

**SELF-INSURANCE OR INDEMNITY INFORMATION**

**OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY**  
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. DESIGNATED APPLICANT: BP Exploration & Production Inc. 02481  
COMPANY LEGAL NAME MMS COMPANY NUMBER

2. FOR THE PURPOSE OF THIS APPLICATION THE UNDERSIGNED IS ACTING IN THE FOLLOWING CAPACITY:

☐ SELF-INSURER (30 CFR 253.21 AND 30 CFR 253.41) ☒ INDEMNITOR (30 CFR 253.30 AND 30 CFR 253.41)

3. THE AMOUNT OF COVERAGE FOR WHICH EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY IS BEING ESTABLISHED IS:

FROM	\$	0	TO	\$	150,000,000.00
LOWER LIMIT			UPPER LIMIT (Must be Completed)		

4. THIS COVERAGE IS EFFECTIVE: 1/1/2010 AND EXPIRES ON THE FIRST CALENDAR DAY OF THE FIFTH MONTH  
DATE AFTER THE CLOSE OF THE SELF-INSURER'S OR INDEMNITOR'S FISCAL YEAR, WHICH ENDS: 12/31/2010.  
DATE

5. SELF-INSURER OR INDEMNITOR PROVIDING EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY FOR THE

DESIGNATED APPLICANT: BP Corporation North America Inc. 02367  
COMPANY LEGAL NAME MMS COMPANY NUMBER

501 WestLake Park Blvd.

ADDRESS		STATE		ZIP CODE
Houston	Texas			77079
CITY		CONTACT PERSON'S TITLE		
Kemper Howe	Manager Land - GOM			
CONTACT PERSON FOR CLAIMS		CONTACT PERSON'S TITLE		
(281) 366-1278	(281) 366-7569	howejk@bp.com		
AREA CODE and TELEPHONE NUMBER		AREA CODE and FAX NUMBER		E-MAIL ADDRESS

6. THE UNDERSIGNED, AS AN OFFICER OR DESIGNATED AGENT OF THE ABOVE-NAMED SELF-INSURER OR INDEMNITOR COMPANY, AGREES TO THE CONDITIONS STATED IN 30 CFR 253.21 THROUGH 30 CFR 253.28, 30 CFR 253.30, 30 CFR 253.40, AND 30 CFR 253.41, AND TO NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM IN THE EVENT THE DESIGNATED APPLICANT OR THE INDEMNITOR IS NO LONGER ABLE TO MAINTAIN EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY TO THE EXTENT STATED IN SECTION 3 ABOVE (REFERENCE 30 CFR 253.15).

D. I. Rainey

NAME

Vice President

TITLE

SIGNATURE

DATE

7. THE SELF-INSURER'S OR INDEMNITOR'S U.S. AGENT FOR SERVICE OF PROCESS IS:

Prentice-Hall Corporation System

NAME

MMS COMPANY NUMBER

251 E. Ohio Street, Suite 500

ADDRESS

Indianapolis

Indiana

46204

CITY

STATE

ZIP CODE

(800) 877-2556

(217) 544-4657

AREA CODE and TELEPHONE NUMBER

AREA CODE and FAX NUMBER

E-MAIL ADDRESS

If the designated U.S. Agent for Service of Process cannot be served due to death, disability, or unavailability, the Director, U.S. Coast Guard National Pollution Funds Center, is the U.S. Agent for Service of Process.

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**SELF-INSURANCE OR INDEMNITY INFORMATION**

**OIL POLLUTION ACT OF 1990 APPLICATION FOR CERTIFICATION OF OIL SPILL FINANCIAL RESPONSIBILITY**  
(TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES)

1. DESIGNATED APPLICANT: BP America Production Company 00114  
COMPANY LEGAL NAME MMS COMPANY NUMBER

2. FOR THE PURPOSE OF THIS APPLICATION THE UNDERSIGNED IS ACTING IN THE FOLLOWING CAPACITY:

☐ SELF-INSURER (30 CFR 253.21 AND 30 CFR 253.41) ☒ INDEMNITOR (30 CFR 253.30 AND 30 CFR 253.41)

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DATE  
AFTER THE CLOSE OF THE SELF-INSURER'S OR INDEMNITOR'S FISCAL YEAR, WHICH ENDS: 12/31/2010  
DATE

5. SELF-INSURER OR INDEMNITOR PROVIDING EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY FOR THE

DESIGNATED APPLICANT: BP Corporation North America Inc. 02367  
COMPANY LEGAL NAME MMS COMPANY NUMBER

501 WestLake Park Blvd.

ADDRESS		CITY		STATE	ZIP CODE
Houston		Texas			77079
CONTACT PERSON FOR CLAIMS		CONTACT PERSON'S TITLE			
<u>Kemper Howe</u>		<u>Manager Land - GOM</u>			
<u>(281) 366-1278</u>		<u>(281) 366-7569</u>		<u>howejk@bp.com</u>	
AREA CODE and TELEPHONE NUMBER		AREA CODE and FAX NUMBER		E-MAIL ADDRESS	

6. THE UNDERSIGNED, AS AN OFFICER OR DESIGNATED AGENT OF THE ABOVE-NAMED SELF-INSURER OR INDEMNITOR COMPANY, AGREES TO THE CONDITIONS STATED IN 30 CFR 253.21 THROUGH 30 CFR 253.28, 30 CFR 253.30, 30 CFR 253.40, AND 30 CFR 253.41, AND TO NOTIFY THE OIL SPILL FINANCIAL RESPONSIBILITY PROGRAM IN THE EVENT THE DESIGNATED APPLICANT OR THE INDEMNITOR IS NO LONGER ABLE TO MAINTAIN EVIDENCE OF OIL SPILL FINANCIAL RESPONSIBILITY TO THE EXTENT STATED IN SECTION 3 ABOVE (REFERENCE 30 CFR 253.15).

D. I. Rainey MT.  
NAME SIGNATURE  
Vice President 4-19-2010  
TITLE DATE

7. THE SELF-INSURER'S OR INDEMNITOR'S U.S. AGENT FOR SERVICE OF PROCESS IS:

Prentice-Hall Corporation System  
NAME MMS COMPANY NUMBER  
251 E. Ohio Street, Suite 500  
ADDRESS  
Indianapolis Indiana 46204  
CITY STATE ZIP CODE  
(800) 877-2556 (217) 544-4657  
AREA CODE and TELEPHONE NUMBER AREA CODE and FAX NUMBER E-MAIL ADDRESS

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