(b) The date it was filed;

(c) The name and address of the court, agency, or administrative body, in which it was filed;

(d) The term and/or number of the action;

(e) The identity of the claimant's attorney;

(f) The identity of the claimant's physician;

(g) The identity of your physician, and/or expert witnesses;

(h) The disposition of the action including any moneys paid voluntarily or by agreement or in settlement by you or by your insurance carrier.

ANSWER TO INTERROGATORY NO. 37: Abex objects to this interrogatory on the grounds that it is overly broad, burdensome, and, in seeking information concerning Abex employees, lacks relevance to this case and is not reasonably calculated to lead to the discovery of admissible evidence. Abex further states that it never engaged any "contract units."

38. If you or your insurance carrier have ever paid out money voluntarily, or by agreement, or in settlement, on a claim for the following diseases; asbestosis, emphysema, chronic bronchitis, pulmonary fibrosis, dyspnea, carcinoma of the lungs, or mesothelioma between the years 1930 and 1978, specify for each instance:

(a) The amount paid out;

(b) Who paid it;

(c) Who received the payment;

(d) The date of the payment(s);

(e) Whether, if it was an agreement, the agreement went on file with any court, agency, or administrative body, and if so, the date and location of the filing;

(f) The current location of any document(s) evidencing such voluntary payment, and the