#### THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

**SUPERIOR COURT** 

Docket No. 03-E-0106

In the Matter of the Liquidation of The Home Insurance Company

Docket No. 03-E-0112

In the Matter of the Liquidation of US International Reinsurance Company

## LIQUIDATOR'S REPORT OF CLAIMS AND RECOMMENDATIONS AS OF JUNE 24, 2009

Pursuant to Paragraph 4 of the Order Approving Liquidator's Report of Claims and Recommendations entered December 16, 2004, Roger A. Sevigny, Commissioner of Insurance for the State of New Hampshire, as Liquidator ("Liquidator") of The Home Insurance Company ("Home") and US International Reinsurance Company ("USI Re"), hereby submits this report of claims and recommendations for allowance. The claims are identified and the Liquidator's recommendations are set forth on the attached Schedules 1 (as to claims against Home) and 2 (as to claims against USI Re). The Liquidator recommends that the Court approve the treatment of the claims as set forth on the schedules pursuant to RSA 402-C:45 and RSA 402-C:38.

1. The Liquidator has issued notices of determination concerning the claims described on Schedules 1 and 2 in the amounts and at the priorities set forth in the schedules. Either the claimants have acknowledged that they agree with the claim determinations or more than sixty days have passed from the mailing of the notices of

determination without any objection being filed with the Court. The claimants accordingly may not object further to the determinations with respect to these claims. See RSA 402-C:41, I; Restated and Revised Order Establishing Procedures Regarding Claims Filed With The Home Insurance Company In Liquidation dated January 19, 2005, § 8 and Restated and Revised Order Establishing Procedures Regarding Claims Filed With US International Reinsurance Company dated January 19, 2005, § 8.

- 2. One of the recommendations reflects a determination that a third-party claimant proof of claim was incomplete because the conditional release required by RSA 402-C:38, I(a)(7), and set forth at item 14 of the proof of claim, was not executed. The Liquidator sent a letter to such claimant or his law firm requesting that he complete the proof of claim within thirty days in light of the Supreme Court's decision in Gonya v. Commissioner, New Hampshire Ins. Dept., 153 N.H. 521 (2006). The conditional release was not signed despite a request to do so.
- 3. In accordance with RSA 402-C:45, I, the Liquidator hereby reports on the claims set forth on Schedules 1 and 2 to the Court and recommends that the claims be allowed in the amounts and at the priority classes set forth on the schedules pursuant to RSA 402-C:45, II. The Liquidator has reviewed the claims and submits that the amounts recommended are fair and reasonable and that the priority classes recommended are proper under RSA 402-C:44.
- 4. Certain of the claims that are the subject of this report arise under AFIA Treaties. The determinations of these AFIA claims have been agreed by Century Indemnity Company.

5. In light of the suggestion in the Referee's Ruling on Liquidator's Motion for Clarification in Disputed Claims Docket No. 2005-HICIL-2 (Nov. 14, 2005), the Liquidator notes that there may be potential setoffs regarding certain of the claims set forth on the schedule. In any such event, those setoffs will be applied before distributions are made.

Respectfully submitted,

ROGER A. SEVIGNY, COMMISSIONER OF INSURANCE OF THE STATE OF NEW HAMPSHIRE, AS LIQUIDATOR OF THE HOME INSURANCE COMPANY AND US INTERNATIONAL REINSURANCE COMPANY,

By:

Peter A. Bengelsdorf

Special Deputy Liquidator

Date: June <u>26</u>, 2009

### **Certificate of Service**

I hereby certify that a copy of the foregoing Liquidator's Report of Claims and Recommendations as of June 24, 2009 and a proposed form of order were sent, this 27th day of June, 2009, by first class mail, postage prepaid to all persons on the attached service list.

Eric A. Smith

NH Bar ID # 16952

### THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

In the Matter of the Liquidation of The Home Insurance Company Docket No. 03-E-0106

In the Matter of the Liquidation of US International Reinsurance Company Docket No. 03-E-0112

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							NOD Amount	NOD
NOD Number	Claimant Name	Address				Brief Description	Recommended	Class
	AMERICAN	1300 WILSON				Partial allowance to insured for verified paid		
INSU274260-01	CHEMISTRY COUNCIL	BOULEVARD	ARLINGTON	VA	22209	losses and expenses.	1,056,511.80	
						Partial allowance to insured for verified paid		
	AMERICAN	1300 WILSON				losses and expenses. See allowance under		1
INSU274261-01	CHEMISTRY COUNCIL	BOULEVARD	ARLINGTON	VA	22209	INSU274260-01.	0.00	11
						Partial allowance to insured for verified paid		
	AMERICAN	1300 WILSON				losses and expenses. See allowance under		
INSU702588-01	CHEMISTRY COUNCIL	BOULEVARD	ARLINGTON	VA	22209	INSU274260-01.	0.00	II
						Partial allowance to insured for verified paid		***************************************
	AMERICAN	1300 WILSON				losses and expenses. See allowance under		
INSU702589-01	CHEMISTRY COUNCIL	BOULEVARD	ARLINGTON	VA	22209	INSU274260-01.	0.00	11
						Partial allowance to insured for verified paid		
	AMERICAN	1300 WILSON				losses and expenses. See allowance under		
INSU702590-01	CHEMISTRY COUNCIL		ARLINGTON	VA	22209	INSU274260-01.	0.00	Ш
						Partial allowance to insured for verified paid		
	AMERICAN	1300 WILSON		İ	i	losses and expenses. See allowance under		
INSU702591-01	CHEMISTRY COUNCIL		ARLINGTON	VA	22209	INSU274260-01.	0.00	П
				<del>-   ''``-</del>		Partial allowance to insured for verified paid	0.00	
	AMERICAN	1300 WILSON				losses and expenses. See allowance under		
INSU702592-01	CHEMISTRY COUNCIL		ARLINGTON	VA	22209	INSU274260-01.	0.00	н
					12200	Claimant's underlying WC claim is being	0.00	
						handled and will be concluded, by New York		
		3640 NORTH OCEAN				Liquidation Bureau. No further claim asserted		
OSAP283948-01	ANTHONY ILUTZI	DRIVE	SINGER ISLAND	FL	33404	against The Home.	0.00	н
00/11 2000-10 01	7 HTTHORT IZOTZI	DICIVE	ONOLIVIOLAND		33404	Policyholder's underlying claim for release of	0.00	
	1			1		collateral. There are four open claims with the		
						Guaranty Associations, which warrant		
						maintenance of the collateral, hence this claim		
	ASSURANT INC F/K/A	ONE OLIVOE			l			
INSU204497-01		ONE CHASE MANHATTAN PLAZA	NEW YORK	NY	10005	is being disallowed. A collateral review will	0.00	II
11430204497-01	FORTIS INC	IVIAINTATTAN PLAZA	INEWTORK	INY	10005	follow closure of all claims.	0.00	!
						Claimant's underlying WC claim is being		
						handled and will be concluded, by New York		
OCAD200204.04	DDIANIKDEGED	A LUCIL OT	CHECHE			Liquidation Bureau. No further claim asserted	0.00	
OSAP288284-01	BRIAN KREGER	6 HIGH ST.	ONEONTA	NY	13820	against The Home.	0.00	II
						Claim for W/C preliquidation benefits.		
OOAD00000 04	DDIAN C KDECES				1	Preliquidation Claim check was cashed		
OSAP288285-01	BRIAN S. KREGER	6 HIGH ST.	ONEONTA	NY	13820	resolving claim.	0.00	11
				l		Claim for W/C preliquidation benefits.		
0040000000	BB1441 G 145-5					Preliquidation Claim check was cashed		
OSAP288286-01	BRIAN S. KREGER	6 HIGH ST.	ONEONTA	NY	13820	resolving claim.	0.00	II

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
OSAP284051-01	CAROLE PHILLIPS FERINA	158 7TH STREET	ВОНЕМІА	NY	11716	Claimant's underlying WC claim is being handled and will be concluded, by New York Liquidation Bureau. No further claim asserted against The Home.	0.00	[]
CLMN375234-01	CICELY MURRAY	600 CATHEDRAL	DIW ADELDINA			Claimant's underlying WC claim is being handled and will be concluded, by New York Liquidation Bureau. No further claim asserted		
GLIVINS/3234-01	EDWARD	ROAD, APT D-104	PHILADELPHIA	PA	19118	against The Home.  Claimant's underlying WC claim is being handled and will be concluded, by Maine Ins Guaranty Assoc. No further claim asserted	0.00	1
CLMN473743-01	SCHUMACHER	12 LOON DRIVE	TOPSHAM	ME	04086	against The Home.  Partial allowance to insured for verified paid losses and expenses. See allowance under	0.00	11
INSU240631-08	ELI LILLY & CO	CENTER	INDIANAPOLIS	IN	46285	INSU240626-08. Partial allowance to insured for verified paid	0.00	<u>II</u>
INSU275224-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	losses and expenses. See allowance under INSU240626-08.  Partial allowance to insured for verified paid	0.00	- 11
INSU275238-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	losses and expenses. See allowance under INSU240626-08.  Partial allowance to insured for verified paid	0.00	- 11
INSU275239-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	losses and expenses. See allowance under INSU240626-08.  Partial allowance to insured for verified paid	0.00	II
INSU275240-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	losses and expenses. See allowance under INSU240626-08.	0.00	II
INSU275334-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	1[
INSU275335-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU275410-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II
INSU275411-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU275412-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU275578-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	ll li
INSU240626-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses.	669,063.00	<b>[</b> ]
INSU240627-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II.
INSU702911-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702913-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	
INSU702914-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702915-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II
INSU702916-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702917-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II
INSU702918-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702919-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II
INSU702920-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	[]
INSU702921-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II.
INSU702922-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	II.

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU702923-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702924-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	11
INSU702925-08	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to insured for verified paid losses and expenses. See allowance under INSU240626-08.	0.00	
CLMN474647-01	ENVIRONMENTAL BARRIER COMPANY	ATT: GINA BURNS, 4075 MONROEVILLE BLVD.	MONROEVILLE	PA	15146	Policyholder has no pending claims and has not identified any potential claims.	0.00	11
OSAP282789-01	ERNEST MONTANEZ, JR	1018 CONKLING AVE	UTICA	NY	13501	Claim for W/C preliquidation benefits. Preliquidation Claim check was cashed resolving claim.	0.00	II
OSAP282790-01	ERNEST MONTANEZ, JR	1018 CONKLING AVE	UTICA	NY	13501	Claim for W/C preliquidation benefits. Preliquidation Claim check was cashed resolving claim.	0.00	##
CLMN375331-01	ERNEST MONTANEZ, JR,	1018 CONKLING AVE	UTICA	NY	13501	Claimant's underlying WC claim is being handled and will be concluded, by New York Liquidation Bureau. No further claim asserted against The Home.	0.00	11
CLMN375622-01	ESTATE OF	P O BOX 408	NEW YORK	NY	10040-0801	Claimant's underlying WC claim is being handled and will be concluded, by New York Liquidation Bureau. No further claim asserted against The Home.	0.00	
	HOUSTON OILERS, INC./TENNESSEE FOOTBALL, L.P.	4400 POST OAK PARKWAY STE 2800, ATT'N: STEVE UNDERWOOD	HOUSTON	TX	77027	Policyholder's underlying claim is for defense and settlement of suits filed against them.  Another carrier has paid the defenses. The Insured has not demonstrated an expectation of penetration into The Home coverage layers.	0.00	
	HOUSTON OILERS, INC./TENNESSEE FOOTBALL, L.P.	4400 POST OAK PARKWAY, STE. 2800	HOUSTON	TX	77027	Policyholder's underlying claim is for defense and settlement of suits filed against them. Another carrier has paid the defenses. The Insured has not demonstrated an expectation of penetration into The Home coverage layers.	0.00	II

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
						Policyholder's underlying claim is for defense		
						and settlement of suits filed against them.		ĺ
						Another carrier has paid the defenses. The		i
	HOUSTON OILERS,					Insured has not demonstrated an expectation		l
	INC./TENNESSEE	4400 POST OAK			İ	of penetration into The Home coverage layers.		
INSU700622-01	FOOTBALL, L.P.	PARWAY, STE 2800	HOUSTON	TX	77027		0.00	ll l
	INTERNATIONAL					Partial allowance to insured for verified paid		
INSU274431-07	PAPER COMPANY	6400 POPLAR ST.	MEMPHIS	TN	38198	losses and expenses.	34,583.48	11
						Claimant's underlying WC claim is being		
				1		handled and will be concluded, by Mississippi		i
		2749 CRAWFORD		İ		Ins Guaranty Assoc. No further claim asserted		l
CLMN379144-01	JIMMY KILPATRICK	ROAD	CRAWFORD	MS	39743	against The Home.	0.00	
					ļ	Claimant's underlying WC claim is being		
				ļ		handled and will be concluded, by Mississippi		
		2749 CRAWFORD				Ins Guaranty Assoc. No further claim asserted		
CLMN463194-01	JIMMY KILPATRICK	ROAD	CRAWFORD	MS	39743	against The Home.	0.00	==
						Claim for W/C preliquidation benefits.		
						Preliquidation Claim check was cashed		
OSAP281060-01	JOAN RAMEY	6600 ZERO RD	MERIDIAN	MS	39301	resolving claim.	0.00	Ш
						Claim for W/C preliquidation benefits.		
						Preliquidation Claim check was cashed		
OSAP286503-01	JOAN RAMEY	6600 ZERO RD	MERIDIAN	MS	39301	resolving claim.	0.00	II
						Claim for W/C preliquidation benefits.		
						Preliquidation Claim check was cashed		
OSAP286504-01	JOAN RAMEY	6600 ZERO RD	MERIDIAN	MS	39301	resolving claim.	0.00	11
						Claimant's underlying WC claim is being		
						handled and will be concluded, by Mississippi		
						Ins Guaranty Assoc. No further claim asserted		
VEND339061-01	JOAN RAMEY	6600 ZERO RD	MERIDIAN	MS	39301	against The Home.	0.00	11
						Claimant's underlying WC claim is being		
						handled and will be concluded, by Minnesota		
						Ins Guaranty Assoc. No further claim asserted		
CLMN377070-01	JOHN NOUSAINE	16 LAUREL AVENUE	SUPERIOR	wı	54880	against The Home.	0.00	11
						Claimant's underlying WC claim is being		***************************************
				ļ		handled and will be concluded, by Minnesota		
						Ins Guaranty Assoc. No further claim asserted	j	
CLMN474676-01	JOHN PANNEK	65 12TH AVE. NE	ST. CLOUD	MN	56304	against The Home.	0.00	11
						Claimant's underlying WC claim is being		
						handled and will be concluded, by Kentucky Ins		
	MARY CATHERINE	313 WINDHAM HILL			i	Guaranty Assoc. No further claim asserted		
CLMN376631-01	MATHES	COURT	PARIS	kΥ	40361	against The Home.	0.00	П

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
NOD Number	Cialinatit Name	Address				Claimant's underlying WC claim is being handled and will be concluded, by Mississippi Ins Guaranty Assoc. No further claim asserted	Recommended	Class
CLMN380319-01	MICHAEL PRICE	2176 ST. JAMES BLVD	GULFPORT	мѕ	39507-2116	against The Home.	0.00	II
	MICHIANA RECYCLING	D/B/A MICHIANA				Policyholder has no pending claims and has not identified any potential claims.		
	& DISPOSAL	DISPOSAL SERVIC,				, ,		
INSU390076-01	COMPANY, INC. MIDWEST GRAIN	227 REUM ROAD	NILES	MI	49120	Policyholder has no pending claims and has	0.00	II
INSU160231-01	PRODUCTS	1300 MAIN ST	ATCHISON	KS	66002	not identified any potential claims.	0.00	[]
INSU160232-01	MIDWEST GRAIN PRODUCTS	1300 MAIN STREET	ATCHISON	KS	66002	Policyholder has no pending claims and has not identified any potential claims.	0.00	11
	MIDWEST GRAIN	1300 MAIN STREET, ATT: DAVID E.			00002	Policyholder has no pending claims and has not identified any potential claims.		.,
INSU90065-01	PRODUCTS INC.	RIMDOM, VP	ATCHISON	KS	66002	· ·	0.00	
		_				Policyholder's WC claim has not been pursued for 13 years. The claimant has not presented a claim against The Home. Should the claim		
11.01.100507.04	MINNESOTA LIMITED					reactivate it would be sent to the Minnesota Ins		
INSU29567-01	INC.	P O BOX 410	BIG LAKE	MN	55309-0410	Guaranty Assoc. Claimant's underlying WC claim is being	0.00	Н
		APT 2 1576 STATE				handled and will be concluded, by Mississippi		
CLMN379640-01	PATRICK DENNIS	ROUTE 49, P O BOX 118	CONSTANTIA	NY	13044	Ins Guaranty Assoc. No further claim asserted against The Home.	0.00	11
		JANET R. LEUMAN,				The Policyholder's underlying claim is not being pursued because the Policyholder prevailed in	,	
INSU462603-01	PROFORM INC. C/O	DARIUS CORP.,7901 XERXES AVE. SOUTH	MINNEAPOLIS	MN	55431	the suit. The Policyholder is not asserting a claim against The Home.	0.00	Ħ
To the state of th	RENITA DEROUSSE					The Claimant accepted a settlement of the WC claim prior to Home's liquidation. No new claim has been presented. Therefore, no further		
CLMN712636-01	TODD	326 LOUISIANA ST	PADUCAH	KY	42003	claim against The Home.	0.00	II .
	DIAWED MATERIAL O					Policyholder filed for returned premium under their retrospective premium program. Additional adjustments subsequent to the POC filing show		
INSU274807-01	RINKER MATERIALS	1501 BELVEDERE ROAD	WEST PALM BEACH	FL	33406	amounts due The Home. Therefore the POC is disallowed.	0.00	Н
						Policyholder filed for returned premium under their retrospective premium program. Additional adjustments subsequent to the POC filing show	3.00	
INSU29979-01	RINKER MATERIALS CORPORATION	1501 BELVEDERE ROAD	WEST PALM BEACH	FL	33406	amounts due The Home. Therefore the POC is disallowed.	0.00	11

NOD Number	Claimant Name	Address					NOD Amount	NOD
NOD Number	Cialifiant Name	Address	<del>- 1</del>	<del>- 1</del>		Brief Description	Recommended	Class
						Policyholder filed for returned premium under		
			İ			their retrospective premium program. Additional		
	DINIKED MATERIAL C			- [		adjustments subsequent to the POC filing show		
111011700440 04	RINKER MATERIALS	1501 BELVEDERE			1	amounts due The Home. Therefore the POC is		
INSU700416-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	
				1	ĺ	Policyholder filed for returned premium under		
				ĺ		their retrospective premium program. Additional		
						adjustments subsequent to the POC filing show		
l	RINKER MATERIALS	1501 BELVEDERE				amounts due The Home. Therefore the POC is		
INSU700417-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	11
	1					Policyholder filed for returned premium under		
						their retrospective premium program. Additional		
						adjustments subsequent to the POC filing show		
	RINKER MATERIALS	1501 BELVEDERE				amounts due The Home. Therefore the POC is		
INSU700418-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	11
						Policyholder filed for returned premium under		
				ı		their retrospective premium program. Additional	1	
						adjustments subsequent to the POC filing show		
	RINKER MATERIALS	1501 BELVEDERE			Ī	amounts due The Home. Therefore the POC is		
INSU700419-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	
						Policyholder filed for returned premium under		
				1		their retrospective premium program. Additional		
İ						adjustments subsequent to the POC filing show		
	RINKER MATERIALS	1501 BELVEDERE		1	İ	amounts due The Home. Therefore the POC is		
INSU700420-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	11
					1	Policyholder filed for returned premium under		
				1		their retrospective premium program. Additional		
						adjustments subsequent to the POC filing show		
	RINKER MATERIALS	1501 BELVEDERE				amounts due The Home. Therefore the POC is		
INSU700421-01	CORPORATION	ROAD	WEST PALM BEACH	FL	33406	disallowed.	0.00	11
		1.0.0	TTEOT TREM DEPORT	+	00400	Claimant's underlying suit was fully resolved	0.00	11
		C/O SIMMONS				without involvement by The Home. The insured		
		COOPER LLC, 707				is not pursing a claim against The Home.		
CLMN708230-01	ROBERT C BEYER	BERKSHIRE BLVD	E ALTON	l <sub>IL</sub>	62024	no not pursing a claim against the nome.	0.00	П
OLIVII V 7 00200-01	INOULIN O DETEN	DEI MOI IIINE BEVD	IL ALTON	1'-	02024	Policyholder's underlying suit was fully resolved	0.00	11
				1				
	SEYMORE OF					without involvement by The Home. The insured		
INSU700561-01	SYCAMORE	917 CROSBY AVE	SYCAMORE	1	60470	is not pursing a claim against The Home.	0.00	,
[IN3070000 I-01	19 I CAIVIURE	Tall CKOSBI WAE	SYCAMORE		60178		0.00	II

NOD Number	Claimant Name	Address					NOD Amount	NOD
NOD Number	Giaimant Name	Address			<del></del>	Brief Description	Recommended	Class
						Policyholder's underlying claim is for future		
						coverage under their retrospective premium program. One claim is open and will be		
						concluded by the Montana Ins Guaranty		
						Association. No other evidence in support of a		
	SINCLAIR OIL					claim having been presented, the remainder is		l
INSU250283-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	lυτ	84130-0825	disallowed.	0.00	11
11100200200 01	- OOK OKKNOK	1.0.00000	OALT LAKE OTT	-   0	04130-0023	Policyholder's underlying claim is for future	0.00	11
						coverage under their retrospective premium		l
						program. One claim is open and will be		1
						concluded by the Montana Ins Guaranty		ı
						Association. No other evidence in support of a		l
	SINCLAIR OIL					claim having been presented, the remainder is		
INSU277596-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	lut	84130-0825	disallowed.	0.00	11
				<del>- -</del> -	101100 0020	Policyholder's underlying claim is for future	0.00	
				ļ		coverage under their retrospective premium		
						program. One claim is open and will be		į
						concluded by the Montana Ins Guaranty		I
				ļ		Association. No other evidence in support of a		I
	SINCLAIR OIL					claim having been presented, the remainder is		I
INSU29876-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	UT	84130-0825	disallowed.	0.00	11
						Policyholder's underlying claim is for future		
						coverage under their retrospective premium		
}						program. One claim is open and will be		
						concluded by the Montana Ins Guaranty		
						Association. No other evidence in support of a		
	SINCLAIR OIL					claim having been presented, the remainder is		
INSU462412-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	UT	84130-0825	disallowed.	0.00	
						Policyholder's underlying claim is for future		
						coverage under their retrospective premium		
						program. One claim is open and will be		
						concluded by the Montana Ins Guaranty		
						Association. No other evidence in support of a		
	SINCLAIR OIL			İ		claim having been presented, the remainder is		
INSU700950-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	UT	84130-0825	disallowed.	0.00	
						Policyholder's underlying claim is for future		
						coverage under their retrospective premium		
						program. One claim is open and will be		
						concluded by the Montana Ins Guaranty		
,	CINCL AID OIL					Association. No other evidence in support of a		
INICUI7000E0 04	SINCLAIR OIL	B O BOY 2025	CALT LAKE OF	l		claim having been presented, the remainder is		
INSU700959-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	UT	84130-0825	disallowed.	0.00	

NOD Wk	61						NOD Amount	NOD
NOD Number	Claimant Name	Address		1,000,000	<u> </u>	Brief Description	Recommended	Class
						Policyholder's underlying claim is for future		
						coverage under their retrospective premium		
						program. One claim is open and will be		
						concluded by the Montana Ins Guaranty		
	SINCLAIR OIL			1		Association. No other evidence in support of a		
INSU700966-01	CORPORATION	D O DOY 2000F	CALT LAKE OITY		0.4400.0005	claim having been presented, the remainder is	0.00	
11/20/00900-01	CORPORATION	P.O. BOX 30825	SALT LAKE CITY	UT	84130-0825	disallowed.	0.00	<u> </u>
	1					Claimant's underlying WC claim is being		
	CTANDEY	ATTN: WILLIAM				handled and will be concluded, by New		
INCLIA 4 5 7 0 4	STANDEX	DONLON, SIX MANOR		l		Hampshire Ins Guaranty Assoc. No further	2.22	
INSU41457-01	INTERNATIONAL	PARKWAY	SALEM	NH	03079	claim asserted against The Home.	0.00	
	CTANDEY					Claimant's underlying WC claim is being		
	STANDEX	ATTN: WILLIAM				handled and will be concluded, by New York		
NO.1450000 04	INTERNATIONAL	DONLON, SIX MANOR				Liquidation Bureau. No further claim asserted	2.22	
INSU156393-01	CORPORATION	PARKWAY	SALEM	NH	03079	against The Home.	0.00	
	OTANDEN.			ļ		Claimant's underlying WC claim is being		
	STANDEX	6 MANOR PARKWAY,			İ	handled and will be concluded, by		
	INTERNATIONAL	ATTN: WILLIAM				Massachusetts Ins Guaranty Assoc. No further		
INSU90191-01	CORPORATION	DONLON	SALEM	NH	03820	claim asserted against The Home.	0.00	
	CTILES TOUGH INE	ATT'N. KURT D.				Policyholder has no pending claims and has		
INCLIDADADO DA	STILES TRUCK LINE	STILES, 1901 JASMINE		<u></u>		not identified any potential claims.	2.22	
INSU218489-01	INC.	ST.	PASADENA	TX_	77503	<u> </u>	0.00	[]
						Claimant's underlying WC claim is being		
		40 WEST POINT		ı	ļ	handled and will be concluded, by New York		
0045004000 04	THEREON LONG	HIGHWAY, BLDG 7		l		Liquidation Bureau. No further claim asserted		
OSAP281030-01	THERESA LOAIZA	APT 22	HIGHLAND FALLS	NY	10928	against The Home.	0.00	
	TURNER					Policyholder's underlying claims are outside of		
INSU26823-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	
	TURNER					Policyholder's underlying claims are outside of		
INSU701794-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	<u>  </u>
	TURNER		_			Policyholder's underlying claims are outside of		
INSU701795-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	
	TURNER					Policyholder's underlying claims are outside of		
INSU701796-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	1
	TURNER					Policyholder's underlying claims are outside of		
INSU701797-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	11
	TURNER					Policyholder's underlying claims are outside of		
INSU701798-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	H
	TURNER					Policyholder's underlying claims are outside of		
INSU701799-01	CONSTRUCTION CO	375 HUDSON STREET	NEW YORK	NY	10014	The Home's coverage.	0.00	П
						Policyholder's underlying claims are outside of		
	TUDNED	ATT'N: CHRISTOPHER			1	The Home's coverage.		
11.01.10.000.	TURNER	T. SMITH, 50 TICE						
INSU26822-01	CONSTRUCTION CO.	BOULEVARD	WOODCLIFF LAKE	NJ	07677		0.00	II .

### Liquidator's Report of Claims and Recommendations Dated June 24, 2009 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To)

			Distribution	s will	be subjec	t to set off.		
NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU205700-01	USOIL	ATT: MARJORIE YOUNG, 425 S. WASHINGTON ST.	COMBINED LOCKS	wı	54113	Policyholder's underlying claims are outside of The Home's coverage.	0.00	11
INSU701813-01	USOIL	425 S. WASHINGTON ST. PO 25	COMBINED LOCKS	WI	54113	Policyholder's underlying claims are outside of The Home's coverage.	0.00	I
INSU701814-01	U S OIL	425 S. WASHINGTON ST. PO 25	COMBINED LOCKS	wı	54113	Policyholder's underlying claims are outside of The Home's coverage.	0.00	11

## Liquidator's Report of Claims and Recommendations Dated June 24, 2009 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To) Distributions will be subject to set off.

							NOD Amount	NOD
NOD Number	Claimant Name	Address				Brief Description	Recommended	Class
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU275202-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	11
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702213-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	ll .
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702214-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	ll l
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702215-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702216-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	
	VULCAN MATERIALS	Ì				Policyholder's underlying claims are outside of		
INSU702218-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	11
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702219-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	11
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702220-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702221-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	<u>II</u>
	VULCAN MATERIALS			İ		Policyholder's underlying claims are outside of		
INSU702222-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	
	VULCAN MATERIALS			İ		Policyholder's underlying claims are outside of		
INSU702225-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	<u>II</u>
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702226-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	II
	VULCAN MATERIALS					Policyholder's underlying claims are outside of		
INSU702235-01	COMPANY	PO BOX 385014	BIRMINGHAM	AL	35238-5014	The Home's coverage.	0.00	11

Current Recommendation Class II Allowances: 1,760,158.28
Prior Total Submitted Class II Allowances: 460,261,109.42
Previously Court Approved Class II Settlement Agreements: 178,821,076.00
The Home in Liquidation Total Class II Recommended Allowances: 640,842,343.70 Class II

AMBC465052-01	1	WILLIAM T. WALLS, PRESIDENT	BOSTON	MA	02108	Reinsurance claim for losses ceded to Home Ins Co. under various contracts.	0.00	V
VEND700160-01	JONES, WALKER,	MR. RICHARD TYLER, 201 ST. CHARLES AVE. STE. 5100	NEW ORLEANS	LA	70170	Allowance for unpaid verified legal fees and/or expenses incurred prior to rehabilitation.	7,700.00	V
RAHM700612-38	KX REINSURANCE CO LTD C/O TAWA	I	LONDON, ENGLAND		E14 9SG	Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	44,950.88	V

# Liquidator's Report of Claims and Recommendations Dated June 24, 2009 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To) Distributions will be subject to set off.

uoo v	au :						NOD Amount	NOD
NOD Number	Claimant Name	Address		<del></del>		Brief Description	Recommended	Class
						Allowance for unpaid verified legal fees and/or		
		MR. KEVIN MAHER,		Ì		expenses incurred prior to rehabilitation.		
VEND350694-01	MAHER & WILLIAMS	ESQ., PO BOX 550	FAIRFIELD	СТ	06430		62,467.84	V
				ł		Claim for unpaid verified legal fees and/or		
	MAHER AND			İ		expenses incurred prior to rehabilitation. See		
OSAP282150-01	WILLIAMS	PO BOX 550	FAIRFIELD	СТ	06430	allowance under VEND350694-01.	0.00	V
	NATIONWIDE MUTUAL	P O BOX 8101, C/O				Reinsurance claim for losses ceded to Home		
	INSURANCE	NATIONWIDE			Ī	Ins Co. UK through AFIA under various		
INTL709590-17	COMPANY	INDEMNITY400 WE	WAUSAU	WI	54402-8101	contracts.	189,690,12	V
	OLD REPUBLIC			1		Reinsurance claim for losses ceded to Home	······································	
	INSURANCE	ALDO C. ZUCARO.				Ins Co. under various contracts.		
	COMPANY &	CHAIRMAN.			İ			
AMBC465602-01	AFFILIATES	PRESIDENT AND CEO	CHICAGO	l <sub>IL</sub>	60601		0.00	V
	REPUBLIC	2727 TURTLE CREEK				Reinsurance claim for losses ceded to Home		
RAHM331299-01	I .	BLVD	DALLAS	TX	75219	Ins Co. under various contracts.	0.00	٧
	THE DOMINION			1		Reinsurance claim for losses ceded to Home		
	INSURANCE	2 KNOLL RISE, ROY	ORPINGTON, KENT,			Ins Co. UK through AFIA under various		
RAHM331425-12		BEDBOROUGH	ENGLAND		BR6 0NX	contracts.	6,979.25	V
	UNIONAMERICA					Reinsurance claim for losses ceded to Home		<del>-</del>
	INSURANCE	2 AMERICA SQUARE.				Ins Co. UK through AFIA under various		
INTL700695-44		C/O ENSTAR (EU) LTD	LONDON, ENGLAND	]	EC3N 2LU	contracts.	65,715.63	V
	WUSTENROT			1		Reinsurance claim for losses ceded to Home		
	WURTTEMBERGISCHE	GUTENBERGSTRASS	STUTTGART.			Ins Co. UK through AFIA under various		
		E 30, 70176	GERMANY			contracts.	223,342.81	V

Current Recommendation Class V Allowances: 600,846.53
Prior Total Submitted Class V Allowances: 82,449,366.70
Previously Court Approved Class V Settlement Agreements: 94,798.00

The Home in Liquidation Total Class V Recommended Allowances: 83,145,011.23 Class V

#### Schedule 2

#### THE USI RE IN LIQUIDATION

## Liquidator's Report of Claims and Recommendations Dated June 24, 2009 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To

## Distributions will be subject to set off.

NOD Number	Claimant Name	Address				Brief Description	NOD AMOUNT RECOMMENDED	NOD CLASS
RAUS700693-01	ALLIANZ CORNHILL INTERNATIONAL INS. WFUM	ATTN: NARESH PATEL, C/O PRO INSURANCE SOLUTIONS	GLOUCESTER UKM GL1			Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	v
RAUS700696-01	ATLANTIC MUTUAL INSURANCE COMPANY (WFUM POOL)	BRUTON COURT, BRUTON WAY, C/O PRO INSURANCE SOLUTIONS LT	GLOUCESTER	UN	GL1 1DA	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS712706-01	BESTPARK INTERNATIONAL (FORMERLY TRENWICK INTERNATIONAL)	CORNHILL HOUSE 32, C/O LCL GROUP LTD	LONDON UKM EC3V3SG			Reinsurance claim for losses ceded to USI Re.	29,973.23	V
RAUS332849-01	CITY INTERNATIONAL INSURANCE COMPANY LIMITED	ATTN: JOHN STEPHENSON, C/O CAPITA-CMGL	LONDON UKM		EC3A 7NH	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332461-01	EQUITAS LIMITED	33 ST MARY AXE	LONDON UKM		EC3A 8LL	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS710503-01	HOUSTON GENERAL INSURANCE CO	ONE BEACON LANE	CANTON	MA	02021	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332195-01	HUI/UNICO IN LIQUIDATION	PO BOX 1350	HONOLULU	НІ	96807-1350	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332678-01	HUI/UNICO IN LIQUIDATION	PO BOX 1350, ATTN: BEN FUJIMOTO	HONOLULU	ні	96807-1350	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332271-01	ISLAND INSURANCE COMPANY LTD	1022 BETHEL ST, ATTN: PAUL IIJIMA	HONOLULU	н	96801	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS331687-01	MARSH LIMITED CLIENT & MARKET SERVICES	VICTORIA HOUSE QUEENS ROAD, ATTN: MATTHEW STACEY	NORWICH UKM		NR1 3QQ	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
	MITSUI FIRE & MARINE INSURANCE COMPANY WFUM	ATTN: NARESH PATEL, C/O PRO INSURANCE SOLUTIONS	GLOUCESTER UKM		GL1 1DA	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332694-01	ORDINARY MUTUAL	TOWERS PERRIN REIN, ATTN: CATHY KITAI-LIM	SAN FRANCISCO	CA	94101	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS700700-01		ATTN: NARESH PATEL, C/O PRO INSURANCE SOLUTIONS	GLOUCESTER UKM		GL1 1DA	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V

#### THE USI RE IN LIQUIDATION

## Liquidator's Report of Claims and Recommendations Dated June 24, 2009 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To

#### Distributions will be subject to set off.

NOD Number	Claimant Name	Address				Brief Description	NOD AMOUNT RECOMMENDED	NOD CLASS
RAUS704100-01	PMA CAPITAL INSURANCE COMPANY	ATTN: LISA HANSSEN, 1735 MARKET ST STE 2800	PHILADELPHIA	PA	19103	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332563-01	REPUBLIC INSURANCE CO	3333 LEE PARKWAY, SUITE 200, ATTN: TOM ELLIS	DALLAS	TX	75219-5122	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS712709-01	STATEWIDE INSURANCE COMPANY IN LIQUIDATION C/O OFFICE OF THE SPEC	222 MERCHANDISE MART PLAZA, SUITE 1450	CHICAGO	IL	60654	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332063-01	STONEBRIDGE CASUALTY INS. CO. C/O SHORT HILLS MANAGEMENT COMPANY	51 JFK PARKWAY, ATTN: SONIA HOFF	SHORT HILLS	NJ	07078	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS700715-01	THE COPENHAGEN REINSURANCE CO. LTD.	7 MIDTERMOLEN, ATTN: LISETTE TONIA NYGAARD	COPENHAGEN DEN		DK2100	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	v
RAUS700701-01	TOKIO MARINE & FIRE INSURANCE WFUM	ATTN: NARESH PATEL, C/O PRO INSURANCE SOLUTIONS	GLOUCESTER UKM		GL1 1DA	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332757-01	UNITED CAPITOL INSURANCE COMPANY IN LIQUIDATION	C/O OFFICE OF THE SPECIAL DEPU, ATTN: LEE ASBRIDGE	CHICAGO	IL.	60654	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
RAUS332798-01	WARWICK INS CO IN LIQUIDATION	3 WING DRIVE SUITE 260, P O BO, ATTN: SHERR JONES	CEDAR KNOLLS	NJ	07927-0554	Claim denied because claimant did not submit support for its claim by the December 31, 2008 Claim Amendment Deadline.	0.00	V
INTL460348-01	SWISS RE ITALIA S.P.A.	VIE DEI GIUOCHI ISTMICI 40, ATTN: EUGENIO DICARLI	ROME ITA			Reinsurance claim for losses ceded to USI Re.	2,686.22	V

Current Recommendation Class V Allowances: 32,659.45
Prior Total Submitted and Approved Class V Allowances: 3,894,400.62
Previously Court Approved Class V Settlement Agreements: 9,806.00
USI RE in Liquidation Total Class V Recommended/Approved Allowances: 3,936,866.07 CLASS V