

0007

Certificate of Insurance

TO: STATE OF UTAH
 Address: NATURAL RESOURCES OIL, GAS & MINING
 355 W. NORTH TEMPLE
 3 TRIAD CENTER, SUITE 350
 SALT LAKE CITY, UTAH 84180-1203

Date: FEBRUARY 21, 1990
 Re:

This is to certify that the policies designated below are in force on the date borne by this Certificate.

NAME OF INSURED:

The Coastal Corporation and all affiliated or Subsidiary Companies
 including SOUTHERN UTAH FUEL COMPANY

Address:

Coastal Tower
 Nine Greenway Plaza
 Houston, TX 77046

TYPE OF INSURANCE	POLICY #	POLICY PERIOD	POLICY LIMITS/VALUES
Worker's Compensation Employers Liability Texas California All Other States	C) SCFC34367541 B) SCFC34364989 B) SCFC34370990	1/1/90-91 1/1/90-91 1/1/90-91	Statutory \$1,000,000 Ea. Accident \$1,000,000 Policy Limit-Disease \$1,000,000 Ea. Employee-Disease
Comprehensive General Liability including Contractual & Products - Completed Operations All States	A) XSLG05197272	1/1/90-91	\$500,000 Combined Single Limit any one occurrence/\$750,000 aggregate excess of \$500,000 Combined Single Limit any one occurrence S.I.R./\$750,000 aggregate S.I.R.
Comprehensive Automobile Liability IL, MA, NJ, NY & VA All Other States	A) ISA-582558 A) ISA-582557	1/1/90-91 1/1/90-91	\$1,000,000 Combined Single Limit Bodily Injury & Property Damage

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by those policy(ies) which numbered above and which issued by companies listed below.

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company 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, or upon this agency.

INSURANCE COMPANY(IES) ISSUING COVERAGE:

- A) Insurance Company of North America
- B) Pacific Employers Insurance Company
- C) CIGNA Insurance Company of Texas



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 Houston, Texas 77057
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 Int'l. Telex 166 283 or 166 284
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By Robert J. [Signature]
 Authorized Representative