

0035

OK



Lodestar Energy Inc.
Mountain Operations
HC 35 Box 370
Helper UT 84526

435-637-9200 or 435-448-9420
435-448-9456 fax

FAX PFO

c/007/001

Copy e/007/020

Copy Pam

Fax

To: Pam Grubbaugh-Littig From: Dave Miller
 Fax: (801) 359-3940 Date: 9/27/01
 Phone: _____ Pages: 4
 Re: _____ CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

•Comments:

Pam,
 We got our copies of Insurance via fax yesterday. Here is a fax of the current insurance. You should be receiving the originals by mail shortly,

Dave

RECEIVED

SEP 27 2001

DIVISION OF
OIL, GAS AND MINING

Willis

September 25, 2001

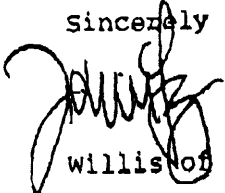
Utah Division of Oil, Gas and Mining
1594 W. North Temple
Suite 1210
Salt Lake City, UT 84114-8801

Dear Certificate Holder:

Enclosed is the Certificate of Insurance issued on behalf of
Lodestar Energy, Inc. Debtor in Possession.

Should you have any questions please feel free to call.

Sincerely yours,



Willis of New York, Inc.

Enclosure

cc: Lodestar Energy, Inc. Debtor in Possession
Lexington Insurance Company
Pacific Employers Insurance Company

Received Time

Sep. 25. 8:57PM

Print Time

Sep. 25. 9:01PM

ACORD CERTIFICATE OF LIABILITY		DATE (MM/DD/YY) 25-SEP-2001			
PRODUCER Willis of New York, Inc. 7 Hanover Square New York NY 10004 (212) 344-3888		143766			
INSURED Daniel Leung Lodestar Energy, Inc. Debtor in Possession Lodestar Holdings, Inc. Debtor in Possession 333 West Vine Street Suite 1700 Lexington KY 40507		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.			
COMPANIES AFFORDING COVERAGE					
		COMPANY A 18437601 (NEW) Lexington Insurance Company			
		COMPANY B 22744001 (NEW) Pacific Employers Insurance Company			
		COMPANY C			
		COMPANY D			
THIS IS TO CERTIFY THAT THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	1320442	31-AUG-2001	31-AUG-2002	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG \$ 2,000,000 PERSONAL & ADV INJURY \$ 2,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED EXP (Any one person) \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOC <input type="checkbox"/> NON-OWNED AUTOS	18AM0793163-3	31 AUG-2001	31-AUG-2002	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR PARTNER/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMIT \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EMPLOYEE \$
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS SEE ATTACHED					
CERTIFICATE HOLDERS: Utah Division of Oil, Gas and Mining 1584 W. North Temple Suite 1210 Salt Lake City UT 84114-8801			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL UNDERTAKE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Daniel Leung</i>		

Received Time Sep. 25, 8:57PM

Print Time Sep. 25, 9:01PM

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SEP 27 2001

DIVISION OF OIL, GAS AND MINING

Willis		CERTIFICATE OF INSURANCE		ISSUE DATE (MM/DD/YY) 26 SEP 2001
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.				
INSURED Lodestar Energy, Inc. Debtor in Possession Lodestar Holdings, Inc. Debtor in Possession 333 West Vine Street Suite 1700 Lexington KY 40507	143766	PRODUCER Willis of New York, Inc. 7 Hanover Square New York NY 10004 (212) 344-8888	Daniel Leung	
THIS IS TO CERTIFY THAT THE 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. LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS *Limits shown are excess of the Insured's Self Insured Retention, where applicable. General Liability including Blasting Operations. Permit # Act/007/001 White Oak Mines Complex Permit # Act/007/020 Horizon Coal Mine				
Utah Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City UT 84114-8801		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL REIMBURSE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Daniel Leung</i>		

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