TAMPERING WITH THIS LABEL NULLIFIES THE CERTIFICATION

PLAINTIFF'S EXHIBIT CEL-986d

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 9(Notice of Cancellation of Compensation Insurance) and IAB 20(Notice that Employer has become Subscriber) for the period of 01-01-69 to 05-01-87 for:

American Hoechst Corp
MBI#924861300

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 6th 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

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

The Industrial Accident Board is hereby given notice of the CANCELLATION OR NONRENEWAL OF A POLICY of insurance issued under the terms and provisions of the Texas Workers' Compensation Law, to

EMPLOYER/INSURED AMERICAN HOECHST CORPORATION

ADDRESS 1041 RTE. 202-206 NORTH, SOMERVILLE, N.J. 08876
(P.O. Box or Street Address) (City, State, Zip Code)

POLICY NO. ON ORIGINAL POLICY WC2682775 POLICY PERIOD: FROM 5-7-79 To 5-7-80

POLICY NO. ON CURRENT POLICY WC3018140-04 POLICY PERIOD: FROM 10-1-86 To 10-1-87

DATE OF CANCELLATION 5-1 19 87 AT 12:01 A.M., STANDARD TIME.
(Month and day)

DATE NOTICE MAILED TO SUBSCRIBER 9-1-87

INSURANCE CARRIER ZURICH INSURANCE CO.
(Full name of insurance company or association)

ADDRESS 44 WALL STREET NEW YORK, N.Y. 10005
(P.O. Box or Street Address) (City, State, Zip Code)

By Winifred Franco
(Name and official capacity)

BOARD'S STAMP
RECEIVED
SEP 30 1987
Industrial Accident Board
Austin

Dated at _____ Texas, this _____ day of _____ 19__
(Name of city or town) (Month)

If the association cancels a policy or does not renew it on its anniversary date, the association shall send notice of the cancellation or nonrenewal to the subscriber by certified mail at least 10 days prior to the effective date of cancellation or nonrenewal and to the board by certified mail or in person on or before the date of cancellation or nonrenewal. Failure of the association to give the notice as required by this section shall extend the policy until the required notice is given to the subscriber and to the Industrial Accident Board, or until a subsequent notice is filed under the provisions of Article 8308, §18a of this article, at which time the subsequent insurance company shall be deemed to be the only insurance company liable under the provisions of the Act from and after the effective date of such subsequent policy of insurance.

If an employer ceases to be a subscriber he shall 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

ORIGINAL COPY

INSURANCE COMPANY SIGN HERE
DO NOT USE BROKER NAME

ZURICH INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

44 WALL ST., NEW YORK, N.Y. 10005

SIGNED: Mildred Franco

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 3018140-02

EFFECTIVE FROM: 7-1-85

[X] NEW POLICY

PRIOR POLICY NUMBER: WC 3018140-01

[ ] REWRITE: _____ (Prior Policy Number)

AGENCY WRITING THIS COVERAGE: JOHNSON & HIGGINS
NAME

95 WALL STREET, NEW YORK, N.Y. 10005 (212)
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM 7-1-85 TO 7-1-86

THROUGH: (INS. CO.) ZURICH INSURANCE COMPANY POLICY NUMBER WC 3018140-02
(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 _____

BOARD'S STAMP

RECEIVED
OCT 10 1985
Industrial Accident Board
Austin

OCCUPATION OF INSURED: SALESMEN, COLLECTORS OR MESSENGER

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

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

1 AMERICAN HOECHST CORP.
1041 ROUTE 202-206 NORTH SOMERVILLE, N.J. 08876
2 FILM DIVISION 005
BAYPORT PROJECT, BAYPORT, TEXAS
3 PETRO CHEMICAL 004
734 W. NORTH CARRIER PKWY, GRAND PRAIRIE, TEXAS
4 PLASTICS DIVISION 004
4716 BRONLE WAY, DALLAS, TEXAS
5 H.R.P.I 006
STATE OF TEXAS

EMPLOYER SIGN HERE

SIGNED

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE NOT REQUIRED IF NOTICE IS SIGNED BY INSURANCE COMPANY

6. S. BEHRING
STATE OF TEXAS
7. TECHNICAL INFO
STATE OF TEXAS

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

ORIGINAL COPY

WC 83634 (Ed. 6-79)

[illegible] EMPLOYER'S [illegible]

TEXAS WORKERS' [illegible]

Coverage is hereby given by the named employer and the named insurance company, as required by the Texas Workers' Compensation Act, Article 8306, General Laws, 1917, and amendments thereto, that the named employer has become a subscriber under said Act and has secured payment of compensation to employees under the terms and provisions thereof. Any employer or association which [illegible] 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)

ZURICH INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

156 WILLIAM ST.NEW YORK, N.Y.10038
ADDRESS

SIGNED: Mildred Franco

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: 2682775

☐ NEW POLICY ☒ RENEWAL

EFFECTIVE: FROM 5-7-79 TO 5-7-80

AGENCY WRITING THIS COVERAGE: JOHNSON & HIGGINS
NAME

95 WALL STREET, NEW YORK, N.Y. 10005 212-482-2000
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM 5-7-78 TO 5-7-79

THROUGH (INS CO) _____ POLICY NUMBER 2634289
(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
SEP 04 '79
Industrial Accident Board

OCCUPATION OF INSURED: SALESMEN, COLLECTORS, MESSENGERS CLERICAL & WHOLESALE STORES N.O.C.

APPROXIMATE NUMBER OF EMPLOYEES: 500

ESTIMATED ANNUAL PAYROLL: 3,428,800

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

AMERICAN HOECHST CORP.
1041 ROUTE 202-206 NORTH
SOMERVILLE, N.J. 08876

EMPLOYER SIGN HERE

SIGNED AMERICAN HOECHST CORP.

Mildred Franco W.C. FILING SUPV.
TITLE OF PERSON SIGNING NOTICE

DATE JULY 23, 1979

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

[illegible] UNIFORM PRINTING & SUPPLY DIV. WC 8262c

[illegible] COPY

NOTICE THAT EMPLOYER HAS [illegible]

TEXAS WORKERS' COMPENSATION

Notice is hereby given by the named employer and the named insurance company, as required by the [illegible] General Laws; 1917, and amendments thereto, that the named employer has become a subscriber under said Act and [illegible] payment of compensation to employees under the terms and provisions thereof. Any employer or association wilfully failing or [illegible] 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.

248613

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

273

ZURICH INSURANCE COMPANY
NAME OF INSURANCE COMPANY OR ASSOCIATION

RT 3? MOORESTOWN N J
ADDRESS

SIGNED: Michelle Shinn

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: 26-34-289

☒ NEW POLICY ☐ RENEWAL

EFFECTIVE: FROM 5/7/78 TO 5/7/79

AGENCY WRITING THIS COVERAGE: JOHNSON AND HIGGINS
NAME

95 WALL STREET NEW YORK, N.Y. 10005
ADDRESS PHONE NUMBER

IMMEDIATE PRIOR COVERAGE WAS IN EFFECT FOR PERIOD FROM: TO

THROUGH: (INS CO) NOT KNOWN 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
MAY 8 '78
INDUSTRIAL ACCIDENT BOARD

OCCUPATION OF INSURED SALESMEN, SALES [illegible] AND PROFESSIONS
OTHER THAN OUTSIDE EMPLOYEES ETC

APPROXIMATE NUMBER OF EMPLOYEES 678

ESTIMATED ANNUAL PAYROLL $ 678,000.

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

AMERICAN HOECHST CORP.
~~XXX~~ 1-41 RT. 202-206 NORTH
SOMMERVILLE, N.J. 08876

EMPLOYER SIGN HERE

SIGNED AMERICAN HOECHST CORP.

TITLE OF PERSON SIGNING NOTICE

DATE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

ORIGINAL COPY

DC

Notice of Cancellation of Compensation

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

~~2110~~ 248613

The Industrial Accident Board is hereby given notice of the CANCELLATION OF A POLICY OF INSURANCE under the terms and provisions of the Texas Workers' Compensation Law, to

EMPLOYER American Hoechst Corporation
(Firm name under which business is conducted)

ADDRESS 298 North Main Street Leominster, MA
(P.O. Box or Street Address) (City, State, Zip Code)

OCCUPATION Salesmen-Outside
(Character of business in which engaged)

POLICY NUMBER WC 2-112-072278-018 POLICY PERIOD: From 1-1-78 To 1-1-79

DATE OF CANCELLATION May 7 19 78 HOUR OF CANCELLATION _____ M.
(Month and day) (Hour) (A.M. or P.M.)

DATE NOTICE MAILED TO SUBSCRIBER August 10, 1978

XX — Liberty Mutual Fire Insurance Company
INSURER — Liberty Mutual Insurance Company
(Full name of insurance company or association)

ADDRESS 225 Borthwick Avenue Portsmouth, NH 03801
(P.O. Box or Street Address) (City, State, Zip Code)

By Patt Tullos State File Clerk
(Name and official capacity)

BOARD'S STAMP

RECEIVED
AUG 14 '78
Texas Industrial Accident Board

Dated at Portsmouth, NH this 10th day of August 1978
(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 plant, and also to the Industrial Accident Board.

I.A.B. Form 9, Rev. 4-77
Reorder #14(012) Hart Graphics (APO1/SH)

ORIGINAL COPY

INSURANCE COMPANY SIGN HERE
(DO NOT USE GROUP NAME)

☒ – Liberty Mutual Fire Insurance Company
☐ – Liberty Mutual Insurance Company

NAME OF INSURANCE COMPANY OR ASSOCIATION

225 Borthwick Ave., Portsmouth NH
ADDRESS

SIGNED: Carl P. Deame

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY.

POLICY NUMBER: WC 2-112-072276-01

☒ NEW POLICY ☐ RENEWAL

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

AGENCY WRITING THIS COVERAGE. ☒ – Liberty Mutual Fire Insurance Company ☐ – Liberty Mutual Insurance Company
NAME

225 Borthwick Ave., Portsmouth NH 03801
ADDRESS

(603) 431-8400 X320
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 TAB FORM 154
- REINSTATEMENT REVOKES CANCELLATION

EFFECTIVE

BOARD'S STAMP

RECEIVED
FEB 21 78
TEXAS INDUSTRIAL ACCIDENT BOARD

OCCUPATION OF INSURED: Salesmen outside

APPROXIMATE NUMBER OF EMPLOYEES: Thirteen

ESTIMATED ANNUAL PAYROLL: 67,900

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 THE LOCATION. (CONTINUE LIST ON SEPARATE SHEET AND ATTACH)

American Hoechst Corporation
289 North Main Street
Leominster, MA 01453

EMPLOYER SIGN HERE

SIGNED Carl P. Deame

Manager
TITLE OF PERSON SIGNING NOTICE

DATE 2/15/78

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

ORIGINAL COPY

TEXAS WORKMEN'S COMPENSATION INSURANCE ACT

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

The American Hoechst Corp.

ADDRESS: Route 202-206 North - Somerville, New Jersey

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 344 8013	1-1-77		Transportation Insurance Co.

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M. ON 1-1-78

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 50

B. Seasonal Employment by Month:

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

OCCUPATION: Pharmaceuticals

AGT OR BROKER	ADDRESS	CITY	STATE	ZIP
Johnson & Higgins	95 Wall Street	New York	NY	10005

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 [redacted]

Insurance Manager Corporate

TITLE OF PERSON SIGNING NOTICE (Hoechst Corp.)

DATE June 10, 1977

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY SIGN HERE

Transportation Insurance Company

NAME OF INSURANCE COMPANY OR ASSOCIATION

CNA Plaza - Chicago, Illinois 60665

ADDRESS

SIGNED Rosa Ciampaglia

TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I A B Approved Rev. 10-69 Form 7069

ORIGINAL COPY

WC 8262b

B003155 TEXAS WORKMEN'S COMPENSATION ACT

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

~~American Hoechst Corp.~~
Hoechst Roussel Pharmaceuticals

ADDRESS: Route 202-206 North, Somerville, N.J.

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.
WC9703658	1/1/75		Continental Casualty

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

R 88749

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment:

B. Seasonal Employment by Month:

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
22	23	24	23	24	24	24	24	23	25	25	25

Manufacturing Machinery
OCCUPATION

Johnson & Higgins, 95 Wall St., New York, N.Y. 10005
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 subscriber to the Texas Workmen's Compensation Act and amendments thereto and provided for the payment of compensation to employees under the terms and provisions of said Act. 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.

INDUSTRIAL ACCIDENT BOARD
FEB 20 '75

EMPLOYER SIGN HERE

SIGNED: Meyer S. Gottlieb

Insurance Manager
TITLE OF PERSON SIGNING NOTICE

DATE: January 6, 1976

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE *RETURN THIS NOTICE TO*

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD.

INSURANCE COMPANY

INSURANCE DEPT.

Continental Casualty Co.
NAME OF INSURANCE COMPANY OR ASSOCIATION

127 John St., New York, N.Y.
ADDRESS

SIGNED: Richard Vreland

Account Manager-National
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Approved Rev. 10-1-69 Form 7069

ORIGINAL COPY

UNIFORM PRINT NO. & SUPPLY DIV. WC 82626

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

B0054684

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

The American Hoechst Corp.

ADDRESS: Route 202-206 North, Somerville, N.J.

LOCATION OF RISK: ☒ ENTIRE STATE OF TEXAS

15-09 ☐ DIVIDED RISK — EXPLAIN OPERATION COVERED BY THIS POLICY

POLICY NUMBER	EFFECTIVE DATE 12:01 AM	CANCELLED	INSURANCE CO.
WC 9706358	1/1/74		Continental Casualty Co.

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

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment: 25

B. Seasonal Employment by Month:

JAN.	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP.	OCT.	NOV.	DEC.
25	25	25	25	25	25	25	25	25	25	25	25

Manufacturing Machinery
OCCUPATION

Johnson & Higgins, 95 Wall Street, New York, New York 10005
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 Supervisor
TITLE OF PERSON SIGNING NOTICE

DATE: February 12, 1974

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE: RETURN THIS NOTICE TO
DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

Continental Casualty Company
NAME OF INSURANCE COMPANY OR ASSOCIATION

1220 John Street, New York, N.Y.
ADDRESS

SIGNED: [redacted]

Supervisor
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

ORIGINAL COPY

WC 8262b

NOTICE THAT EMPLOYER

58105 TEXAS WORKMEN'S

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

AMERICAN HOECHST CORP., AZAPLATE CORP.

ADDRESS: P.O. BOX 2500 SOMERVILLE, N.J. 08876

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.
10 WH 31/4411 E	1-1-72		HARTFORD INS. GROUP

☐ NEW POLICY ☒ RENEWAL ☐ EXPIRES AT 12:01 A.M ON January 1, 1973

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment 19

B. Seasonal Employment by Month

JAN.	FEB.	MAR	APR	MAY	JUN.	JUL	AUG.	S P.	OCT.	NOV.	DEC.
19	19	19	19	19	19	19	19	19	19	19	19

Salesmen
OCCUPATION

Johnson & Higgins — AGT. OR BROKER
95 Wall Street — ADDRESS
New York — CITY
New York — STATE
10005 — 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 [redacted]

INSURANCE SUPERVISOR
TITLE OF PERSON SIGNING NOTICE

DATE February 9, 1972

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE RETURN THIS NOTICE TO

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

INSURANCE COMPANY SIGN HERE

HARTFORD INS. GROUP
NAME OF INSURANCE COMPANY OR ASSOCIATION

12[illegible] WILLIAM ST., N.Y., N.Y.
ADDRESS

SIGNED [redacted]

ATTORNEY-IN-FACT
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Form 20-69 (Rev. 10-69)

L-2782-2 Printed in U.S.A. 12-69

ORIGINAL COPY

NOTICE THAT

35357

EMPLOYER: (Include all firm names, and complete mailing address covered by this policy, including any endorsements.)

AMERICAN HOECHST CORPORATION

ADDRESS: 1041 Highway 202-206, North, Somerville, New Jersey 08876

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.
10 WH 304 114 E	January 1, 1971	———	Hartford A & I

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

APPROXIMATE NUMBER OF EMPLOYEES:

A. Stable Annual Employment 19

B Seasonal Employment by Month

JAN.	FEB	MAR	APR	MAY	JUN	JUL	AUG.	SEP.	OCT.	NOV.	DEC.
19	19	19	19	19	19	19	19	19	19	19	19

Salesmen
OCCUPATION

Johnson & Higgins, 95 Wall Street New York New York 10005
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 SUPERVISOR
TITLE OF PERSON SIGNING NOTICE

DATE November 12, 1971

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF EMPLOYER

NOTE RETURN THIS NOTICE TO

DO NOT MAIL TO INDUSTRIAL ACCIDENT BOARD

RECEIVED
INDUSTRIAL ACCIDENT BOARD
DEC 17
INSURANCE DEPT.

INSURANCE COMPANY SIGN HERE

HARTFORD ACCIDENT & INDEMNITY CO.
NAME OF INSURANCE COMPANY OR ASSOCIATION

HARTFORD, CONNECTICUT 06115
ADDRESS

SIGNED [redacted]

Underwriter
TITLE OF PERSON SIGNING NOTICE

SIGNATURE HERE CONSTITUTES NOTICE ON BEHALF OF INSURANCE COMPANY

I.A.B. Form 20-69 (Rev. 10-1-69)
Form L-2546-2 Printed in U. S. A. 12-69

ORIGINAL COPY

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

NAME OF EMPLOYER: (Include all firm names covered by this policy; each and attach any necessary endorsements.)

NAME OF INS: AMERICAN HOECHST CORPORATION
P. O. BOX 2500
SOMERVILLE, N. J. 08876

LOC: STATE OF TEXAS

0-4244

RECEIVED
AUG 19 1970
TEXAS INDUSTRIAL ACCIDENT BOARD

[X] NEW POLICY NO: 10 WH 296839 [X] RENEWAL OF POLICY NO 10 WH 288659 EFFECTIVE AT 12:01 A.M. ON 1-1-70 EXPIRES AT 12:01 A.M. ON 1-1-71

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 X 18

B. Seasonal employment by month

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

SALESMEN, COLLECTORS, ETC.
OCCUPATION

JOHNSON & HIGGINS — AGENT OR BROKER
63 WALL ST — NO & STREET
NEW YORK, N. Y. — 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 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: [signature]

X Director of Purchasing
TITLE OF PERSON SIGNING NOTICE

DATE: X August 3, 1970

Signature here constitutes notice on behalf of employer

INSURANCE COMPANY SIGN HERE

HARTFORD ACC & INC CO.
NAME OF INSURANCE COMPANY OR ASSOCIATION

123 WILLIAM STREET, N. Y., N. Y. 10038
ADDRESS

SIGNED: [signature]

Attorney-in-fact
TITLE OF PERSON SIGNING NOTICE

Signature here constitutes notice on behalf of Insurance Company

Form L-(782) Printed in U. S. A. 12-68

Form 1AB 20-68 (Formerly 20-56)

NOTICE THAT EMPLOYER HAS ... TEXAS WORKMEN'S COMPENSATION ...

NAME OF EMPLOYER: (Include all firm names covered by this policy under which ... each and attach any necessary endorsements.)

AMERICAN HOECHST CORPORATION
1041 HIGHWAY 206 NORTH
SOMERVILLE, N J 08876

RECEIVED
OCT 21 '69
TEXAS INDUSTRIAL ACCIDENT BOARD

[X] NEW POLICY NO. 10 WH 288659

[X] RENEWAL OF POLICY NO. 10 WH 274430

EFFECTIVE AT 12:01 A.M. ON 01 01 69

EXPIRES AT 12:01 A.M. ON 01 01 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 17

B. Seasonal employment by month

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

OCCUPATION

SALESMEN -

AGENT OR BROKER: JOHNSON AND HIGGINS 252719

NO. & STREET: 63 WALL ST.,

CITY: NEWYORK, N Y

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 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 [signature]

[handwritten title]

TITLE OF PERSON SIGNING NOTICE

DATE [handwritten date]

Signature here constitutes notice on behalf of employer

INSURANCE COMPANY SIGN HERE

HARTFORD ACCIDENT AND INDEMNITY COMPANY

NAME OF INSURANCE COMPANY OR ASSOCIATION

HARTFORD, CONNECTICUT 06115

ADDRESS

SIGNED [signature]

Underwriter

TITLE OF PERSON SIGNING NOTICE

Signature here constitutes notice on behalf of Insurance Company

Form L 2546 1 Printed in U.S.A. 12-68

Form IAB 20-68 (Formerly 20-56)