

#118648

**CERTIFICATE  
OF INSURANCE**

**PETROLEUM CASUALTY COMPANY**

A SUBSIDIARY OF EXXON MOBIL CORPORATION  
POST OFFICE BOX 3342  
HOUSTON, TEXAS 77253-3342

CERTIFICATE HOLDER

DATE

NAME AND ADDRESS OF INSURED OR EMPLOYER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				<b>STATUTORY</b>	
				\$ 100	(EACH ACCIDENT)
				\$ 500	(DISEASE-POLICY LIMIT)
				\$ 100	(DISEASE-EACH EMPLOYEE)

**DESCRIPTION OF OPERATIONS/LOCATIONS/RESTRICTIONS/SPECIAL ITEMS**

All states and the District of Columbia except Hawaii, Pennsylvania, West Virginia and the State Fund states: North Dakota, Ohio, Washington, and Wyoming.

IN EVENT OF ANY MATERIAL CHANGE IN OR CANCELLATION OF THE POLICY OR POLICIES BEFORE THE EXPIRATION DATE, THE COMPANY WILL NOTIFY THE ADDRESSEE IN ACCORDANCE WITH POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

812-0160A

TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
JAN 30 2012