TAMPERING WITH THIS LABEL NULLIFIES THE CERTIFICATION

PLAINTIFF'S EXHIBIT CEL-986b

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 07-01-68 to 04-01-87 for:

Celanese Corporation
MBI#904142700

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

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

Original to Industrial Accident Board • 200 E. Riverside Drive, First Floor • Austin, Texas 78704 041427

Notice is hereby given by the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 103, 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 provisions thereof. Any insurance company failing to file this notice shall be liable for and shall pay to the State of Texas a penalty of not more than Five Hundred Dollars ($500.00) for each offense. (Article 8308, § 18a, amended 9-1-83)

This coverage will remain in effect until Notice of Cancellation or Nonrenewal of Compensation Insurance (IAB Form #9) is filed with the Industrial Accident Board or until subsequent notice of coverage is received by the Industrial Accident Board. (Article 8308, § 20a, amended 9-1-83)

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION
NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221
ADDRESS

SIGNED: [signature]

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC-A-95624

EFFECTIVE FROM: 4-1-84

XX NEW POLICY

PRIOR POLICY NUMBER: _____

☐ REWRITE: _____
(Prior Policy Number)

AGENCY WRITING THIS COVERAGE: _____
NAME

ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: _____ TO: _____

THROUGH: (INS. CO.) Northwestern National 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 I.A.B. FORM 154
- ☐ REINSTATEMENT: REVOKES CANCELLATION EFFECTIVE _____

BOARD'S STAMP

RECEIVED

APR 16 1984

Industrial Accident Board
Austin

OCCUPATION OF INSURED: Analytical Chemist

ANY ADDITION OR DELETION OF A SUBSIDIARY CORPORATION WILL REQUIRE IMMEDIATE NOTICE TO THE BOARD GIVING DATE EFFECTIVE. A SUBSCRIBER SHALL NOTIFY THE BOARD OF A CHANGE OF NAME OR ADDRESS.

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. CONTINUE LIST ON SEPARATE SHEET AND ATTACH.

EMPLOYER/INSURED:
Celanese Corporation
Celanese Chemical Company
Celanese Specialty Resins
Celanese Engineering Resins
Celanese Water Soluable Polymers
Celanese Fiber Company
Virginia Chemicals, Inc.
Moran Seeds, Inc.
Narmco Materials
1211 Avenue of the Americas, New York, New York 10036

85 al 4-12-84

IAB Form 20 (Rev 9-83)
TEIA 3013-H (10-83)

ORIGINAL COPY

CELANESE TEXAS LOCATIONS

Celanese Chemical Company 004

Box 509, Bay City
11807 Port Road, Seabrook (Bayport)
Box 58009, Houston (Clear Lake)
Box 428, Bishop
Box 9077, 1901 Clarkwood Rd., Corpus Christi
1250 W. Mockingbird Lane, Dallas
Five Greenway Plaza East, Concoco Towers, Suite 1710 Houston
Box 1954, Houston
Box 937, Pampa

Celtran, Inc. 008

1250 W. Mockingbird Lane, Dallas

Moran Seeds, Inc. 009

503 East Expressway 83, Pharr

Stein Hall and Company, Inc. 003

201 Harrison, Vernon

Celanese Plastics and Specialties Company 005

Box 1962, Bishop
7101 Burns Street, Ft. Worth
Box 1954, Houston
7198 Mykawa Road, Houston

TEXAS WORKERS' COMPENSATION ACT

...iven by the named employer and the named insurance company, as required by the Texas Workers' Co... ...1917, and amendments thereto, that the named employer has become a subscriber under said Act and is... ...compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing... ...for and shall pay to the State of Texas a penalty of not more than One Thousand Dollars ($1,000) for each offense.

0411

"REVISED"

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

Northwestern National Casualty Co
NAME OF INSURANCE COMPANY OR ASSOCIATION

P.O. Box 150, Milw., WI 53201
ADDRESS

SIGNED: Nancy M. Luckoltz

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 63-73-95

EFFECTIVE FROM: 1-1-80 To 1-1-81

☐ NEW POLICY

PRIOR POLICY NUMBER: _____

☐ REWRITE: _____
(Prior Policy Number)

AGENCY WRITING THIS COVERAGE: ARM International, Inc.
NAME

One Executive Drive, Fort Lee, NJ
ADDRESS

(201) 592-7100
PHONE NUMBER

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 I.A.B. FORM 154
☐ REINSTATEMENT: REVOKES CANCELLATION EFFECTIVE _____

OCCUPATION OF INSURED: Stores - Wholesale

ANY ADDITION OR DELETION OF A SUBSIDIARY CORPORATION WILL REQUIRE IMMEDIATE NOTICE TO THE BOARD GIVING DATE EFFECTIVE

BOARD'S STAMP

RECEIVED
APR 28 '80
INDUSTRIAL ACCIDENT BOARD

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 CONTINUE LIST ON SEPARATE SHEET AND ATTACH

Celanese Corporation
1211 Ave. of the Americas
New York, NY 10036

(Please see Attached)

EMPLOYER SIGN HERE

SIGNED: _____

_____
TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE NOT REQUIRED IF NOTICE IS SIGNED BY INSURANCE COMPANY.

I.A.B. Form 20 (Rev. 6-79)

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY CO. WC 9263d (Ed. 6-79)

CELANESE TEXAS LOCATIONS

Celanese Chemical Company

Box 509, Bay City
11807 Port Road, Seabrook (Bayport)
Box 58009, Houston (Clear Lake)
Box 428, Bishop
Box 9077, 1901 Clarkwood Rd., Corpus Christi
1250 W. Mockingbird Lane, Dallas
Five Greenway Plaza East, Concoco Towers, Suite 1710, Houston
Box 1954, Houston
Box 937, Pampa

Celtran, Inc.

1250 W. Mockingbird Lane, Dallas

Moran Seeds, Inc.

503 East Expressway 83, Pharr

Stein Hall and Company, Inc.

201 Harrison, Vernon

Celanese Plastics and Specialties Company

Box 1962, Bishop
7101 Burns Street, Ft. Worth
Box 1954, Houston
7198 Mykawa Road, Houston

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT AMENDED 041427

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 10[illegible] 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 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.

INSURANCE COMPANY SIGN HERE
.. O NOT USE GROUP NAME)

Northwestern National Insurance
NAME OF INSURANCE COMPANY OR ASSOCIATION

P.O. Box 150
ADDRESS

SIGNED: Kathryn B Colby

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 637395

EFFECTIVE FROM: 1-1-80 To 1-1-81

☐ NEW POLICY

PRIOR POLICY NUMBER: _____

☐ REWRITE: _____
(Prior Policy Number)

AGENCY WRITING THIS COVERAGE: ARM International, Inc.
NAME

One Executive Drive, Fort Lee, NJ (201) 592-7100
ADDRESS PHONE NUMBER

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:
- X 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 _____

OCCUPATION OF INSURED: Stores - Wholesale

ANY ADDITION OR DELETION OF A SUBSIDIARY CORPORATION WILL REQUIRE IMMEDIATE NOTICE TO THE BOARD GIVING DATE EFFECTIVE.

BOARD'S STAMP

RECEIVED APR 7'80 Industrial Accident Board AUSTIN

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 CONTINUE LIST ON SEPARATE SHEET AND ATTACH

Celanese Corporation
1211 Ave. of the Americas
New York, NY 10036

(Please see Attached)

EMPLOYER SIGN HERE

SIGNED: _____

TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE NOT REQUIRED IF NOTICE IS SIGNED BY INSURANCE COMPANY.

I A B Form 70 (Rev 6 79)

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262d (Ed 6-79)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT

JAN 22 1979

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 1[illegible] Statutes Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and amendments thereto and provides 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.

04142

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

Northwestern National Casualty Co, 309

NAME OF INSURANCE COMPANY OR ASSOCIATION

731 N Jackson St.,
Milwaukee, Wisconsin 53202

SIGNED: Alexander Ogola

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 63-00-68

☐ NEW POLICY ☒ RENEWAL

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

AGENCY WRITING THIS COVERAGE: ARM International, Inc.
NAME

600 Sylvan Ave., Englewood Cliffs, NJ 07632 (201) 871-0001
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: 1-1-78 TO: 1-1-79

THROUGH: (INS. CO.) _____ POLICY NUMBER: WC 60-00-53
(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 I.A.B. FORM 154
- ☐ REINSTATEMENT: REVOKES CANCELLATION

EFFECTIVE _____

BOARD'S STAMP

RECEIVED
JAN 08 '79
INDUSTRIAL ACCIDENT BOARD

OCCUPATION OF INSURED: Stores - Wholesale

APPROXIMATE NUMBER OF EMPLOYEES: 2,391

ESTIMATED ANNUAL PAYROLL: 33,474,444

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. CONTINUE LIST ON SEPARATE SHEET AND ATTACH.

Celanese Corp.
1211 Ave. of the Americas
New York, NY 10036 001

Celanese Polymer Specialties Co. 007
Stein, Hall & Co., Inc. 003
Celanese Corp. 008
Celanese Piping Systems, Inc. 002

EMPLOYER SIGN HERE

SIGNED: _____

TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

I.A.B. Form 20 Rev. 4-70
Reorder #14.41 S. Hart Graphics

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKERS' COMPENSATION ACT 041427

Notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 103, 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 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.

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

309

Northwestern National Casualty Co
NAME OF INSURANCE COMPANY OR ASSOCIATION

731 N Jackson St., Milw, WI 53202
ADDRESS

SIGNED: Norman L. Spruill

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 60-00-53

☐ NEW POLICY ☒ RENEWAL

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

OCCUPATION OF INSURED: Stores-Wholesale

APPROXIMATE NUMBER OF EMPLOYEES: 2,391

ESTIMATED ANNUAL PAYROLL: 33,474,444

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 _____

AGENCY WRITING THIS COVERAGE: ARM International, Inc.
NAME

600 Sylvan Ave., Englewood Cliffs NJ 07632 (201) 871-0001
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: 1-1-77 TO: 1-1-78

THROUGH: (INS. CO.) _____ POLICY NUMBER: WC 62-51-88
(NOT REQUIRED IF RENEWED IN SAME COMPANY)

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. CONTINUE LIST ON SEPARATE SHEET AND ATTACH

Celanese Corp.
1211 Ave. of the Americas
New York NY 10036

Celanese Polymer Specialties Co.
Stein, Hall & Co., Inc.
Celanese Corp.
Celanese Piping Systems, Inc.

EMPLOYER SIGN HERE

SIGNED: _____

_____
TITLE OF PERSON SIGNING NOTICE

DATE: _____

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

RECEIVED JAN 27 '78 TEXAS INDUSTRIAL ACCIDENT BOARD

I.A.B. Form 20 (Rev. 8-77)
Reorder #14 4136 Hart Graphics

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

437737 041427

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

Celanese Corporation
Celanese Coatings & Specialties Company
Stein, Hall & Co., Inc. - Celanese Piping Systems, Inc.

ADDRESS: Box 509, Bay City, Texas

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

3000

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 625188	January 1, 1977		Northwestern Nat'l. Ins. Co.

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON January 1, 1978

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 2500.

B. Seasonal Employment by Month:

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

OCCUPATION: Various

AGT. OR BROKER: ARM International, Inc. ADDRESS: 600 Sylvan Ave. CITY: Englewood Cliffs STATE: NJ ZIP: 07632

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: Celanese Corp.

SIGNED: By: Peter F Lagy

Insurance Manager
TITLE OF PERSON SIGNING

DATE: 2/15/77

RECEIVED INDUSTRIAL ACCIDENT BOARD FEB 9 '77 INSURANCE DEPT.

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

Northwestern National Casualty Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

731 N. Jackson St.
Milwaukee, WI 53201
ADDRESS

SIGNED: E Schmitus

Secretary Mgr.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2069 — UNIFORM PRINTING & SUPPLY DIV. WC 8262b

ORIGINAL COPY

B324270

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

044-27

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

1. Celanese Corporation
2. Celanese Coatings & Specialties Company
3. Stein, Hall & Co., Inc.
4. Celanese Piping Systems, Inc.

30.00

ADDRESS: Box 509, Bay City, Texas

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.
WC 622945	January 1, 1976		Northwestern Nat'l. Ins. Co.

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

RECEIVED
INDUSTRIAL ACCIDENT BOARD
APR 15 '76
INSURANCE DEPT.

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 2500.

B. Seasonal Employment by Month:

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

OCCUPATION: Various

AGT. OR BROKER: ARM International, Inc. ADDRESS: 600 Sylvan Ave. CITY: Englewood Cliffs STATE: NJ ZIP: 07632

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: Peter F. Lopez

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: April 4, 1976

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

Northwestern National Casualty Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

731 N. Jackson St., Milwaukee, WI 53202
ADDRESS

SIGNED: [signature]

Asst. Mgr.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

B0175798 NOTICE THAT EMPLOYER ...

TEXAS WORKMEN'S COMPENSATION ACT 27427

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

Celanese Corporation

ADDRESS: 1211 Avenue of the Americas, New York, New York 10036

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

See Attached

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC9 00 98 43	1/1/75		The Home Ind. Co.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1/1/76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 2600

B. Seasonal Employment by Month:

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

Chemical and Dyestuff Rating Plan;Clerical;Drivers;Plastics;Salesmen; Store Risks-Wholesale and Retail
OCCUPATION

Arm International Inc. 600 Sylvan Ave.,Englewood Cliffs,New Jersey
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 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]

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: January 31, 1975

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

...dephane, N.Y., N.Y.
ADDRESS

SIGNED: Frank J Adler

Sec'y.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD FEB 5 1975 INSURANCE DEPT.

I.A.B. Approved Rev. 10-1-69 Form 2069 UNIFORM PRINTING & SUPPLY DIV WC 8262b

ORIGINAL COPY

ORIGINAL COPY

B0175798

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

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

Celanese Coatings and Specialties Co.

ADDRESS: 1211 Avenue of the Americas, New York, New York 10036

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

Box 14547 (6767 Kirbyville Rd.),
Houston, Texas

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC9 00 98 43	1/1/75		The Home Ind. Co.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1/1/76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: XX 260

B. Seasonal Employment by Month:

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

Paint Mfg.; Clerical; Store Risks-Wholesale and Retail; Salesmen; Drivers
OCCUPATION

Arm International Inc. 600 Sylvan Avenue, Englewood Cliffs, N.J.
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 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

SIGNED: [redacted]

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE January 31, 1975

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

59 Maiden Lane, New York, N.Y.
ADDRESS

SIGNED: Frank J Adler

Sec'y.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-67 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

B017579 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

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

Stein, Hall & Co., Inc.

ADDRESS: 1211 Avenue of the Americas, New York, New York 10036

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

Route 5 - 201 Harrison Street,
Vernon, Texas

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC9 00 98 43	1/1/75		The Home Ind. Co.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1/1/76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: XX 122

B. Seasonal Employment by Month:

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

Chemical and Dyestuff Rating Plan; Food Sundries Mfg.; Salesmen; Clerical
OCCUPATION

Arm International Inc. 600 Sylvan Avenue, Englewood Cliffs, N.J.
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 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: W. H. Munger

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: January 31, 1975

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:* INSURANCE DEPT.

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

59 Maiden Lane, N.Y., N.Y.
ADDRESS

SIGNED: Frank J Adler

Sec'y.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD FEB 13 75 INSURANCE DEPT.

I.A.B. Approved Rev. 10-1-69 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

B0197107

NOTICE THAT EMPLOYER HAS SECURED WORKMEN'S COMPENSATION INSURANCE
TEXAS WORKMEN'S COMPENSATION ACT 0201227

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

Celanese Piping Systems, Inc. 2N 002

ADDRESS: 1211 Avenue of the Americas, New York, N.Y. 10036

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

1701 Burns St., Fort Worth, Texas

7105 Burns St., Fort Worth, Texas

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC9 00 98 43	1/1/75		The Home Ind. Co.

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON 1/1/76

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 30

B. Seasonal Employment by Month:

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

Mfg. of Synthetic fibres, chemicals, plastic & coating
OCCUPATION

Arm International Inc., 600 Sylvan Ave., Englewood Cliffs, N.J.
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 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

SIGNED: W. H. Mangel

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: March 26, 1975

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

59 Maiden Lane, N.Y., N.Y.
ADDRESS

SIGNED: F. J. Callen

Assistant Secretary
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED INDUSTRIAL ACCIDENT BOARD APR 1 4 '75 INSURANCE DEPT.

I.A.B. Approved Rev. 10-1-69 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

4165

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

Celanese Corporation, Celanese Piping Systems, Inc.,
Stein Hall Co., Inc., Celanese Coatings Company

ADDRESS: 522 Fifth Avenue, New York, New York 10036

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.
WC99 01 75	1/1/73		The Home Ind. Co.

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1/1/74

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: [illegible] 2,850

B. Seasonal Employment by Month:

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

6504-Food Sundries Mfg.; 4558-Paint Mfg.; 8018-Store Risks;
4821-Chemical Extraction; 8810-Clerical; 7380-Drivers; 8742-Salesmen
OCCUPATION

Arm International Inc. 600 Sylvan Avenue, Englewood Cliffs, N.J.
AGT. OR BROKER ADDRESS CITY STATE Z.P

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: [illegible]

INSURANCE MANAGER
TITLE OF PERSON SIGNING NOTICE

DATE: AUGUST 30, 1973

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

[illegible] Maiden Lane, N.Y., N.Y.
ADDRESS

SIGNED: A. J. McNeelie

Sec'y.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD

AUSTIN, TEXAS

41427

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

EMPLOYER Celanese Corporation
(FIRM NAME UNDER WHICH BUSINESS IS CONDUCTED)

ADDRESS 522 Fifth Avenue (NUMBER AND NAME) ~~XXX~~ Street, New York, (NAME OF CITY OR TOWN) N.Y. ~~XXXX~~

OCCUPATION Clerical; Salesmen; Drivers
(CHARACTER OF BUSINESS IN WHICH ENGAGED)

NUMBER OF EMPLOYEES ..... ANNUAL PAYROLL $ ..... POLICY NUMBER WC 99 00 81

DATE EFFECTIVE Jan. 1, (MONTH AND DAY) 19 72, HOUR EFFECTIVE 12:01 (HOUR) A. M. (A. M. OR P. M.)

DATE OF CANCELLATION Jan. 1, 19 73, HOUR OF CANCELLATION 12:01 (HOUR) A. M. (A. M. OR P. M.)
reason: rewritten under WC 99 01 75

INSURER The Home Indemnity Company
(FULL NAME OF INSURANCE COMPANY OR ASSOCIATION)

ADDRESS 59 Maiden Lane, (NUMBER AND NAME) ~~XXXXX~~ Street, New York, (NAME OF CITY OR TOWN) N.Y. (STATE)

RECEIVED MAY 29 1973 INDUSTRIAL ACCIDENT BOARD

The Home Indemnity Company
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

By A. J. McAuliffe
(NAME AND OFFICIAL CAPACITY)

Dated at New York, N.Y. (NAME OF CITY OR TOWN) ~~XXXXX~~ this 30th day of April (MONTH) 19 73

This form must be executed by the CARRIER promptly upon the CANCELLATION OF A POLICY of insurance under the terms and provisions of the Employers' Liability Law, and mailed 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 so to the Industrial Accident Board.

NOTE If more than one place of business is conducted under same name, use separate blank for each.

WC 8282 (Ed. 4-36) UNIFORM PRINTING & SUPPLY DIV

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD

AUSTIN, TEXAS

12,741

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

EMPLOYER Celanese Coatings Company
(FIRM NAME UNDER WHICH BUSINESS IS CONDUCTED)

ADDRESS 522 Fifth Avenue (NUMBER AND NAME) New York, N.Y. (NAME OF CITY OR TOWN)

OCCUPATION Clerical; Salesmen; Drivers
(CHARACTER OF BUSINESS IN WHICH ENGAGED)

NUMBER OF EMPLOYEES ..... ANNUAL PAYROLL $ ..... POLICY NUMBER WC 99 00 81

DATE EFFECTIVE Jan. 1, (MONTH AND DAY) 19 72, HOUR EFFECTIVE 12:01 (HOUR) A.M. (A. M. OR P. M.)

DATE OF CANCELLATION Jan. 1, 19 73, HOUR OF CANCELLATION 12:01 (HOUR) a.M. (A. M. OR P. M.)
reason: rewritten under "WC" 99 01 75

INSURER The Home Indemnity Company
(FULL NAME OF INSURANCE COMPANY OR ASSOCIATION)

ADDRESS 59 Maiden Lane, (NUMBER AND NAME) New York, (NAME OF CITY OR TOWN), N.Y. (STATE)

RECEIVED MAY 29 '73 THE INDUSTRIAL ACCIDENT BOARD

The Home Indemnity Company
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

By A. J. McGuffee
(NAME AND OFFICIAL CAPACITY)

Dated at New York, N.Y. (NAME OF CITY OR TOWN) this 24th day of April (MONTH) 19 73

This form must be executed by the CARRIER promptly upon the CANCELLATION OF A POLICY of insurance under the terms and provisions of the Employers' Liability Law, and mailed 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.

NOTE: If more than one place of business is conducted under same name, use separate blank for each.

WC 8282 (Ed 4-36) UNIFORM PRINTING & SUPPLY DIV

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD

AUSTIN, TEXAS

41427 002

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

EMPLOYER Celanese Piping Systems, Inc.
(FIRM NAME UNDER WHICH BUSINESS IS CONDUCTED)

ADDRESS 522 Fifth Avenue (NUMBER AND NAME) ~~Street,~~ x New York, N.Y. (NAME OF CITY OR TOWN) ~~Texas~~

OCCUPATION Clerical; Salesmen; Drivers
(CHARACTER OF BUSINESS IN WHICH ENGAGED)

NUMBER OF EMPLOYEES ANNUAL PAYROLL $ POLICY NUMBER WC 99 00 81

DATE EFFECTIVE Jan. 1, (MONTH AND DAY) 19 72 HOUR EFFECTIVE 12:01 (HOUR) A. M. (A. M. OR P. M.)

DATE OF CANCELLATION Jan. 1, (MONTH AND DAY) 19 73., HOUR OF CANCELLATION 12:01 (HOUR) A. M. (A. M. OR P. M.)

reason: rewritten under WC 99 01 75

INSURER The Home Indemnity Company
(FULL NAME OF INSURANCE COMPANY OR ASSOCIATION)

ADDRESS 59 Maiden Lane, ~~Street,~~ New York, (NAME OF CITY OR TOWN), N.Y. (STATE)

RECEIVED
APR 29 73
INDUSTRIAL BOARD

The Home Indemnity Company
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

By A. L. McHafee
(NAME AND OFFICIAL CAPACITY)

Dated at New York, N.Y. (NAME OF CITY OR TOWN), ~~Texas~~ this 24th day of April (MONTH) 19 73

This form must be executed by the CARRIER promptly upon the CANCELLATION OF A POLICY of insurance under the terms and provisions of the Employers' Liability Law, and mailed 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.

NOTE If more than one place of business is conducted under same name, use separate blank for each.

WC 8282 Ed. 4 36; UNIFORM PRINTING & SUPPLY DIV.

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD

AUSTIN, TEXAS

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

EMPLOYER Celanese Plastics Co.
(FIRM NAME UNDER WHICH BUSINESS IS CONDUCTED)

ADDRESS 522 Fifth Avenue, ~~STREET~~ New York, N.Y. ~~TEXAS~~
(NUMBER AND NAME) (NAME OF CITY OR TOWN)

OCCUPATION Clerical; Salesmen; Drivers
(CHARACTER OF BUSINESS IN WHICH ENGAGED)

NUMBER OF EMPLOYEES ANNUAL PAYROLL $ POLICY NUMBER WC 99 00 81

DATE EFFECTIVE Jan. 1, 19 72 HOUR EFFECTIVE 12:01 A. M.
(MONTH AND DAY) (HOUR) (A. M. OR P. M.)

DATE OF CANCELLATION Jan. 1, 19 73 HOUR OF CANCELLATION 12:01 A M.
(MONTH AND DAY) (HOUR) (A. M. OR P. M.)
reason: rewritten under WC 99 01 75

INSURER The Home Indemnity Company
(FULL NAME OF INSURANCE COMPANY OR ASSOCIATION)

ADDRESS 59 Maiden Lane, ~~STREET~~ New York, N.Y.
(NUMBER AND NAME) (NAME OF CITY OR TOWN) (STATE)

RECEIVED
APR 29 1973
INDUSTRIAL ACCIDENT BOARD

The Home Indemnity Company
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

By A. S. McWhirter
(NAME AND OFFICIAL CAPACITY)

Dated at New York, N.Y. ~~TEXAS~~ this 24th day of April 1973
(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 Employers' Liability Law, and mailed 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.

NOTE: If more than one place of business is conducted under same name, use separate blank for each.

WC 8282 (Ed. 4-35) UNIFORM BY NAT'L. BLK. & SUPPLY DIV.

Form

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD

AUSTIN, TEXAS

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

EMPLOYER Celanese Chemical Co.
(FIRM NAME UNDER WHICH BUSINESS IS CONDUCTED)

ADDRESS 522 Fifth Avenue (NUMBER AND NAME) New York, N.Y. (NAME OF CITY OR TOWN)

OCCUPATION Clerical; Salesmen; Drivers
(CHARACTER OF BUSINESS IN WHICH ENGAGED)

NUMBER OF EMPLOYEES ..... ANNUAL PAYROLL $ ..... POLICY NUMBER WC 99 00 81

DATE EFFECTIVE Jan. 1, (MONTH AND DAY) 19 72, HOUR EFFECTIVE 12:01 (HOUR) a. (A. M. OR P. M.) M.

DATE OF CANCELLATION Jan. 1, 19 73., HOUR OF CANCELLATION 12:01 (HOUR) A. (A. M. OR P. M.) M.
reason: rewritten under WC 99 01 75

INSURER The Home Indemnity Company
(FULL NAME OF INSURANCE COMPANY OR ASSOCIATION)

ADDRESS 59 Maiden Lane, (NUMBER AND NAME) New York (NAME OF CITY OR TOWN), N.Y. (STATE)

RECEIVED
APR 29 '73
INDUSTRIAL ACCIDENT BOARD

The Home Indemnity Company
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

By R. J. McNulty
(NAME AND OFFICIAL CAPACITY)

Dated at New York, N.Y. (NAME OF CITY OR TOWN), this 24th day of April (MONTH) 19 73

This form must be executed by the CARRIER promptly upon the CANCELLATION OF A POLICY of insurance under the terms and provisions of the Employers' Liability Law, and mailed 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.

NOTE: If more than one place of business is conducted under same name, **use separate blank for each.**

WC 8282 (Ed 4-36) UNIFORM PRINTING & SUPPLY DIV

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER UNDER TEXAS WORKMEN'S COMPENSATION ACT

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

43099 Celanese Corporation -00 Stein Hall and Co., Inc. -00
Celanese Coatings Company -00 Celanese Chemical Co. -00
Celanese Piping Systems, Inc. -00 Celanese Plastics Co. -00

ADDRESS: 522 Fifth Avenue, New York, New York

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.
WC 99 00 81	1/1/72	1/1/73	The Home Ind. Co.

☒ NEW POLICY ☐ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1/1/75

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 7,000

B. Seasonal Employment by Month:

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

Chemical and Plastic Goods Mfg.
OCCUPATION

Arm International, Inc. 600 Sylvan Avenue, Englewood Cliffs, N.J. 07632
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 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: John J. Ryan

TITLE OF PERSON SIGNING NOTICE
Assistant Treasurer

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO INDUSTRIAL ACCIDENT BOARD.*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

The Home Indemnity Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

59 Maiden Lane, N.Y., N.Y.
ADDRESS

SIGNED: C. S. McHoffee

Sec'y.
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

RECEIVED
INDUSTRIAL ACCIDENT BOARD
1973

I.A.B. Approved Rev. 10-1-69 Form 2069 ORIGINAL COPY UNIFORM PRINTING & SUPPLY DIV. WC 82624

42425 NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

4/1-421

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

Celanese Corporation
Celanese Coatings Company, A Division of Celanese Corporation
Celanese Piping Systems, Inc.

ADDRESS: 522 Fifth Avenue, New York, New York 10036

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY #2250

See Attached

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC990081	1/1/72		The Home Ind. Co.

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

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 2,117

B. Seasonal Employment by Month:

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

Chemical, Plastics and Coatings Manufacturing
OCCUPATION

ARM International, Inc. 600 Sylvan Ave. Englewood Cliff, N.J.
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 102, 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

SIGNED: W. H. Nanget

Manager, Insurance Department
TITLE OF PERSON SIGNING NOTICE

DATE: December 28, 1971

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

RECEIVED INDUSTRIAL ACCIDENT BOARD JAN 3 1972 INSURANCE DEPT.

The Home Indemnity Company
NAME OF INSURANCE COMPANY

59 Maiden Lane, N.Y., N.Y.
ADDRESS

SIGNED: RECEIVED JAN 3 '72 Sec'y.

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev 10-1-69 Form 2069 ORIGINAL COPY UNIFORM PRINTING & SUPPLY CO. WC 8262b

TEXAS LOCATIONS: 42425

1. Celanese Corporation
Box 309
Bay City, Texas 77414

Box 428
Bishop, Texas 78343

Box 58009
Houston, Texas 77058

Box 9007
Corpus Christi, Texas 78408

P.O. Box 4881
Corpus Christe, Texas 78408

P.O. Box 9077
Corpus Christi, Texas 78408

3623 Apparel Mart
Dallas, Texas 75207

2300 Stemmons Freeway
Dallas, Texas 75207

P.O. Box 1000
Deer Park, Texas 77536

3700 Greenway Plaza Dr.
Houston, Texas 77027

Box 937
Pampa, Texas 79065

2. Celanese Coatings Company
A Division of Celanese Corporation
P.O. Box 14547
Houston, Texas 77021

1519 Hi-Line Dr.
Dallas, Texas 75207

4420 Padre Island Dr.
Corpus Christi, Texas 78411

513 South Lamar Street
Amarillo, Texas 79106

7006 Burnet Road
Austin, Texas 78757

2110 Blanco Road
San Antonio, Texas 78212

10534 Garland Road
Dallas, Texas 75218

1525 Hi-Line Drive
Dallas, Texas 75207

2808 White Settlement Rd.
Fort Worth, Texas 76107

3301 South Main Street
Houston, Texas 77002

2110 Portsmouth Ave.,
Houston, Texas 77006

1311 East Southmore
Pasadena, Texas 77502

3. Stein, Hall & Co., Inc.
Route 5,
Vernon, Texas 76384

201 Harrison Street
Vernon, Texas 76384

4. Celanese Piping Systems, Inc.
8815 Diplomacy Road
Dallas, Texas 75247

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

41422

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

Celanese Corporation

Box 509, Bay City, Texas 77414

Box 428 (Highway 77), Bishop, Texas 78343

ADDRESS: Box 58009 (9502 Bayport Blvd.), Houston, Texas 77058 (See Over)

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.
WC E-Y 9500-035	July 1, 1971		Employers Comm'l Union Ins.Co.of America

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON January 1, 1972

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 1817

B. Seasonal Employment by Month:

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

OCCUPATION

AGT. OR BROKER: ARM International, ADDRESS: 400 Park Avenue, CITY: N.Y., STATE: N.Y., ZIP: 10022

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: W.N. Mangel

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: June 24, 1971

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

Employers Commercial Union Insurance Co.of America
NAME OF INSURANCE COMPANY OR ASSOCIATION

110 William St. N.Y. N.Y.
RESIDENT ADDRESS

SIGNED: BY LICENSED AGENT

ATTORNEY

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2069

ORIGINAL COPY

UNIFORM PRINTING & SUPPLY CO. WC 8262b

Greenway Plaza, Houston, Texas 77027, Suite 1016
Box 937, Pampa, Texas 79065
Box 9077, Corpus Christi, Texas 78408
Box 1000 (Battleground Rd.), Deer Park, Texas 77536

Celanese Coatings
Box 14547 (6767 Kirbyville Rd., Houston, Texas 77021
Greenway Plaza, Houston, Texas 77027 Suite 1016

Celanese Piping Systems, Inc.
8815 Diplomacy Rd., Dallas, Texas 75247

Celanese Coatings Corporation
P.O. Box 4881
P.O. Box 9077
Corpus Christi, Texas 78408

3623 Apparel Mart,
2300 Stemmons Fwy, Dallas Texas 75207

Celanese Coatings

1519 Hi-Line Drive
Dallas, Texas 75207

4420 Padre Island Drive
Corpus Christi, Texas 78411

513 South Lamar Street
Amarillo, Texas 79106

7006 Burnet Road
Austin, Texas 78757

2110 Blanco Road
San Antonio, Texas 78212

P.O. Box 18034
10534 Garland Road
Dallas, Texas 75218

2808 White Settlement Road
Fort Worth, Texas 76107

3301 South Main
Houston, Texas 77002

2110 Portsmouth Avenue
Houston, Texas 77006

1311 East Southmore
Pasadena, Texas 77502

1525 Hi-Line Drive
Dallas, Texas 75207

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER

TEXAS WORKMEN'S COMPENSATION ACT

41427

EMPLOYER: (Include all firm names, and complete mailing address, covered by this policy under which operations are conducted in Texas, any necessary endorsements.) Celanese Coatings Co,Houston,6767 Kirbyville Rd 2110 Portsmouth,3701 Kirby Bldg,3301 Main St.,-Dallas,3515 Swiss Ave 10534 Garland Rd,1525 Hi Line Dr,-Amarillo,513 So. Lamar St,-Corpus Christi,4420 Padre Island Dr,-Ft.Worth White Settlement Rd.-Pasadena 1311 East Southmore-San Antonio, 2110 Blanco Rd.

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.
E-Y-9500-020	7/1/70		

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON 7/1/71

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 140

B. Seasonal Employment by Month:

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

OCCUPATION: 4558-Paint Mfg. 8018-Store Risks-wholesale-N.O.C. 8810-Clerical Office Employees-N.O.C. 8742-Salesmen, Collectors or Messengers-Outside 7380-Drivers, Chauffeurs and their Helpers-N.O.C.-Commercial

AGT. OR BROKER	ADDRESS	CITY	STATE	ZIP
Emett & Chandler Inc.	400 Park Ave.	New York	N.Y.	

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
CELANESE COATINGS CO.

SIGNED: [redacted]

ASSISTANT SECRETARY
TITLE OF PERSON SIGNING NOTICE

DATE: Dec. 4, 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
Employers Commercial Union Insurance Company of America

NAME OF INSURANCE COMPANY OR ASSOCIATION

RECEIVED
DEC 7 1970
GEORGE, DYER & ELLIS

110 Wilshire Blvd, Santa Monica, Calif. 90401
ADDRESS

BY

SIGNED: [redacted] ATTORNEY

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 2069

UNIFORM PRINTING & SUPPLY DIV. WC 8262b

ORIGINAL COPY

FORM IAB 20-68 (Formerly 20-50)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

JUL ... 41

NAME OF EMPLOYER (...all first named insured by this policy under which operations are conducted in Texas, with complete Texas Mailing ...)

Houston, Texas
Texas
Texas
Christi, Texas
Texas
Texas
Texas
Texas
Christi, Houston, Pampa, and Dallas, Te...

RECEIVED
AUG 11 '69
TEXAS INDUSTRIAL ACCIDENT BOARD

...-001

[ ] RENEWAL OF POLICY NO: 241 WP 13

EFFECTIVE AT 12:01 A.M. ON 7-1-69

EXPIRES AT 12:01 A.M. ON 7-1-70

LOCATION OF RISK: [X] ENTIRE STATE OF TEXAS

[ ] If divided risk, give operation covered by this policy

APPROXIMATE NUMBER OF EMPLOYEES

A. Stable annual employment ....
B. Seasonal employment by month ....

January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Celanese Coatings Co. Celanese Corporation

Paint Mfg. Chemical Manufacturing

OCCUPATION

Emett & Chandler New York, Inc. 400 Park Avenue, New York, N.Y. 10022

AGENT OR BROKER NO. & STREET CITY

Notice is hereby given by the 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 employ r 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

SIGNED: Celanese Coatings Co.
Celanese Corporation

X [signature] Assistant Secretary of Celanese Corp. & Celanese Coatings Co.

TITLE OF PERSON SIGNING NOTICE

DATE: August 1, 1969

Signature here constitutes notice on behalf of employer

NOTE: Return this Notice to your Insurance Company. Do not mail to Industrial Accident Board.

INSURANCE COMPANY SIGN HERE

Commercial Union Ins. Co. of America

NAME OF INSURANCE COMPANY OR ASSOCIATION

110 William Street, New York, N.Y.

ADDRESS

SIGNED: GEO... RESIDENT ...

BY [signature]

TITLE OF PERSON SIGNING NOTICE

Signature here constitutes notice on behalf of Insurance Company

WC 8262

Form LAB 23-24 (Revised 1961)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

RECEIVED
JUL 22 1968
TEXAS INDUSTRIAL
ACCIDENT BOARD

☐ NEW POLICY NO: 241 WC 13 ☐ RENEWAL OF POLICY NO: 131 WC 8

EFFECTIVE AT 12:01 A. M. ON	EXPIRES AT 12:01 A. M. ON
July 1, 1968	July 1, 1969

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☐ If divided risk, give operation covered by this policy

OCCUPATION	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL PAYROLL
Synthetic Fibers Mfg.		

AGENT OR BROKER — NO. & STREET — CITY

Compass Insurance Agency 400 Park Avenue, New York, New York

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 provides for the payment of compensation to employees under the terms and provisions thereof.

EMPLOYER SIGN HERE

SIGNED: [signature]

Assistant Secretary

TITLE OF PERSON SIGNING NOTICE

DATE July 11, 1968

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: Return Notice to Insurance Company
Texas Industrial Accident Board

INSURANCE COMPANY SIGN HERE

The Pennsylvania Insurance Co.

NAME OF INSURANCE COMPANY OR ASSOCIATION

200 Park Avenue, New York, N.Y.

ADDRESS

SIGNED: E. F. Golenzuki

Asst. Secretary

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

WC 8262 UNIFORM PRINTING & SUPPLY DIV

Form IAB 20-56 (Formerly 130)

NOTICE THAT EMPLOYER HAS BECOME SUBSCRIBER
TEXAS WORKMEN'S COMPENSATION ACT

NAME OF EMPLOYER: (Include all firm names, covered by this policy under which operations are conducted in Texas, with complete Texas mailing address)

CELANESE COATINGS CO.
6767 Kirbyville Rd., Houston, Texas
2110 Portsmouth, Houston, Texas
3701 Kirby Bldg., Houston, Texas
3301 Main St., Houston, Texas
3515 Swiss Ave., Dallas, Texas
10534 Garland Rd., Dallas, Texas
1525 Hi Line Dr., Dallas, Texas
513 So. Lamar St., Amarillo, Texas
4420 Padre Island Dr., Corpus Christi, Texas
White Settlement Rd., Ft.Worth, Texas
1311 East Southmore, Pasadena, Texas
2110 Blanco Rd., San Antonio, Texas

RECEIVED
JUL 22 1968
TEXAS INDUSTRIAL ACCIDENT BOARD

☐ NEW POLICY NO: 241 WC 13 ☐ RENEWAL OF POLICY NO: 131 WC 8	EFFECTIVE AT 12:01 A.M. ON	EXPIRES AT 12:01 A.M. ON
	July 1, 1968	July 1, 1969

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS
☐ If divided risk, give operation covered by this policy

OCCUPATION	NUMBER OF EMPLOYEES	ESTIMATED ANNUAL PAYROLL
Paint Mfg.		

AGENT OR BROKER (NO. & STREET, CITY): Compass Insurance Agency 400 Park Avenue, New York, New York

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 SIGN HERE

SIGNED: [redacted]
Assistant Secretary
TITLE OF PERSON SIGNING NOTICE

DATE: July 11, 1968

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: Retain this notice for your insurance company's files. Do not mail to Industrial Accident Board.

INSURANCE COMPANY SIGN HERE

The Pennsylvania Insurance Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

200 Park Avenue, New York, N.Y.
ADDRESS

SIGNED: E F Glanzelli
Asst. Secretary
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

WC 8262 UNIFORM PRINTING & SUPPLY DIV