

**TAMPERING WITH THIS LABEL
NULLIFIES THE CERTIFICATION**

PLAINTIFF'S
EXHIBIT
UPRC-115b

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 20s' (Notice that Employer has become Subscriber) and the IAB Form 9 (Notice of Cancellation of Compensation Insurance) for the period of 01-05-77 to 01-05-80 for:

Pontiac Refining Corporation
and
Union Pacific Resources
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,
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 A MEMBER OF THE TEXAS WORKERS' COMPENSATION INSURANCE ACT

This notice is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Insurance Act, Chapter 100, General Laws, 1977, 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)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION
(NAME OF INSURANCE COMPANY OR ASSOCIATION)

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC-A-78863

☒ NEW POLICY

☐ RENEWAL

EFFECTIVE: FROM 2-5-79 TO 1-5-80

AGENCY WRITING THIS COVERAGE:

NAME

ADDRESS

PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM:

TO:

THROUGH: (INS. CO.) TEIA

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: Oil Refining

APPROXIMATE NUMBER

OF EMPLOYEES: 5,596

ESTIMATED ANNUAL

PAYROLL: 16,788,960

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.

000
Champlin Petroleum Company; Calne Pipe Line Company, a wholly owned subsidiary of Champlin Petroleum Company; Union Pacific Resources Corporation; Harbor Service Stations, Inc.; Champlin Gathering Company; Pontiac Refining Corporation; Champlin Petrochemicals, Inc.; Champlin Trading Company
001
P. O. Box 9365, Fort Worth, Texas 76107
002
Additional Location: Corpus Christi, Texas.
005

BOARD'S STAMP

RECEIVED

MAR 29 1979

Industrial Accident Board
AUSTIN

EMPLOYER SIGN HERE

SIGNED:

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

(A.E. Form 20 (Rev. 8-77))

TAA 2012-F (1-78)

85 FEB 27-79

ORIGINAL COPY

NOTICE THAT EMPLOYER HAS BEEN SERVED WITH RIBER

TEXAS WORKERS' COMPENSATION ACT

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 to refuse 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)

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

NAME OF INSURANCE COMPANY OR ASSOCIATION

BOX 2759, DALLAS, TEXAS 75221

ADDRESS

SIGNED:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC-A-78863

☒ NEW POLICY

☐ RENEWAL

EFFECTIVE: FROM 2-5-79 TO 1-5-80

AGENCY WRITING THIS COVERAGE:

NAME

ADDRESS

PHONE NUMBER

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

THROUGH: (INS. CO.) TEIA

(NOT REQUIRED IF RENEWED IN SAME COMPANY)

POLICY NUMBER:

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: Oil Refining

APPROXIMATE NUMBER

OF EMPLOYEES: 5,596

ESTIMATED ANNUAL

PAYROLL: 16,788,960.

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.

Champlin Petroleum Company &/or Calvey

Pipe Line Company, a wholly owned subsidiary

of Champlin Petroleum Company &/or Union

Pacific Resources Corporation &/or Harbor

Service Stations, Inc. &/or Champlin Gathering Company &/or Pontiac Refining

Corporation &/or Champlin Petro Chemicals, Inc. &/or Champlin Trading Company

P. O. Box 9365

Ft. Worth, TX 76107

Additional Location: Ft. Worth

I.A.B. Form 30 (Rev. 8-77)
TRA 20147 (1-78)

BOARD'S STAMP

RECEIVED

NR 1379

Industrial Accident Board
AUSTIN

EMPLOYER SIGN HERE

SIGNED:

TITLE OF PERSON SIGNING NOTICE

DATE:

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

ORIGINAL COPY

85 bh 3-9-79

NAME CHANGE ENDORSEMENT

It is agreed that the name of the insured shown in Item 1 of the Declarations of the Policy is amended to read:

Champlin Petroleum Company, Inc., Champlin Peru, Inc., Champlin Indonesia, Inc.,
Champlin Philippines, Inc., Champlin Norway, Inc., Union Pacific Resources
Corporation, Union Pacific Resources Limited, Calmar Pipeline Company, Harbor
Service Stations, Inc., Champlin Gathering Company, Champlin Trading Company,
Champlin International Petroleum Company, Champlin Petrochemicals, Inc.,
Champlin Gas Processing Co., Champlin Pipeline, Inc.

379521

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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 forms a part of the Policy to which it is attached issued by the Company designated on the Declarations Page and is effective from the inception date of the Policy unless otherwise stated below:

(The information below is not required when this endorsement is issued with the Policy)

POLICY NUMBER WC-3-78867	CERTIFICATE NUMBER	ISSUED TO Champlin Petroleum Company
EFFECTIVE January 5, 1960	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	TAXES EMPLOYERS' INSURANCE ASSOCIATION	
	EXECUTIVE VICE PRESIDENT	
	AUTHORIZED REPRESENTATIVE	

Notice of Cancellation of Compensation Insurance

INDUSTRIAL ACCIDENT BOARD
P.O. Box 12757, Capital Station
AUSTIN, TEXAS 78711

The Industrial Accident Board is hereby given notice of the CANCELLATION OF A POLICY of Insurance issued

under the terms and provisions of the Texas Workers' Compensation Law, to

Champlin Petroleum Company &/or Calvey Pipe Line Company, a wholly owned subsidiary
EMPLOYER of Champlin Petroleum Company &/or Union Pacific Resources Corporation &/or Baylor
Service Stations, Inc. &/or Champlin Gathering Company &/or Pontiac Refining Corporation &/or
ADDRESS P.O. Box 552, Enid, Oklahoma

(P.O. Box or Street Address)

(City, State, Zip Code)

OCCUPATION

Oil Refining

(Character of business in which engaged)

POLICY NUMBER

WC-H-59898

POLICY PERIOD: From 1-5-77

To 1-5-80

DATE OF CANCELLATION

February 5

1979

HOUR OF CANCELLATION

12:01 A.M.

(Month and day)

(Hour) (A.M. or P.M.)

DATE NOTICE MAILED TO SUBSCRIBER

Being rewritten

INSURER

TEXAS EMPLOYERS' INSURANCE ASSOCIATION

(Full name of insurance company or association)

ADDRESS

BOX 2759, DALLAS, TEXAS 75221

(P.O. Box or Street Address)

(City, State, Zip Code)

By

Joseph A. Boone

(Name and official capacity)

Joseph A. Boone

*Champlin Petrochemicals, Inc. &/or
Champlin Trading Company

BOARD'S STAMP

RECEIVED

MAR 19 1979

INDUSTRIAL ACCIDENT BOARD

Dated at

Dallas

Texas, this

14th

day of

March

1979

(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 premises and also to the Industrial Accident Board.

I.A.B. Form 9 (Rev. 5-77)
TSA 3021 - 5 (5-77)

ORIGINAL COPY

379521

NEW POLICY ENDORSEMENT

It is agreed that the name of the insured in Item 1 of the Declaration of the Policy is amended to read:

Champion Petroleum Company A/cr Citrus Vice Line Company, a wholly owned subsidiary of Champion Petroleum Company A/cr Union Pacific Resources Corporation A/cr Harbor Service Stations, Inc. A/cr Champion Catering Company A/cr Motion Refining Corporation A/cr Champion Petrochemicals, Inc. A/cr Champion Trading Company

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ENDORSEMENT

This endorsement shall be subject to all of the terms, provisions and conditions of the Policy, and any amendments or extensions of the Policy except as herein specifically stated.

This endorsement, when signed by a duly Authorized Representative of the Company shall be valid.

POLICY NUMBER **TX-2-33498** CERTIFICATE NUMBER **000** ISSUED BY THE **TEXAS EMPLOYERS' INSURANCE ASSOCIATION** of Dallas, Texas

TO **Champion Petroleum Company**

AND SHALL BE EFFECTIVE ON DATE:

April 21, 1978

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 1371 040350 apr 23-08-78

BY

[Signature]

AUTHORIZED REPRESENTATIVE

NOTICE THAT EMPLOYER HAS OBTAINED INSURANCE **435005** 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 all necessary endorsements.)

Champion Petroleum Company and/or Harbor Service Stations, Inc., a subsidiary of Champion Petroleum Co. and/or Pontiac Refining Corp.

ADDRESS: **P.O. Box 552, Enid, Oklahoma**

LOCATION OF RISK: ☐ ENTIRE STATE OF TEXAS

☒ DIVIDED RISK—EXPLAIN OPERATION COVERED BY THIS POLICY
See Endorsement attached

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC-H-59898	1-5-77		TEYA

☐ NEW POLICY

☒ RENEWAL

☒ EXPIRES AT 12:01 A.M. ON **1-5-80**

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.

Oil Refining

OCCUPATION

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: **R.E. Wainwright**

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 75211

ADDRESS

SIGNED: **Glenn B. Bane**

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

85-2-11-77 \$67.50

U.S. Approved Form 101-47
 (Rev. 11-12-64)

ORIGINAL COPY

