

**TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION**

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

PLAINTIFF'S EXHIBIT

SWB-337

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."

A handwritten signature in cursive script that reads "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 12-21
is deleted for Southwestern Bell Telephone Co.

RECEIVED
APR 11 1980
NATIONAL ASSOCIATION
AUSTIN

POLICY NUMBER 2-72 W? 2207326	INSURED 1. Edco Electrical Design and Construction, Inc., Etal 1320 Kress, Houston, Tex 77020	EFFECTIVE 2-12-80
cam-0 3-27-80 FIREMAN'S FUND INSURANCE COMPANY THE AMERICAN INSURANCE COMPANY NATIONAL SURETY CORPORATION ASSOCIATED INDEMNITY CORPORATION AMERICAN AUTOMOBILE INSURANCE COMPANY <i>Myron Du Bains</i>	PRODUCER Alexander & Alexander of Tex, Inc. Houston, Tex	SIGNATURE OF AUTHORIZED AGENT

180009-6-65 SETS

IAG. COPY

It is hereby agreed that the Cancellation form TX-21 is to read Raws, Garrett & Kaurath in lieu of as shown.

POLICY NUMBER 2-72 WP 2207326	INSURED L. Edco Electrical Design and Construction, Inc., Etal. 1370 Xross, Houston, Tex 77020	EFFECTIVE 2-12-80
cam-0 3-27-80 FIREMAN'S FUND INSURANCE COMPANY THE AMERICAN INSURANCE COMPANY NATIONAL SURETY CORPORATION ASSOCIATED INDEMNITY CORPORATION AMERICAN AUTOMOBILE INSURANCE COMPANY <i>Myron Du Bais</i>	PRODUCER Alexander & Alexander of Tex, Ins. Houston, Tex CERTIFIED NATIONAL OF AUTHORIZED AGENT	

180009-6-85 SETS

IAB.COPY

RECEIVED
APR 1 1980
Industrial Accident
AUSTIN

COMP. DESIGNATION		OFFICE		C.S. CODE		C.S. CODE									
CLASS	TERRITORY	LIMITS OF LIABILITY		DR. REC.	LINE DESIG.	FORM OR CLASS	COMM. CODE	DISC.	PREMIUM	EXPENSE	RENEWAL DATE				
PLAN	RATE	IN	PD	MD.											

071114

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 MATERIAL CHANGE 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 Aetna Casualty and Surety Company
The Standard Fire Insurance Company
Hartford, Connecticut

CHP1309121513

E.E. Rupert

Countersigning Officer

Authorized Representative

NOTICE OF CANCELLATION

INDUSTRIAL ACCIDENT BOARD
P.O. Box 12788, Austin, Texas 78711

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

EMPLOYER SOUTHWESTERN BELL TELEPHONE AND ADDITIONAL INURED: BA CONSTRUCTION

ADDRESS 1220 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 2210006 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 Paul M. Harter, Underwriter
(Name and official capacity)

BOARD'S STAMP

RECEIVED

AUG 15 79

Industrial Accident Board
Austin, Texas

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.

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

15

RECEIVED

JUN 13 '79

ACCIDENT BOARD

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
Named Insured

Policy No

Endorsement No

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

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

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

Countersigned by

(Authorized Representative)

...as required by the Texas Workers' Compensation Act, Chapter 405, Texas Labor Code, 1977, and amendments thereon, that the Employer has become a subscriber under said Act and agrees to pay the cost of the payment of compensation to employees under the Act and amendments thereon. Any employer or association who fails to comply with the provisions of this Act shall be liable for the cost of the payment of compensation to employees under the Act and amendments thereon. Any employer or association who fails to comply with the provisions of this Act shall be liable for the cost of the payment of compensation to employees under the Act and amendments thereon.

INSURANCE COMPANY BOB WHITE
100 NORTH BRIDGE STREET
HOUSTON, TEXAS 77002

TEXAS EMPLOYERS' ASSOCIATION
100 NORTH BRIDGE STREET
HOUSTON, TEXAS 77002

[Signature]
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF
INSURANCE COMPANY.

POLICY NUMBER: **WOC-72735**

☐ NEW POLICY ☒ RENEWAL

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

AGENCY WRITING THIS COVERAGE:

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 F.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 LISTING 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 LOCATION. CONTINUE LIST ON SEPARATE SHEET AND ATTACH.

Subscribers: **in Bell Telephone Company**
1010 Pine Street
St. Louis, Missouri 63102

BOARD'S STAMP

RECEIVED

INDUSTRIAL ACCIDENT BOARD

EMPLOYER SIGN HERE

SIGNED *[Signature]*

DATE _____

SIGNATURE HERE TO BE FILLED IN BY THE EMPLOYER

Insurance Act, Chapter 100, General Laws, 1917, and amendments thereto that the 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 conditions thereof. Any employer or association failing or refusing to file this notice shall be liable for and shall pay to the State of Texas a penalty of \$200.

INSURANCE COMPANY SIGN HERE
(DO NOT USE GATEP NUMBER)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNATURE OF EMPLOYER OR ASSOCIATION
SIGNATURE OF INSURANCE COMPANY
NOTICE ON BEHALF OF
INSURANCE COMPANY.

POLICY NUMBER: WC-B-72735

TYPE OF POLICY: EXEMPT

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: ☒ 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 I. A. B. FORM 154

☐ REINSTATEMENT REVOKES CANCELLATION EFFECTIVE

RECEIVED

AGENCY WRITING THIS COVERAGE

NAME: INDUSTRIAL INSURANCE CO. 82183

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 HEAD-
QUARTERS ADDRESS THEN LIST EVERY SUBSIDIARY CORPORATION
DOING BUSINESS IN TEXAS AND PROVIDE ITS PRINCIPAL TEXAS
ADDRESS ALSO LIST EVERY OPERATING DIVISIONAL NAME
USED IN TEXAS AND PROVIDE THEIR LOCATIONS THEREON -
LIST ON SEPARATE SHEET AND ATTACH

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

EMPLOYER SIGNATURE

DATE

SIGNATURE OF
EMPLOYER

NOTICE ON BEHALF OF

EMPLOYER: Excludes all workers, and complete making orders, covered by the policy under which operations are conducted or terms of work.

1010 Pine Street, St. Louis, Missouri 63101

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

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS
☐ 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. OF BROKER ADDRESS CITY STATE ZIP

Notice is hereby given by the named employer and the named insurance company, in accordance with the Texas Workmen's Compensation Act, Chapter 103, General Laws 1917, and amendments thereto, that the named employer has become a subscriber to the Texas Workmen's Compensation Act and provided for the payment of compensation to employees under the terms and provisions thereof. Any employer or association who fails to file this notice shall be liable for a penalty of not more than one hundred dollars (\$100) for each offense.

EMPLOYEE SIGN HERE

SIGNED *R. E. Howard*

DATE

SIGNATURE OF EMPLOYEE IN 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

1559, DALLAS, TEXAS 75221

ADDRESS

SIGNED *John B. Brown*

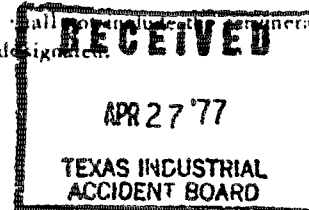
EXECUTIVE OFFICERS, PARTNERS AND SOLE PROPRIETORS ENDORSEMENT - TEXAS

It is agreed that:

1. Such insurance as is afforded by the policy by reason of the designation of Texas in Item 1 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 mean the remuneration of any executive officer, partner or sole proprietor of the insured not so designated.

Designation of Persons

All active executive officers



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

WG-4-78720

Issued by the TEXAS EMPLOYERS' INSURANCE ASSOCIATION of Dallas, Texas

TO

Continental Bell Telephone Company, 1810 Pine Street, St. Louis, Missouri 63103

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

A handwritten signature in dark ink, appearing to read "J. H. Green".

AUTHORIZED REPRESENTATIVE

O. Box 12577
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
(Please name under which business is conducted)

ADDRESS 1010 Pine Street St. Louis, Missouri 63101
(P.O. Box or Street Address) (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 19 76 HOUR EFFECTIVE 12:01 A.M.
(Month and day) (Hour - A.M. or P.M.)

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

IF POLICY REWRITTEN, POLICY NUMBER _____ EFFECTIVE DATE _____

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

ADDRESS 108 S. Akard Dallas, Texas 75202
(P.O. Box or Street Address) (City, State, Zip Code)

Texas Compensation Insurance Company
(Name of insurance company or association)

By [Signature]
Secretary

Witnessed by [Signature] on this 1 day of July 19 77

Notary Public for the State of Texas
My commission expires on _____
I hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records.

1345529

TEXAS WORKMEN'S COMPENSATION ACT

0711/76

EMPLOYER (Name of the employer, and address, including any necessary subdivisions.)

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 Service for
TEPA Contract prior to
Change 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.

Telephone

OCCUPATION
Marshall Kemp, General Agent, Texas Compensation Insurance Company

AGT OR BROKER

ADDRESS

308 So. Akard

CITY

Dallas

STATE

Texas

ZIP

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

MK Foreman

for

Vice President-Texas

DATE

6-14-76

SIGNATURE

HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE

RETURN THIS NOTICE TO:

DO NOT MAIL TO INSURANCE COMPANY

RECEIVED

TEXAS WORKMEN'S COMPENSATION ACT
ACCIDENT CARD

INSURANCE COMPANY SIGN HERE

Texas Compensation Insurance Co.

NAME OF INSURANCE COMPANY OR ASSOCIATION

308 So. Akard, Dallas, Texas 75202

ADDRESS

SIGNED

[Signature]

Secretary

SIGNATURE HERE CONSTITUTES NOTICE

ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

502-10559 TEXAS WORKMEN'S COMPENSATION ACT 07/1/75
 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
 ACT 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.

RECEIVED JUN 5 1975 TEXAS INDUSTRIAL ACCIDENT BOARD	
EMPLOYER SIGN HERE SIGNED: <i>Charles Marshall</i> Vice President-Texas 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 SIGNED: <i>Marshall Kemp</i> Secretary SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

44083107

TEXAS WORKMEN'S COMPENSATION ACT

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

Marshall Kemp, Gen. Agent, Tex. Comp. Ins. Co., 300 E. 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: *Marshall Kemp*

DATE: _____

SIGNATURE OF: _____

NOTE: _____

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Texas Compensation Insurance Co.

SIGNED: *[Signature]*

RECEIVED
JUL 10 1974

SIGNATURE HERE CONSTITUTES NOTICE
TO THE INSURANCE COMPANY

Include all the names, and complete mailing address, covered by this policy under which operations are conducted in Toms. Attach any necessary endorsements.)

308 South Akard Street

Dallas, Texas 75202

☐ **DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY**

June 1, 1973

☐ EXPIRES AT 12:01 A.M. ON June 1, 1974

A. Stable Annual Employment: 33,700

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

OCCUPATION

Marshall Pump, Gen. Agent, Tank, Comp. Ins. Co., 1101 N. 10th St., El Paso, Texas
 AGENT OR BROKER ADDRESS STATE ZIP
 75102

Notice is hereby given to the named employee and the named insurance company as required by the Illinois Workers' Compensation Insurance Act Chapter 103, General Laws, 1971 and amendments thereto, that the above named employee is not an employee under said Act and amendments thereto and is not eligible for the payment of compensation to employees under the Act and amendments thereto. Any employer or association willfully failing or refusing to file this notice shall be liable for and shall pay to the State of Illinois not more than one Thousand Dollars (\$1,000) for each offense.

SECRET

1200

SECRET 46 -

1. 2. 3.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

IP Address: 192.168.1.100

1. The first step is to identify the problem or question that needs to be answered.

30. The following table shows the number of people who attended the 2008 Summer Olympics in Beijing, China. The data is presented in a table with 2 rows and 12 columns. The first row lists the countries, and the second row lists the number of people who attended. The data is as follows:

100

1900

100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

308 E. Alameda St.
ADDRESS Dallas, TEXAS 75201

☐ 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. Agent, Tel. Co., Dallas, Tex. 75201

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: *[Signature]*

TITLE OF PERSON SIGNING NOTICE: *[Signature]*

DATE: *[Signature]*

INDUSTRY: *[Signature]*

NATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO:
DO NOT MAIL TO THE INSURANCE BOARD.

INSURANCE COMPANY SIGN HERE

NAME OF INSURANCE COMPANY: *[Signature]*

ADDRESS: *[Signature]*

SIGNED: *[Signature]*

DATE: *[Signature]*

NOTICE: RETURN THIS NOTICE TO:
DO NOT MAIL TO THE INSURANCE BOARD.

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 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.

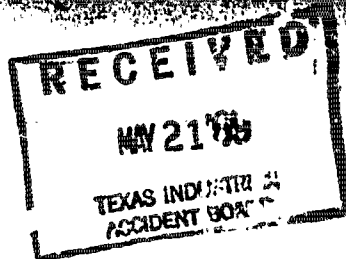
EMPLOYER SIGN HERE
H. D. Schodde
SIGNED: H. D. Schodde
Vice President-Texas
TITLE OF PERSON SIGNING NOTICE
DATE: May 8, 1970
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER
NOTE: RETURN THIS NOTICE TO
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE
Texas Compensation Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION
308 S. Akard, Dallas, Texas 75202
ADDRESS
SIGNED: *[Signature]*
TITLE OF PERSON SIGNING NOTICE
SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED
JUL 1 1970
TEXAS INDUSTRIAL ACCIDENT BOARD
Secretary

ORIGINAL COPY

308 S. Akard Street



☐ 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. ON 6-1-70
LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS
☐ If divided risk, give operation covered by this policy

OCCUPATION Telephone
NUMBER OF EMPLOYEES 28,523 IN TEXAS \$102,000,400
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 is provided for the payment of compensation to employees under the terms and provisions thereof.

L.C. Bailey
Vice President-Texas
TITLE OF EMPLOYER SIGNATURE

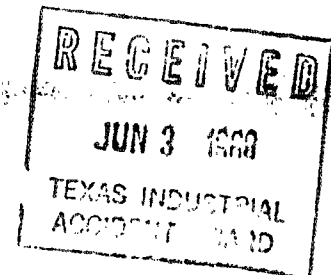
INSURANCE COMPANY SIGNATURE
Texas Compensation Insurance
NAME OF INSURANCE COMPANY
308 South Akard Street
Dallas, Texas 75202

May 6, 1969
Signature here constitutes notice to all employees

Signature here constitutes notice to all employees

303 S. Akard Street

Dallas, Texas 75202



☐ NEW POLICY ☒ RENEWAL OF POLICY
NO. 1-68
LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS
☐ If divided risk, give operation covered by this policy

OCCUPATION Telephone
AGENT OR BROKER
J. H. Zumwalt, General Agent, Texas Comp. Ins. Co., 303 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 thereof.

EMPLOYER'S SIGNATURE
SIGNED
TITLE OF PERSON SIGNING NOTICE

DATE
Signature here constitutes notice on behalf of employer

INSURANCE COMPANY, IN HERE
JAMES C. ... COMPANY OR SUBSIDIARY

Signature here constitutes notice on behalf of insurance company