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 \* 0001 TRANSACTION REPORT P.01 \*  
 \* JAN-05-2004 MON 12:28 PM \*  
 \* FOR: OIL, GAS & MINING 801 359 3940 \*  
 \* DATE START RECEIVER TX TIME PAGES TYPE NOTE M# DP \*  
 \* JAN-05 12:17 PM 14354724782 11'06" 8 SEND OK 019 \*  
 \* TOTAL : 11M 6S PAGES: 8 \*  
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DEC-31-2003 18:11

OUTGOING  
 P.01

*Jaloming*  
 c/007/006  
 c/007/004V  
 c/007/038

# Aon Risk Services

1000 Milwaukee Ave.

Glenview, Illinois 60025

TO: Risk Manager		FROM: Aon Client Services	
RE: RAG		PHONE: 866-283-7122	
FAX NO.: 801-359-3940		FAX NO.: 847-953-5390	
SUBJECT: Certificate(s) of Insurance		DATE: 12/31/03	No. of Pages: (including this page)

**Attached, please find the Certificate(s) of Insurance you have requested. Should you have any questions, please feel free to contact the ACS Department at 866-283-7122. Thank you.**

*J Page*

# Aon Risk Services

1000 Milwaukee Ave.

Glenview, Illinois 60025

*C/007/006*  
*C/007/004*  
*C/007/038*

FAX TRANSMISSION		
TO: Risk Manager	FROM:	Aon Client Services
RE: RAG	PHONE:	866-283-7122
FAX NO.: 801-359-3940	FAX NO.:	847-953-5390
SUBJECT: Certificate(s) of Insurance	DATE: 12/31/03	No. of Pages: (including this page)

Attached, please find the Certificate(s) of Insurance you have requested. Should you have any questions, please feel free to contact the ACS Department at 866-283-7122. Thank you.

*8 pages*

**Aon Client Services**  
**Aon Risk Services, Inc.**

*FAX* To: *Johnny Pappas*  
*1-435-472-4782*

From: *Pam*  
*Charles*

RECEIVED

JAN 02 2004

DEPT OF THE CHIEF

# Certificate of Insurance

*Incivig*  
*12/067/006*

**To:** State of Utah  
Division of Oil, Gas and Mining  
1584 West North Temple  
Suite 1210  
P.O. Box 145801  
Salt Lake City, UT 84114-5801

**Re:** Star Point #1 & #2 Mine Permit # ACT/007/006.

**Assured:** RAG American Coal Holding, Inc.  
Attn: Mary Wong  
999 Corporate Blvd.  
Linthicum Heights, MD 21090-2227

*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.*

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 - 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			
Automobile Liability	AS2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 - 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 - 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions...General Liability policy includes X,C,U coverage.

*The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any cosubscribing insurer who for any reason does not satisfy all or part of its obligations.*

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 policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.

Aon Risk Services of Illinois, Inc.

Date: December 31, 2003

By: *[Signature]*

JAN 02 2004

# Certificate of Insurance

*Inching*  
*C/O 07/038*

To: State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple  
Suite 1210  
P.O. Box 145801  
Salt Lake City, UT 84114-5801

Re: Willowcreek Mine, Permit #ACT/007/038.

Assured: RAG American Coal Holding, Inc.  
including Webash Mine Holding Company and Delta Mine Holding Co.  
899 Corporate Blvd.  
Linthicum Heights, MD 21090

*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.*

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 - 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
Insurance Company(ies) Insurance Corporation of Hannover			
Automobile Liability	AS2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000 CSL Each Occurrence
Insurance Company(ies) Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 - 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Limit
Insurance Company(ies) Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 - 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
Insurance Company(ies) Insurance Corporation of Hannover			

General Liability and Auto Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions...General Liability policy includes X,C,U Coverage.

JAN 02 2004

*The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.*

*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 policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation of liability of any kind upon the company(ies) or this agency.*

Aon Risk Services of Illinois, Inc.

Date: December 31, 2003

By: *[Signature]*

# Certificate of Insurance

*Jacuzzi*  
*12/007/004*

To: State of Utah  
 Division of Oil, Gas and Mining  
 1594 West North Temple  
 Suite 1210  
 P.O. Box 145801  
 Salt Lake City, UT 84114-5801

Re: Castle Gate Mines, Permit # ACT/007/004, Folder #4, Carbon County, UT.

Assured: RAG American Coal Holding, Inc.  
 Including Castlegate Holding Company  
 999 Corporate Blvd.  
 Linthicum Heights, MD 21090

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.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 187-04	01/01/04 - 01/01/05	\$ 8,000,000 General Aggregate \$ 8,000,000 Products/Completed \$ 1,000,000 Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			
Automobile Liability	AS2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-08	05/30/03 - 05/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 - 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. Commercial General Liability includes X, C, U coverage.

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

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 policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail 90 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.

JAN 02 2004

Aon Risk Services of Illinois, Inc.

Date: December 31, 2003

By: *[Signature]*

# Aon Risk Services

1000 Milwaukee Ave.

Glenview, Illinois 60025

FAX TRANSMISSION		
TO: Risk Manager	FROM: Aon Client Services	
RE: RAG	PHONE: 866-283-7122	
FAX NO.: 801-359-3940	FAX NO.: 847-953-5390	
SUBJECT: Certificate(s) of Insurance	DATE: 12/31/03	No. of Pages: 4 (including this page)

Attached, please find the Certificate(s) of Insurance you have requested. Should you have any questions, please feel free to contact the ACS Department at 866-283-7122. Thank you.

Aon Client Services  
Aon Risk Services, Inc.

DEC 31 2003  
DIV. OF OIL GAS & MIN.

# Certificate of Insurance

Jaconig  
C/007/006

**To:** State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P O Box 145801  
Salt Lake City, UT 84114-5801

**Re:** Star Point #1 & #2 Mine  
permit No. ACT/007/006

**Assured:** RAG American Coal Holding Inc. et al  
999 Corporate Blvd.  
Linthicum Heights, MD 21090

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.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 – 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			
Automobile Liability	A62-641-004364-114	01/01/04 – 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 – 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease – Policy Limit \$1,000,000 Disease – Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 – 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions.

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

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 policy(ies) shown herein. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail each 45 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.

Aon Risk Services of Illinois, Inc.

**Date:** December 31, 2003

**By:**

RECEIVED

DEC 31 2003

DIV OF OIL GAS & MINE

# Certificate of Insurance

*Janis*  
*C/007/038*

To: State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P O Box 145801  
Salt Lake City, UT 84114-5801

Re: Willowcreek Mine  
permit no. ACT/007/038

Assured: RAG American Coal Holding, Inc. et al  
999 Corporate Blvd.  
Linthicum Heights, MD 21090

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.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 - 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			
Automobile Liability	AS2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 - 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease - Policy Limit \$1,000,000 Disease - Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 - 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hannover			

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions.

The subscribing interests' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insureds are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not spread, extend or alter the coverage afforded by the policy(ies) shown herein. Should any of the above described policies be cancelled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail mail 45 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.

Aon Risk Services of Illinois, Inc.

Date: December 31, 2003

By: *[Signature]*

DEC 31 2003



# Certificate of Insurance

*Incoming*  
*C/007/004*

To: State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P O Box 145801  
Salt Lake City, UT 84114-5801

Re: Castle Gate Mines  
Permit No. ACT/007/004, Folder No. 4  
Carbon county, Utah

Assured: RAG American Coal Holding, Inc. et al  
including Castlegate Holding Company  
998 Corporate Blvd.  
Linthicum Heights, MD 21090

*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.*

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 - 01/01/05	\$ 6,000,000 General Aggregate
			\$ 6,000,000 Products/Completed Operations Aggregate
			\$ 1,000,000 Personal and Advertising Injury
			\$ 1,000,000 Each Occurrence
			\$ 1,000,000 Fire Damage (Any One Fire)
			\$ 10,000 Medical Expense (Any One Person)

Insurance Company(ies) Insurance Corporation of Hannover

Automobile Liability	AS2-641-004364-114	01/01/04 - 01/01/05	\$ 1,000,000 CSL Each Occurrence
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Insurance Company(ies) Liberty Mutual Fire

Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 - 06/30/04	WC Statutory EL
			\$1,000,000 Each Accident
			\$1,000,000 Disease - Policy Limit
			\$1,000,000 Disease - Each Limit

Insurance Company(ies) Old Republic Insurance Company

Excess Liability	ICH CU 231-04	01/01/04 - 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
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Insurance Company(ies) Insurance Corporation of Hannover

Commercial General Liability includes X,C,U Coverage

*The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.*

*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 policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail (call) all (days) written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.*

Aon Risk Services of Illinois, Inc.

Date: December 31, 2003

By: *[Signature]*

RECEIVED

DEC 31 2003

TOTAL P.04

DIV OF OIL GAS & MINING