TAMPERING WITH THIS LABEL NULLIFIES THE CERTIFICATION

PLAINTIFF'S EXHIBIT UPRC-115e

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 is a complete copy of the IAB Form 20(Notice that Employer has become Subscriber) for the period of 01-05-74 to 01-05-77 for:

Pontiac Refining Corporation
MBI#937952100

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

B0070745 TEXAS WORKMEN'S COMPENSATION ACT 190354

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

Champlin Petroleum Company &/or Midland Gasoline Corp. &/or Harbor 0-175938

Service Stations Inc. a subsidiary of Champlin Petroleum Co. &/or

Pontiac Refining Corp. 4 003

ADDRESS: Box 9365, Fort Worth, Texas

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY

See Endorsement Attached.

#9000

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
E-59898	1-5-74		TEIA

☐ NEW POLICY ☒ RENEWAL ☒ EXPIRES AT 12:01 A.M. ON 1-5-77

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 736

B. Seasonal Employment by Month:

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

OCCUPATION

Oil Refining-petroleum-including drivers

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. J. Pike

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: *RETURN THIS NOTICE TO:* TEXAS EMPLOYERS INSURANCE ASSOCIATION *DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.*

INSURANCE COMPANY SIGN HERE

TEXAS EMPLOYERS INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED:

RECEIVED
INDUSTRIAL ACCIDENT BOARD
APR 04 74
INSURANCE DEPT.

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

85 ~~$67.50~~ nr 3/21/74

I.A.B. Approved Rev 10-69
TEIA 3013-D (11-69)

#9002 ORIGINAL COPY