(a) The identity of such employee;

(b) The identity of the employee's attorney;

(c) The identity of the insurance carrier(s) making such payment;

(d) The dates the claims were made as to each separate claim by each employee;

(e) The date payment was made;

(f) The current location of any documents evidencing such payments, the name and address of their present custodian and the time and place where counsel for the plaintiff can examine and copy such documents.

ANSWER TO INTERROGATORY NO. 40: Abex objects to this interrogatory on the grounds that it is overly broad, burdensome, lacks relevance to this case and is not reasonably calculated to lead to the discovery of admissible evidence.

41. State the names and addresses of all your insurance carriers for workmen's compensation and occupational disease compensation from 1930 through 1985, and your insurance carrier for this action, and as to each insurance carrier, state the periods when such coverage was provided and the amount provided, and the name(s) and coverage amounts of your carrier(s) in this action.

If there is a dispute between you and certain carriers as to coverage, please answer this question as to:

(a) Amount of insurance you claim you have from each company;

(b) Amount of coverage in dispute;

(c) Amount of coverage not in dispute.

ANSWER TO INTERROGATORY NO. 41: Abex objects to this interrogatory on the grounds that it is overly broad,