TEXAS LIST ON SEPARATE SHEET AND ATTACH

Southwestern Bell Telephone Company
1010 Pine Street
St. Louis, Missouri 63101

EMPLOYER SIGN HERE

DATE

(DO NOT USE AGENT NAME) SIGNATURE MUST CONSTITUTE NOTICE ON BEHALF OF EMPLOYER

EMPLOYER: (Include all firm names, and complete mailing address, covered by the policy under which operations are conducted ... necessary endorsements.)

[illegible] Telephone Company

ADDRESS: 1010 Pine Street, St. Louis, Missouri 63101

LOCATION OF RISK: ENTIRE STATE OF [illegible]

☐ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 A.M.	CANCELLED	INSURANCE CO.
WC-A-72735	4-1-77		TEIA

☒ NEW POLICY ☐ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1-1-78

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 130,000

B. Seasonal Employment by Month

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

RECEIVED
APR 27 '77
TEXAS INDUSTRIAL ACCIDENT BOARD

Telephone or Telegraph Co. Office Employees & C
OCCUPATION

AGT OR BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws 1917 and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable to and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED R. E. [illegible]

[illegible] PERSON SIGNING NOTICE

DATE

SIGNATURE [illegible] ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
TEXAS EMPLOYERS INSURANCE ASSOCIATION

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 5159, DALLAS, TEXAS 75221
ADDRESS

SIGNED [signature]

[illegible] PERSON SIGNING [illegible]

EXECUTIVE OFFICERS, PARTNERS AND SOLE PROPRIETORS ENDORSEMENT – TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 3 of the declarations does not apply to injury, including death resulting therefrom, sustained by any executive officer, partner or sole proprietor of the insured, except such, if any, as are designated below or in item 4 of the declarations.

2. "Remuneration," when used as a premium basis for such insurance, shall not include remuneration of any executive officer, partner or sole proprietor of the insured not so designated.

Designation of Persons
All active executive officers

RECEIVED
APR 27 '77
TEXAS INDUSTRIAL ACCIDENT BOARD

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall form a part of

POLICY NUMBER
[redacted]
Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO
[redacted]

AND SHALL BE EFFECTIVE ON (date)
April 1, 1977
at the same hour of said date as the hour of day provided by the Policy for commencement of the Policy Period, and this endorsement shall terminate with the Policy.

SIGNED AT
Dallas, Texas

BY
[signature]
AUTHORIZED REPRESENTATIVE

P.O. Box [illegible]
AUSTIN, TEXAS 78711

The Industrial Accident Board is hereby given notice of the CANCELLATION OF A POLICY of insurance issued

EMPLOYER Southwestern Bell Telephone Company
(Firm name under which business is conducted)

ADDRESS 1010 Pine Street (P.O. Box or Street Address) St. Louis, Missouri 63101 (City, State, Zip Code)

OCCUPATION Communications Services
(Character of business in which engaged)

NUMBER OF EMPLOYEES 40,900 POLICY NUMBER 1-76

DATE EFFECTIVE June 1 (Month and day) 19 76, HOUR EFFECTIVE 12:01 A.M. (Hour: A.M. or P.M.)

DATE OF CANCELLATION April 1, (Month and day) 19 77, HOUR OF CANCELLATION 12:01 A.M. (Hour: A.M. or P.M.)

IF POLICY REWRITTEN, POLICY NUMBER [illegible] EFFECTIVE DATE [illegible]

INSURER Texas Compensation Insurance Company
(Full name of insurance company or association)

ADDRESS 408 S. Akard Dallas, Texas 75202

Texas Compensation Insurance Company
(Insurance company or association)

By [signature] [illegible], Secretary
(Title of agent)

[illegible] day of [illegible] 19 77

NOTICE THAT EMPLOYER HAS ... TEXAS WORKMEN'S COMPENSATION ACT

07/11/76

EMPLOYER: (Include all firm names, and ... any necessary endorsements.)

Southwestern Bell Telephone Company
308 South Akard
Dallas, Texas 75202

ADDRESS:

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

4-1-77 TEIA Service for Contract Claims Prior to 4-1-77
368

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-76	June 1, 1976	4-1-77	

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON June 1, 1977

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 40,900

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN	JUL	AUG.	SEP.	OCT.	NOV.	DEC.

7-13-76

Telephone
OCCUPATION

Marshall Kemp, General Agent, Texas Compensation Insurance Company
AGT OR BROKER

ADDRESS	CITY	STATE	ZIP
308 So. Akard	Dallas	Texas	75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103 General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED NK Hornstock

for Vice President-Texas
TITLE OF PERSON SIGNING NOTICE

DATE 6-14-76

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE RETURN THIS NOTICE TO ... DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

RECEIVED
JUN 1 ... 76
TEXAS INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Texas Compensation Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

308 So. Akard, Dallas, Texas 75202
ADDRESS

SIGNED [signature]

Secretary
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

BW 10889 TEXAS WORKMEN'S COMPENSATION INSURANCE POLICY 07116

Southwestern Bell Telephone Company

308 So. Akard

Dallas, Texas 75202

ADDRESS

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-75	June 1, 1975		

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON June 1, 1976

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 38,600

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

Telephone
OCCUPATION

Marshall Kemp, General Agent, Texas Compensation Insurance Company
AGT OR BROKER

ADDRESS	CITY	STATE	ZIP
308 So. Akard	Dallas	Texas	75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

RECEIVED
JUN 5 '75
TEXAS INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED [signature]

Vice President-Texas
TITLE OF PERSON SIGNING NOTICE

DATE: 5-30-75

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Texas Compensation Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

308 So. Akard Dallas, Texas 75202
ADDRESS

SIGNED [signature]

Secretary
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

6H03317

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Southwestern Bell Telephone Company
308 South Akard
ADDRESS: Dallas, Texas 75202

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-74	June 1, 1974		

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON June 1, 1975

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 40,081

B. Seasonal Employment by Month:

JAN.	FEB	MAR	APR	MAY	JUN.	JUL	AUG	SEP	OCT	NOV.	DEC.

OCCUPATION

Telephone

AGT. OR BROKER ADDRESS CITY STATE ZIP

Marshal Kemp, Gen. Agent, Tex. Cont. Ins. Co., 308 S. Akard, Dallas Tx. 75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED

DATE:

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Texas Employers Insurance Co.

SIGNED:

RECEIVED
INDUSTRIAL ACCIDENT BOARD
JUN 07 '74

SIGNATURE HERE CONSTITUTES NOTICE TO INSURANCE COMPANY

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas. Attach any necessary endorsements.)

Southwestern Bell Telephone Company
308 South Akard Street

ADDRESS: Dallas, Texas 75202

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-73	June 1, 1973		

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON June 1, 1974

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annue Employment: 33,700

~~B. Seasonal Employment by Month:~~

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Telephone
OCCUPATION

Marshall [illegible], Gen. Agent, Tex. Comp. Ins. [illegible] Akard, Dallas, Texas 75202
AGENT OR BROKER ADDRESS STATE ZIP

Notice is hereby given [illegible] the named employer and the named insurance company [illegible] Texas Workmen's Compensation Insurance Act Chapter 103, General Laws [illegible] and amendments thereto that the above named employer [illegible] subscriber under said Act and amendments thereto and [illegible] for the payment of compensation to employees under [illegible]. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State [illegible] not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: [illegible]

DATE

INSURANCE [illegible] SIGN HERE

[illegible] Insurance Co.

[illegible] Tex.

[illegible]

ON BEHALF OF INSURANCE COMPANY

308 S. Akard Street

ADDRESS: Dallas, Texas 63701

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-72	6-1-72		

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON 6-1-73

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 33,800

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG	SEP.	OCT.	NOV.	DEC.

OCCUPATION

Telephone

AGT OR BROKER ADDRESS CITY STATE ZIP

Marshall Kemp, Gen. Agents Tex. Employers Ins. Assn. Dallas, Tex. 202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: A.D. Schultz

Vice President

TITLE OF PERSON SIGNING NOTICE

DATE: 5-19-72

NATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO

DO NOT MAIL TO STATE INDUSTRIAL BOARD.

RECEIVED

INDUSTRIAL

INSURANCE DEPT

INSURANCE COMPANY SIGN HERE

NAME OF INSURANCE COMPANY OR ASSOCIATION

ADDRESS

SIGNED:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

Approved Rev. 10-67 from [illegible] P.O. Box 991 Austin, Texas

ORIGINAL COPY

ADDRESS

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
1-70	6-1-70		

EXPIRES AT 12:01 A.M. ON 6-1-71

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 33,000

B. Seasonal Employment by Month:

JAN.	FEB.	MAR	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.

OCCUPATION

Telephone

AGT. OR BROKER | ADDRESS | CITY | STATE | ZIP

J. H. Zumwalt, Genl. Agent, Texas Comp. Ins. Co., 308 S. Akard, Dallas, Tex. 75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

EMPLOYER SIGN HERE

SIGNED: H. D. Schodde

Vice President-Texas

TITLE OF PERSON SIGNING NOTICE

DATE: May 8, 1970

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Texas Compensation Insurance Co.

NAME OF INSURANCE COMPANY OR ASSOCIATION

308 S. Akard Dallas, Texas 75202

ADDRESS

SIGNED:

RECEIVED JUN 1 1970 INDUSTRIAL ACCIDENT BOARD

Secretary

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

308 S. Akard Street

RECEIVED
MAY 21 1969
TEXAS INDUSTRIAL ACCIDENT BOARD

☐ NEW POLICY ☒ RENEWAL OF POLICY NO: NC 1-69

EFFECTIVE AT 12:01 A.M. ON 6-1-69

EXPIRES AT 12:01 A.M. 6-1-70

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ If divided risk, give operation covered by this policy

OCCUPATION: Telephone

NUMBER OF EMPLOYEES in Texas: 28,523

ESTIMATED PAYROLL FOR ALL: $12,040,400

AGENT OR BROKER: J. H. Zumwalt, General Agent, Texas Comp. Ins. Co., 308 S. Akard St., Dallas, Texas 75202

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto, and provided for the payment of compensation to employees under the terms and provisions hereof.

BY: L. C. Bailey

Vice President-Texas
TITLE OF INSURANCE COMPANY SIGNING

May 6, 1969

(Signature here constitutes notice on behalf of employer)

INSURANCE COMPANY SIGNATURE

Texas Compensation Insurance
NAME OF INSURANCE COMPANY

308 South Akard Street
Dallas, Texas 75202

ADDRESS

COUNTERSIGNATURE

TITLE OF PERSON COUNTERSIGNING

308 S. Akard Street

Dallas, Texas 75202

RECEIVED
JUN 3 1968
TEXAS INDUSTRIAL ACCIDENT BOARD

☐ NEW POLICY NO:

☒ RENEWAL OF POLICY NO: 1-60

EFFECTIVE AT 12:01 A.M. ON 6-1-68

EXPIRES AT 12:01 A.M. ON 6-1-69

LOCATION OF RISK

☒ ENTIRE STATE OF TEXAS

☐ If divided risk, give operation covered by this policy

OCCUPATION

Telephone

NUMBER OF EMPLOYEES IN Texas

ESTIMATED ANNUAL PAYROLL

28,400 $109,731,443

AGENT OR BROKER

J. H. Zumwalt, General Agent, Texas Comp. Ins. Co., 308 S. Akard St., Dallas, Texas 75202

Notice is hereb, given by the named employer and the named insurance company, as required by the Texas Workmen's Compensation Insurance Act, Chapter 103, General Laws, 1917, and amendments thereto, that the above named employer has become a subscriber under said Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions thereof.

SIGNED

TITLE OF PERSON SIGNING NOTICE

DATE

Signature here constitutes notice on behalf of employer

SIGNATURE OF AGENT IN HERE

NAME OF INSURANCE COMPANY OR ASSOCIATION

ADDRESS

Signature here constitutes notice on behalf of insurance Company

Do not mail to Industrial Accident Board