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 OCTOBER 11, 2010

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), 2 (as to claims against USI Re), and 3 ("Gonya" claims). 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. The claims described on Schedule 3 reflect determinations that the third-party claimant proofs of claim were incomplete because the insured was not identified and 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. See RSA 402-C:38, I(b) ("No claim need be considered or allowed if it does not contain all the information under subparagraph (a) which may be applicable."). The Liquidator sent letters to the claimants' law firms requesting that they complete the proofs 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). In the absence of any response, the Liquidator issued notices of determination denying the proofs of claim.
- 3. In accordance with RSA 402-C:45, I, the Liquidator hereby reports on the claims set forth on Schedules 1 through 3 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: November $\frac{9}{2}$, 2010

Certificate of Service

I hereby certify that a copy of the foregoing Liquidator's Report of Claims and Recommendations as of October 11, 2010 and a proposed form of order were sent, this day of November, 2010, 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 Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU240590-01	ALPHA BETA/AMERICAN STORES COMPANY/ALBERTSONS	C/O ALBERTSON'S INC, 155 NORTH 400 WEST, SUITE 300	SALT LAKE CITY	UT	84103	The Insured's excess W/C claims are being handled and will be concluded, by the California Ins. Guarantee Association. No further claim asserted against The Home.	0.00	11
INSU246662-01	AMERICAN BLUE RIBBON HOLDINGS, LLC	400 WEST 48TH AVENUE	DENVER	CO	80216	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	11
INSU277459-01	AMERICAN BLUE RIBBON HOLDINGS,	400 WEST 48TH AVENUE	DENVER	СО	80216	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	H
CLMN377933-01	ANTHONY RASKOB	20005 ABILENE LANE	CORCORAN	MN	55340	Claimant's underlying W/C claim is being handled and will be concluded, by the Minnesota Ins. Guaranty Association. No further claim asserted against The Home.	0.00	11
CLMN380776-01	ANTONIO & LUCILLE SANTINI C/O BOSTON,HOLT, STOCKWELL & DURHAM LLC	ATT'N. BEN BOSTON, P.O. BOX 357	LAWRENCEBURG		38464	The underlying claim was abandoned. No further claim asserted against the insured or The Home.	0.00	11
INSU205039-01	ARGENBRIGHT HOLDINGS	2000 RIVEREDGE PKWY NW SUITE GL-100	ATLANTA	GA	30328	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	11
INSU205040-01	ARGENBRIGHT HOLDINGS INC	2000 RIVEREDGE PKWY NW SUITE GL-100	ATLANTA	GA	30328	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	11
INSU205240-01	ARGENBRIGHT HOLDINGS INC	2000 RIVEREDGE PKWY NW SUITE GL-100	ATLANTA	GA	30328	The Insured's filed for non-specific policy holder protection. All the underlying claims were resolved and closed with no impact to The Home policy. The unsubstantiated policy holder protection claim is disallowed.	0.00	II
INSU82953-01	ARGENBRIGHT SECURITY INC. C/O G4S GOVERNMENT SERVICES INC	2000 RIVEREDGE PKWY NW, SUITE GL100	ATŁANTA	GA	30328	The Insured's two W/C claims are being handled and will be concluded, by New York Liquidation Bureau and Kentucky Ins. Guaranty Association respectively. No further claim asserted against The Home.	0.00	11

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU268692-01	ARGENBRIGHT SECURITY INC C/O G4S GOVERNMENT SERVICES INC	2000 RIVEREDGE PKWY NW, SUITE GL100	ATLANTA	GA	30328	The Insured's filed for non-specific policy holder protection along with one individual claim. The individual claim is being handled and will be concluded, by the California Ins. Guarantee Association. The unsubstantiated policy holder protection claim is disallowed.	0.00	11
INSU268695-01	ARGENBRIGHT SECURITY INC C/O G4S GOVERNMENT SERVICES INC	2000 RIVEREDGE PKWY NW, SUITE GL100	ATLANTA	GA	30328	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	11
INSU29479-01	ARGENBRIGHT SECURITY INC C/O G4S GOVERNMENT SERVICES INC	2000 RIVEREDGE PKWY NW, SUITE GL100	ATLANTA	GA	30328	The Insured's underlying W/C claim is being handled and will be concluded, by the Tennessee Ins. Guaranty Association. Any retrospective premium issues will be addressed independently, as warranted.	0.00	11
INSU29961-01	ARGENBRIGHT SECURITY INC C/O G4S GOVERNMENT SERVICES INC	2000 RIVEREDGE PKWY NW, SUITE GL100	ATLANTA	GA	30328	The Insured filed for non-specific policy holder protection. All the underlying claims were resolved and closed with no impact to The Home policy. The unsubstantiated policy holder protection claim is disallowed. No further claim asserted against The Home.	0.00	11
CLMN712718-01	BRIAN WEMPLE	24165 M-78	BATTLE CREEK	MI	49017	Claimant's underlying W/C claim was settled by the Michigan Ins. Guaranty Association. All benefits have been paid. No further claim asserted against The Home.	0.00	11
VEND341561-02	BRISTOL-MYERS SQUIBB COMPANY	P.O. BOX 4000	PRINCETON	NJ	08543-4000	Insured's counsel confirmed all the underlying cases have been resolved and they are not pursuing The Home. No further claim asserted against The Home.	0.00	11
INSU390078-01	BUTLER, RUBIN,SALTARELLI & BOYD	GERALD G. SALTARELLI, 70 WEST MADISON ST., #1800	CHICAGO	IL.	60602	The Insured's claim was denied because they did not provide support for the claim. No further claim asserted against The Home. Insured's counsel confirmed all the underlying	0.00	11
INSU711599-02	C/O MARGARET A. DALE, ESQ., PROSKAUER ROSE LLP;	1585 BROADWAY	NEW YORK	NY	10036-8299	cases have been resolved and they are not pursuing The Home. No further claim asserted against The Home.	0.00	11
VEND345783-01	CARL LEARY	850 LUMINARY CIRCLE, #105	MELBOURNE	FL	32901	Claimant's underlying W/C claim is being handled and will be concluded, by the New York Liquidation Bureau. No further claim asserted against The Home.	0.00	11
CLMN378824-01	CAROL SHAND	1827 CADDINGTON DR., #29	RANCHO PALOS VERDES	CA	90275	Claimant's underlying W/C claim is being handled and will be concluded, by the California Ins. Guarantee Association. No further claim asserted against The Home.	0.00	100

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To)

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
CLMN711315-01	CLARENCE BENNETT	41 PELLINORE COURT	PIKESVILLE	MD	212208	Claimant's underlying W/C claim was being handled and concluded, by the Maryland Property and Casualty Ins. Guaranty Association. No further claim asserted against The Home.	0.00	II
INSU274344-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	II
INSU274360-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	11
INSU701117-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	II
INSU701118-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	П
INSU701119-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	11
INSU701120-01	COOPER T SMITH STEVEDORING CO	118 N ROYAL ST	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	II
INSU246208-01	1	ATT: B. W. PITTMAN, 118 NORTH ROYAL ST.	MOBILE	AL	36602	The Insured has advised that it will not further pursue recovery of its W/C related asbestos claims. As no further claim is asserted against The Home, the matter is disallowed.	0.00	H
CLMN712656-01	CRAIG CARTER	940 SW 52ND ST	OKLAHOMA CITY	ок	73109	Claimant's underlying W/C claim is being handled and will be concluded, by the Oklahoma Ins. Guaranty Association. No further claim asserted against The Home.	0.00	
INSU240631-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12 Partial allowance to the Insured for verified	0.00	II
INSU275224-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	paid losses and expenses. See allowance under INSU240626-12	0.00	I ¥

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU275238-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	II
						Partial allowance to the Insured for verified paid losses and expenses. See allowance		
INSU275239-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12 Partial allowance to the Insured for verified	0.00	II
INSU275240-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	paid losses and expenses. See allowance under INSU240626-12	0.00	11
INSU275334-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	II
INSU275335-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	II
INSU275410-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	11
INSU275411-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	11
INSU275412-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	
INSU275578-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	
INSU240626-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses.	141,863.00	- 11
INSU240627-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	<u>II</u>
INSU702911-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	11
INSU702913-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	
INSU702914-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	<u>II</u>
INSU702915-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	11
INSU702916-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	
INSU702917-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	Partial allowance to the Insured for verified paid losses and expenses. See allowance under INSU240626-12	0.00	

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
						Partial allowance to the Insured for verified paid losses and expenses. See allowance		
INSU702918-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	l)
						Partial allowance to the Insured for verified		
						paid losses and expenses. See allowance		
INSU702919-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	11
						Partial allowance to the Insured for verified		
INSU702920-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INIDIANADOLIO		10005	paid losses and expenses. See allowance	2 00	
11/30/02920-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	
						Partial allowance to the Insured for verified paid losses and expenses. See allowance		
INSU702921-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	11
		LIEET GOTA GRAVE GERTIER	INDIANA OLIO	1114	40203	Partial allowance to the Insured for verified	0.00	
						paid losses and expenses. See allowance		
INSU702922-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	11
						Partial allowance to the Insured for verified	0.00	
						paid losses and expenses. See allowance		
INSU702923-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	П
						Partial allowance to the Insured for verified		
						paid losses and expenses. See allowance	ĺ	
INSU702924-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	- 11
						Partial allowance to the Insured for verified		
INCLIZACIONE 40	[FILL	LILLY CORPORATE OF VITER		1		paid losses and expenses. See allowance		
INSU702925-12	ELI LILLY & CO	LILLY CORPORATE CENTER	INDIANAPOLIS	IN	46285	under INSU240626-12	0.00	
						Claimant's underlying W/C claim is being		
						handled and will be concluded, by the Oregon Ins. Guaranty Association. No further claim		
CLMN379691-01	EUGENE CASSENS	3235 SW ISAAC AVE.	PENDLETON	lor	97801	asserted against The Home.	0.00	11
		0200 011 10, 110 1112	T ENDLE TON	101	37001	Policyholder has no pending claim and has	0.00	11
INSU204947-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
				1	10000.	Policyholder has no pending claim and has	0.00	
INSU206956-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	Ш
						Policyholder has no pending claim and has		
INSU29451-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
						Policyholder has no pending claim and has		
INSU703109-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	CT	06851	not identified any potential claims.	0.00	
10011700110 01	FIGURE PORTER COMPANY	0/0 400 10/0 50/ 1/500/57				Policyholder has no pending claim and has		
INSU703110-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	
INSU703111-01	FISHER PORTER COMPANY	C/O ADD INC. FOR MEDDITE ?	NODWALK	l _C +	00051	Policyholder has no pending claim and has	2 2 2	
11100100111-01	I ISHER FOR LER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	
INSU703112-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	Policyholder has no pending claim and has not identified any potential claims.	0.00	11
	I STILL ON LENGOWN AND	O/O ADD INC, 301 WERRITT	INCINVALA	101	00001	Policyholder has no pending claim and has	0.00	11
INSU703113-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	Ш
				 	100001	Policyholder has no pending claim and has	0.00	11
INSU703114-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
				1	1	Policyholder has no pending claim and has	0.00	***************************************
INSU703115-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	П
						Policyholder has no pending claim and has		
INSU703116-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11

INSUT03118-01 FISHER PORTER COMPANY	NOD Number	Claimant Name	Address	The Company of Tags			Brief Description	NOD Amount Recommended	NOD Class
INSUT03118-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0					T	T	Policyholder has no pending claim and has		***************************************
NSU70318-01 FISHER PORTER COMPANY	INSU703117-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
INSUT0319-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06861 not identified any potential claims O.1	······································						Policyholder has no pending claim and has		
INSUT03139-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 08851 not identified any potential claims O.1	INSU703118-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
INSUT03120-01 FISHER PORTER COMPANY							Policyholder has no pending claim and has		
INSUT03128-01 FISHER PORTER COMPANY CIO ABB INC, 501 MERRITT 7 NORWALK CT 06861 not itertified any potential claims 0.01	NSU703119-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
INSUT03121-01 INSUT03122-01 INSUT03123-01 INSUT0313-01 IN							Policyholder has no pending claim and has		
INSUT03121-01 FISHER PORTER COMPANY CO ABB INC, 501 MERRITT 7 NORWALK CT 06851 NORWALK CT 0	NSU703120-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851	not identified any potential claims.	0.00	11
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INSU703134-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 Not identified any potential claims. 0.0 Policyholder has no pending claim and has not identified any potential claims. 0.0 INSU703135-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 Policyholder has no pending claim and has not identified any potential claims. 0.0 INSU703107-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. Policyholder has no pending claim and has not identified any potential claims. Policyholder has no pending claim and has not identified any potential claims. C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. CIaimant's W/C claim was settled by the Wisconsin Ins. Guaranty Association. All benefits have been paid. No further claim asserted against The Home. CLMN377179-01 GARY DAVIS OSHKOSH WI 54902 asserted against The Home. Claimant's W/C claim is being handled and									
INSU703134-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703135-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703107-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified	NSU703133-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRITT 7	NORWALK	СТ	06851		0.00	
INSU703135-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0		SIGNED DODGED COMPANY	0.00 100 0.00 0.00 0.00 0.00 0.00 0.00	NOPWALL				0.00	
INSU703135-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703107-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 Policyholder has no pending claim and has not identified any potential claims. 0.0 Claimant's W/C claim was settled by the Wisconsin Ins. Guaranty Association. All benefits have been paid. No further claim asserted against The Home. 0.0 CLMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 asserted against The Home. 0.0 Claimant's W/C claim is being handled and	NSU703134-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRIT /	NORWALK	CI	06851		0.00	
INSU703107-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 Policyholder has no pending claim and has not identified any potential claims. Policyholder has no pending claim and has not identified any potential claims. Policyholder has no pending claim and has not identified any potential claims. C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. Claimant's W/C claim was settled by the Wisconsin Ins. Guaranty Association. All benefits have been paid. No further claim and has not identified any potential claims. CLIMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 asserted against The Home. O.C Claimant's W/C claim is being handled and	11011700405.04	FIGURE BORTER COMPANY	OIO ADDINIO FOI MEDDITT	ALODIA (ALL)		00054	, ,	0.00	
INSU703107-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.00 NORWALK CT 06851 not identified any	NSU/03135-01	FISHER PORTER COMPANY	C/O ABB INC, 501 MERRIT 7	NORWALK	CI	06851		0.00	<u> </u>
INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 Policyholder has no pending claim and has not identified any potential claims. Claimant's W/C claim was settled by the Wisconsin Ins. Guaranty Association. All benefits have been paid. No further claim CLMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 asserted against The Home. Claimant's W/C claim is being handled and	NO.1700407-04	FIGUED DODTED COMPANY	CIO ADDINIC FOR MEDDITE	NODWALK	l _C T	00054		0.00	ш
INSU703108-01 FISHER PORTER COMPANY C/O ABB INC, 501 MERRITT 7 NORWALK CT 06851 not identified any potential claims. 0.0 Claimant's W/C claim was settled by the Wisconsin Ins. Guaranty Association. All benefits have been paid. No further claim asserted against The Home. 0.0 Claimant's W/C claim is being handled and	NSU/U31U/-U1	ILIOUER LOKIER COMPANY	C/O ABB INC, 501 MERRIT I /	INORWALK	101	06851		0.00	
CLMN377179-01 GARY DAVIS CLMN377179-01 GARY	NOUT00400 04	FIGUED DODTED COMPANY	C/O ADD INC. FOI MEDDITE?	NODWALK	CT	00051		0.00	11
CLMN377179-01 GARY DAVIS CLMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 asserted against The Home. 0.00 Claimant's W/C claim is being handled and	NOU/U3 108-01	FISHER PURIER CUMPANY	U/U ABB INC, SUT MERKITT /	NORWALK	101	100001		0.00	
CLMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 benefits have been paid. No further claim asserted against The Home. OCIaimant's W/C claim is being handled and									
CLMN377179-01 GARY DAVIS 1059 W 9TH AVE OSHKOSH WI 54902 asserted against The Home. Claimant's W/C claim is being handled and							1		
Claimant's W/C claim is being handled and	CL MAI 277170 01	CARY DAVIS	1050 W OTH AVE	USHKUSH	lva/I	54002	•	0.00	П
	7FIMINO11118-01	GAILLOUNIS	1009 AA BLU WAE	ОЗПКОЗП	VVI	104902		0.00	
							will be concluded, by the Texas Ins. Guaranty		
Association. No further claim asserted against					-				
	CL MAI377801-01	GROVER ENGLAND	2125 COUNTY PD #613	EARMEDS//IIIE	TY	75442	,	0.00	П

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
						Claimant's W/C claim is being handled and		
						will be concluded, by the Texas Ins. Guaranty		
						Association. The Guaranty Association has		
						closed the claim stating the claimant's		
						compensable injuries have been resolved. No		
CLMN377745-01	GUADALUPE RODRIGUEZ	P.O. BOX 1634	MISSION	lτx	78572	further claim asserted against The Home.	0.00	11
CLIVINS///45-01	GOADALOF E NODNIGOEZ	F.O. BOX 1034	IMIGGION	'^-	10372	The claim asserted against The Home. The claimant died 06/30/08. All W/C benefits	0.00	!!
						have been paid. No further claim asserted		
INSU210388-01	INVESTORS MANAGEMENT CORP	P. O. BOX 29502	RALEIGH	NC	27626	against The Home.	0.00	Ш
11/302 10300-01	THE STORE WATER CORE	1 . O. BOX 23302	IVALLION	INC	27020	Claimant's underlying W/C claim is being	0.00	
						handled and will be concluded, by the New		
			LIGHT HOUSE			York Liquidation Bureau. No further claim		
CLMN375516-01	JOHN VIVA	3011 N. E. 48TH STREET	POINT	FL	33064	asserted against The Home.	0.00	11
CEIVING/3310-01	JOHN VIVA	3011 N. E. 40111 31 NEE1	T OIN I	-	33004	The Insured, Brown Group, per the net worth	0.00	
						statutes, is handling this workers		
						compensation claim directly. The claimant's		
						claim againt The Home is disallowed. The	1	
						Insured's direct claim will be handled		
CLMN377596-01	JUANITA JACKSON	817 GRANT 167036	SHERIDAN	AR	72150	separately.	0.00	П
OLIVII 107 7 000-0 1	- CONTRACTOR CONTRACTO	017 017/417 107000	ONEIGH	 	172100	Insured's counsel confirmed all the underlying	0.00	
						cases have been resolved and they are not		
	KASOWITZ BENSON TORRES &	ATTN: DAVID A. THOMAS, ESQ., 101				pursuing The Home. No further claim		
INSU700196-01	FRIEDMAN	CALIFORNIA ST, SUITE 2300	SAN FRANCISCO	CA	94111	asserted against The Home.	0.00	П
1110010010001		0,1211 0,1111 0,112 2000	107.1111.1107000	 	†	Claimant's underlying W/C claim is being	0.00	
						handled and will be concluded, by the New		
						York Liquidation Bureau. No further claim		
CLMN473677-01	MARVIN SCHWARTZMAN	3950 E COCOPLUM CIRCLE	COCONUT CREEK	FL	33063	asserted against The Home.	0.00	П
						The claim was outside of The Home's		
		ATT: KENNETH R. FARLEY, ESQ., 121				coverage. No further claim asserted against		
CLMN713019-01	MICHELLE STRAWN	NORTH CENTRAL/PO BOX 748	IDABEL	ок	74745	The Home.	0.00	П
		C/O TOTTI & RODRIGUEZ DIAZ, P.O.				The claimant's underlying suit was dismissed.		
CLMN700393-01	PRIMA QUALITY FARMS	BOX 191732	SAN JUAN	PR	00919-1732	No further claim asserted against The Home.	0.00	II
						The Insured, Quad Graphics Inc, per the net		
						worth statutes, is handling its workers'		
						compensation claims directly. Under the		
						policy the insured is responsible for the first		
						\$250,000 per claim. The claims will not		
						exhaust this per claim amount. No further		
INSU206862-01	QUAD GRAPHICS INC	N63 W23075 MAIN ST	SUSSEX	WI	53089	claim asserted against The Home.	0.00	11
***************************************						The Insured, Quad Graphics Inc, per the net		
						worth statutes, is handling its workers'		
						compensation claims directly. Under the		
						policy the insured is responsible for the first		
						\$250,000 per claim. The claims will not		
						exhaust this per claim amount. No further		
INSU206912-01	QUAD GRAPHICS INC	N63W23075 HWY. 74	SUSSEX	WI	53089	claim asserted against The Home.	0.00	II

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 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	and the second			Brief Description	NOD Amount Recommended	NOD Class
						The Insured, Quad Graphics Inc, per the net worth statutes, is handling its workers'		
						compensation claims directly. Under the policy the insured is responsible for the first		
						\$250,000 per claim. The claims will not		
						exhaust this per claim amount. No further		
INSU277018-01	QUAD GRAPHICS INC	N63W23075 HWY. 74	SUSSEX	WI	53089	claim asserted against The Home.	0.00	П
						Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
				<u> </u> .		retrospective premium issues will be		
INSU29664-01	RE: G JANE MCCARDELL	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201-1778	addressed independently, as warranted.	0.00	
						The Insured's claim was denied because they		
			WESTLAKE			did not provide support for the claim. No		
INSU29447-01	SECURITAS SECURITY SERVICES	4330 PARK TERRACE DRIVE	VILLAGE	CA	91361	further claim asserted against The Home.	0.00	11
	SEVERSTAL N.A. ATTN: MICHAEL	14661 ROTUNDA DRIVE, P.O. BOX						
INSU29344-01	TUOMEY	1699	DEARBORN	MI	48120	Claim is outside of the Home's coverage.	0.00	11
						The Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
INC. 1040007 04	T.D. MOODIC & COMPANY	AAO NODTU EIETU AVENUE	CHAMPEDODUDO	D.4	17004	retrospective premium issues will be	0.00	
INSU242087-01	T.B. WOOD'S & SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted. The Insured's underlying W/C claim is being	0.00	11
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any	l	
						retrospective premium issues will be		
INSU101305-01	T.B. WOOD'S SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	11
					<u> </u>	The Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
						retrospective premium issues will be		
INSU239373-01	T.B. WOOD'S SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	
						The Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any retrospective premium issues will be		
INSU82663-01	T.B. WOOD'S SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	DΔ	17201	addressed independently, as warranted.	0.00	11
1140002000 01	T.B. WOOD GOOTE GOMINAL	THE THE TENE	OTHUBEROBOTO	1 / \	17201	The Insured's underlying W/C claim is being	0.00	
						handled and will be concluded, by the	-	
						Pennsylvania W/C Security Fund. Any		
						retrospective premium issues will be		
INSU91757-01	T.B. WOOD'S SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	
						The Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
INICI IOGEE 40 04	TR MOODS SOME CO. INC.	AAO NODTH EIETH AVE	CHAMPEDODUBO	Π.	47004	retrospective premium issues will be	0.00	- (1
INSU205542-01	T.B. WOODS SONS CO., INC.	440 NORTH FIFTH AVE.	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To)

	Claiman Nama	6.14.2.2				0.40	NOD Amount Recommended	NOD Class
NOD Number	Claimant Name	Address	T	T		Brief Description The Insured's underlying W/C claim is being	Recommended	Class
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
					1	retrospective premium issues will be	0.00	
INSU246656-01	T.B. WOODS SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	
						The Insured's underlying W/C claim is being		
					l	handled and will be concluded, by the		
					-	Pennsylvania W/C Security Fund. Any		
						retrospective premium issues will be		
INSU276997-01	T.B. WOODS SONS COMPANY	440 NORTH FIFTH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	П
						The Insured's underlying W/C claim is being		
						handled and will be concluded, by the		
						Pennsylvania W/C Security Fund. Any		
						retrospective premium issues will be		
INSU205541-01	T.B. WOODS SONS'S COMPANY, INC.	440 NORTH FIETH AVENUE	CHAMBERSBURG	PA	17201	addressed independently, as warranted.	0.00	II
1110020004101	T.B. WOODO COMO O COMO PRIVING	1440 NOINTI II TITAVENCE	OT IS WINDERTOBOTTO	 ` /`	111201	aggiographic interpretation in the second in the second interpretation in the second interpretation in the second interpretation in the second	0,00	
1						Claimant's underlying W/C claim is being		
						handled and will be concluded, by the New		
		ATT: JOYCE YOUNG, 123 GILLILAND				Jersey Workers Compensation Security Fund.		
OL MANI740044 04	THE ESTATE OF DAVID VOLING	· ·	PICKENS	sc	29671	No further claim asserted against The Home.	0.00	11
CLMN712244-01	THE ESTATE OF DAVID YOUNG	RD.	PICKENS	150	29671		0.00	11
				1		Claimant's underlying W/C claim is being		
				1		handled and will be concluded, by the		
				l		Minnesota Ins. Guaranty Association. No		
CLMN377911-01	THE ESTATE OF DEAN CAREY	84688 310TH ST.	MADELIA	MN	56062	further claim asserted against The Home.	0.00	
						Insured's counsel confirmed all the underlying		
		C/O HELLER EHRMAN WHITE &		ĺ		cases have been resolved and they are not		
INSU705239-01	VIAD CORP	MCAULIFFE LLP, 333 BUSH STREET	SAN FRANCISCO	CA	94104	pursuing The Home.	0.00	
						Insured's counsel confirmed all the underlying		
		C/O HELLER EHRMAN WHITE &				cases have been resolved and they are not		
INSU705241-01	VIAD CORP	MCAULIFFE LLP, 333 BUSH STREET	SAN FRANCISCO	CA	94104	pursuing The Home.	0.00	П
						Insured's counsel confirmed all the underlying		
		C/O HELLER EHRMAN WHITE &				cases have been resolved and they are not		
INSU705244-01	VIAD CORP	MCAULIFFE LLP, 333 BUSH STREET	SAN FRANCISCO	CA	94104	pursuing The Home.	0.00	11
				<u> </u>		Insured's counsel confirmed all the underlying		
		C/O HELLER EHRMAN WHITE &				cases have been resolved and they are not		
INSU705246-01	VIAD CORP	MCAULIFFE LLP, 333 BUSH STREET	SAN FRANCISCO	СА	94104	pursuing The Home.	0.00	11
1100703240-01	VIVE COLU	WO TO ENTIL EET, OOD DOOT OTTLEET	0/11/11/11/01/0000	10,1	104104	Insured's counsel confirmed all the underlying	0.00	
		C/O HELLER EHRMAN WHITE &				cases have been resolved and they are not		
INSU705247-01	VIAD CORP	MCAULIFFE LLP. 333 BUSH STREET	SAN FRANCISCO	C A	94104	pursuing The Home.	0.00	11
11130703247-01	VIAD CORP	WICAULIFFE LLF, 333 BUSH STREET	SAN FRANCISCO	CA	94104	pulsuring the florine.	0.00	
						The Insured filed for non-specific policy holder		
						protection along with three individual claims.		
						The three individual claims will be addressed		
						independently. The unsubstantiated policy		
INSU277654-01	VICORP RESTAURANTS INC	400 WEST 48TH AVENUE	DENVER	CO	80216	holder protection claim is disallowed.	0.00	

NOD Number	Claimant Name	Address	—		1	Brief Description	NOD Amount Recommended	NOD Class
INSU702392-01	VICORP RESTAURANTS INC	400 WEST 48TH AVENUE	DENVER	со	80216	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	#
INSU702393-01	VICORP RESTAURANTS INC	400 WEST 48TH AVENUE	DENVER	со	80216	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	II
INSU702394-01	VICORP RESTAURANTS INC	400 WEST 48TH AVENUE	DENVER	co	80216	The Insured filed for non-specific policy holder protection along with three individual claims. The three individual claims will be addressed independently. The unsubstantiated policy holder protection claim is disallowed.	0.00	II
INSU712431-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	11
INSU712432-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	ll.
INSU712433-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	li .
INSU712434-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	II
INSU712435-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	11
INSU712436-01	WIEGMANN AND ROSE INTL CORP	PO BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	11
INSU712442-01	WIEGMANN AND ROSE INTL CORP	P O BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	
INSU712443-01	WIEGMANN AND ROSE INTL CORP	P O BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	II
INSU712444-01	WIEGMANN AND ROSE INTL CORP	P O BOX 6721	GREENVILLE	sc	29606	Final allowance to the Insured for verified paid losses and expenses. See allowance under INSU712430-01.	0.00	<u> </u>
INSU712430-01	WIEGMANN AND ROSE INTL CORP C/O JOE F. OGBURN	RSI HOLDINGS, INC., P.O. BOX 1056	SHELBY	NC	28151-1056	Final allowance to the Insured for verified paid losses and expenses.	4,642.42	- 11

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 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	DON
NOD Number	Claimant Name	Address				Brief Description	Recommended	Class
						The Insured, City of Edna, per the net worth		
		1				statutes, is handling this workers		
						compensation related claim directly. The		
						claimant's claim against The Home is		
			SAINT LOUIS			disallowed. The Insured's direct claim will be		
CLMN377951-01	WILLIAM JOHN WALSH	3300 LOUISIANA AVENUE SO., # 428	PARK	MN	55426	handled separately.	0.00	H

Current Recommendation Class II Allowances: 146,505.42
Prior Total Submitted Class II Allowances: 523,670,693.95

Previously Court Approved Class II Settlement Agreements: 336,787,118.00
The Home in Liquidation Total Class II Recommended Allowances: 860,604,317.37 Class II

Home Ins Co. UK through AFIA under various

Partial Reinsurance claim for losses ceded to

Home Ins Co. UK through AFIA under various

75,881.68

79,072.87

V

				······································				
INTL713663-01	CATALINA LONDON LTD (FORMERLY AMERICAN RE)	18 MANSELL ST	LONDON UKM		E1 8AA	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	17,750.41	V
OSAP279083-01	CHAMPION MEDICAL SERVICES, P.C.	C/O GPS CONSULTING L.L.C., 271 RT 46 WEST SUITE G 208	FAIRFIELD	NJ	07004	The claim was outside of The Home's coverage.	0.00	V
RAHM331524-27	CX REINSURANCE COMPANY LIMITED	C/O TAWA, THE IRIS BUILDING, 193 MARSH WALL	LONDON, ENGLAND		E14 9SG	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	6,313.51	V
RAHM700630-87	EQUITAS LIMITED	33 ST MARY AXE	LONDON, ENGLAND		EC3A 8LL	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	28,511.63	
RAHM331170-20	EXCESS INSURANCE COMPANY LTD	DLM HOUSE DOWNLANDS BUSINESS P, LYONS WAY, WORTHING	WEST SUSSEX, ENGLAND		BN14 9RX	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	20,497.26	V
RAHM331170-21	EXCESS INSURANCE COMPANY LTD	DLM HOUSE DOWNLANDS BUSINESS P, LYONS WAY, WORTHING	WEST SUSSEX, ENGLAND		BN14 9RX	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	58.722.19	V
RAHM331170-22	EXCESS INSURANCE COMPANY LTD	DLM HOUSE DOWNLANDS BUSINESS P, LYONS WAY, WORTHING	WEST SUSSEX, ENGLAND		BN14 9RX	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	98,177.72	V
RAHM331170-23	EXCESS INSURANCE COMPANY LTD	DLM HOUSE DOWNLANDS BUSINESS P. LYONS WAY, WORTHING	WEST SUSSEX, ENGLAND		BN14 9RX	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	31,306.53	V
RAHM713625-01	GUARDIAN ASSURANCE P/C (SEE ABOVE)	BALLAM ROAD, LYTHAM ST ANNES	LANCASHIRE	uĸ	FY8 4JZ	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	7,669.12	V
RAHM700614-03	HIGHLANDS INSURANCE COMPANY (UK) LIMITED & HIGHLANDS UNDERWRITING	C/O PRO INSURANCE SOLUTIONS LI, BRUTON WAY	GLOUCESTER, UK		GL1 1DA	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	3,470.68	· · · · · · · · · · · · · · · · · · ·
				1		Partial Reinsurance claim for losses ceded to		

LONDON,

ENGLAND

WAUSAU

C/O NATIONWIDE INDEMNITY400 WE.

P O BOX 8101

E14 9SG

54402-8101

contracts.

contracts.

RAHM700612-53 KX REINSURANCE CO LTD C/O TAWA IRIS BUILDING, 193 MARSH WALL

NATIONWIDE MUTUAL INSURANCE

COMPANY

INTL709590-22

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 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
GOVT700071-13	1	STEVE HARMAN, DIRECTOR, 901 NORTH 7TH STREET	HARRISBURG	PA	17102	Security Fund claim for investment portfolio management fees was denied.	0.00	V
AMBC465690-01	PHARMACISTS MUTUAL INSURANCE COMPANY	ATT: EDWARD T. BERG, P O BOX 370	ALGONA	IA	50511	Underlying parties dismissed the Petition for Contribution and Reimbursement against The Home. No further claim asserted against The Home.	0.00	V
INTL460377-23	REPUBLIC INSURANCE COMPANY	3333 LEE PARKWAY, SUITE 200	DALLAS	TX	75219-5122	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	37,352.94	V
INTL278096-16	WINTERTHUR SWISS INSURANCE	C/O KMS INSURANCE SERVICES LTD, AMERICA HOUSE 2 AMERICA SQUARE	LONDON, ENGLAND		EC2N 2LU	Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	18.986.98	V
INTL277984-29	ZURICH VERSICHERUNG AUTIENGESELLSCHAFT(DEUTSCHLA ND)	C/O SCHEIBER & PARTNER, KENNEDYALLEE 97 D-60596	FRANKFURT, GERMANY			Partial Reinsurance claim for losses ceded to Home Ins Co. UK through AFIA under various contracts.	127,580.53	V

Current Recommendation Class V Allowances: 611,294.05
Prior Total Submitted Class V Allowances: 99,152,459.06

Previously Court Approved Class V Settlement Agreements: 169,582.89
The Home in Liquidation Total Class V Recommended Allowances: 99,933,336.00 Class V

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INTL700345-01	ZURICH INSURANCE COMPANY (ASIA) LTD.	LEVELS 15-17 CITYPLAZA 3, 14 TAIKOO WAN ROAD	HONG KONG			Reinsurance claim for verified paid losses ceded to USI Re.	30,662.00	V
AMBC464124-01	AMERISURE MUTUAL INSURANCE	26777 HALSTED RD	FARMINGTO N HILLS	MI	48333-2060	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
INTL460104-01	ST. PAUL REINSURANCE COMPANY LTD	THE ST PAUL HOUSE 27 CAMPERDOWN ST		UKM	E18 DS	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
INTL709401-01	HILLCOT UNDERWRITING MANAGEMENT	NO 1 STOKE RD	GUILDFORD SURREY	ENGLAND	GU1 4HW	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
PROD424113-01	GUY CARPENTER & COMPANY	ONE MADISON AVE 3RD FLOOR TOWER	NEW YORK	NY	100010-3658	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS710506-01	OLD REPUBLIC INSURANCE COMPANY	ATTN: WILLIAM DASSO 307 NORTH MICHIGAN AVE	CHICAGO	IL	60601	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RCED700425-01	ONE BEACON INSURANCE GROUP	ONE BEACON STREET	BOSTON	MA	02108	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332111-01	FIRST STATE INSURANCE COMPANY	C/O HORIZON MANAGEMENT GROUP 100 HIGH STREET	BOSTON	МА	02110-2301	Reinsurance claim for verified paid losses ceded to USI Re.	5.00	V

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
RAUS331791-01	FIRS ITALIANA DI ASS.NI SPA IN LCA	AW PROF LUDOVICO PAZZAGLIA VIA ADELMO NICCOLAI 24/26	ROMA	ITA	00155	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS331851-01	AMERICAN INTERNATIONAL GROUP INC	ATTN: JANE BYRNE 70 PINE ST 31ST FL	NEW YORK	NY	10270	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS331932-01	CX REINSURANCE COMPANY LIMITED	ATTN: SHIRLEY SCOTT THE ISIS BUILDING	LONDON	UKM	E149 SG	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332199-01	HIGHLANDS INSURANCE COMPANY	ATTN: STEVEN NAGEL 275 PHILLIPS BOULEVARD	TRENTON	NJ	08618-1426	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332328-01	MALAYSIA NATIONAL INSURANCE BERHAD	ATTN: FADIL ABDULLAH LEVEL 10, TOWER 1, MNI TWINS, JALAN PINANG	KUALA LUMPUR	MLY	50450	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332355-01	SUPERINTENDENT OF INSURANCE OF THE NEW YORK RE: MIDLAND	ATTN: ARTHER HOROWITZ 123 WILLIAM ST	NEW YORK	NY	10038	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332839-01	ANCON INSURANCE COMPANY (UK)	C/O CAVELL MANAGEMENT SERVICES	LONDON	UKM	EC3R 8D2	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332866-01	EL PASO INSURANCE COMPANY	KWELM MANAGEMENT JOHN STOVE HOUSE 18 BEVIS MARKS	LONDON	UKM	EC3A 7JB	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 (Notice of Determination Acknowledged as Agreed or Not Timely Objected To) Distribution will be subject to set off.

NOD Number	Claimant Name	Address			7	Brief Description	NOD Amount Recommended	NOD Class
RAUS332910-01	CAVELL INSURANCE COMPANY LIMITED	ATTN: JAMES KAY 51- 59 ROSE LANE NORWICH	NORFOLK	UKM	NR11JY	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS332934-01	TOKIO REINSURANCE CORPORATION ON	ATTN: LISA ROCCA 230 PARK AVE	NEW YORK	NY	10169	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS700183-01	SUPERINTENDENT OF INSURANCE OF THE STATE OF NEW YORK RE:AMERICAN FIDELITY	ATTN: ARTHER HOROWITZ 123 WILLIAM ST	NEW YORK	NY	10038	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
RAUS700665-01	BESTPARK INTERNATIONAL LIMITED (F.K.A.	10TH FL, ONE LIME ST	LONDON	UKM	EC3M 7H	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
		ATTN: KELLY STEPHENS 2910 NORTH 44TH ST 2ND FL	PHOENIX	AZ	85018-7256	This Reinsurance claim against USI Re is denied as the underlying claim was against The Home. The claim against The Home will be addressed independently under a different Home POC number.	0.00	V
GOVT700002-01	NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE	PO BOX 5300	ALBANY	NY	12205 0300	Reinsurance claim for verified paid losses ceded to USI Re.	1,585.00	V

Current Recommendation Class V Allowances: \$32,252.00
Prior Total Submitted and Approved Class V Allowances: \$44,360,514.38
Previously Court Approved Class V Settlement Agreements: \$2,700,543.00
USI RE in Liquidation Total Class V Recommended/Approved Allowances: \$47,093,309.38 Class V

1			,	,	·····	,		
		NEW YORK STATE DEPARTMENT					Reinsurance claim for verified paid losses	i i
	COVITZ00000 00	OF TAXATION AND FINANCE	PO BOX 5300	ALDANIS	NIN	1	· ·	10.070.07
	GOV1700002-02	OF TAXATION AND FINANCE	PO BOX 2300	ALBANY	INY	12205 0300	ceded to USI Re.	46,072.67

VIII

NOD Number Claimant Name Address Brief Description	NOD Amount NOD Recommended Class
Prior Total Submitted and Approved Class VIII Allowances:	\$2,499.65
Previously Court Approved Class VIII Settlement Agreements:	\$0.00
USI RE in Liquidation Total Class VIII Recommended/Approved Allowances:	\$48,572.32 Class VIII

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 ("Gonya" Notices of Determination Not Timely Objected to)

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
	LAW FIRM OF ALWYN	ATT: ALWYN H. LUCKEY, RE: ROBERT HAMMETT, 2016 BIENVILLE BLVD.,	OCEAN		00504	The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonyavs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite		
CLMN466516-01	LAW FRIM OF ALWYN	RE: HARLIS HAMMONDS, 2016 BIENVILLE BLVD.,	SPRINGS		39564	requests so no allowance is warranted. The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite	0.00	II
CLMN466517-01	H. LUCKEY LAW FIRM OF ALWYN	RE: JOHN ARMSTEAD, 2016 BIENVILLE BLVD.,	SPRINGS	MS	39566-072	requests so no allowance is warranted. The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonyavs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite	0.00	II
CLMN466525-01 CLMN466528-01	LAW FIRM OF ALWYN	RE: ROBERT STEPHENS, 2016 BIENVILLE BLVD., STE. 102, P.O. BOX 724	SPRINGS OCEAN SPRINGS			requests so no allowance is warranted. The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner. 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	- 11
CLMN466529-01	LAW FIRM OF ALWYN H. LUCKEY	RE: ANNIE HALL, 2016 BIENVILLE BLVD., STE. 102, P.O. BOX 724	OCEAN SPRINGS			The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	II

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 ("Gonya" Notices of Determination Not Timely Objected to)

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
CLMN466531-01	LAW FIRM OF ALWYN	RE: LAWRENCE GRAVES, 2016 BIENVILLE BLVD., STE. 102, P.O. BOX 724	OCEAN SPRINGS	MS	39566-072	The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	11
CLMN469977-01		RE: JAMES CONWAY, 2016			39564	The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonyavs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	
CLIMIN4099777-01	LAW FIRM OF ALWYN	RE: JERRY COLLINS,	OCEAN		39304	The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite		11
CLMN469978-01 CLMN469979-01	LAW FIRM OF ALWYN	RE: JOHN LACY, 2016 BIENVILE BLVD.	OCEAN SPRINGS		39564	requests so no allowance is warranted. The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	11
CLMN469981-01	LAW FIRM OF ALWYN H	RE: MAMIE TYLER, 2016 BIENVILE BLVD.	OCEAN SPRINGS		39564	The claimant's POC form remains incomplete. Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya vs. Commissioner, 153 N.H. 521 (2006) third party claimants must answer question #14 on the POC form in its entirety and conditionally release a designated Home insured to be considered for an allowance. The release has not been signed despite requests so no allowance is warranted.	0.00	11

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 ("Gonya" Notices of Determination Not Timely Objected to)

NOTE I	Claimant Name						NOD Amount Recommended	NOD Class
NOD Number	Claimant Name	Address	T	l .	т	Brief Description The claimant's POC form remains incomplete.	Recommended	Class
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
						claimants must answer question #14 on the POC		
						form in its entirety and conditionally release a		
		1				designated Home insured to be considered for an		
	I AM EIRMOE ALWAN L	RE: CHARLES CLAYTON.	OCEAN			allowance. The release has not been signed despite		
CLMN470105-01	LUCKEY	2016 BIENVILLE BLVD.	SPRINGS	MC	39564	requests so no allowance is warranted.	0.00	11
SEIVIN470103-01	LUCKET	2010 BIENVILLE BLVD.	SPRINGS	IVIO	39304	The claimant's POC form remains incomplete.	0.00	
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
						claimants must answer question #14 on the POC		
			1			form in its entirety and conditionally release a		
		DE DENIGON ALLEN 0040	50544			designated Home insured to be considered for an		
0.10	LAW FIRM OF ALWYN	RE: DENSON ALLEN, 2016	1		00504	allowance. The release has not been signed despite	0.00	11
CLMN470106-01	H. LUCKEY	BIENVILLE BLVD.	S[ROMGS	MS	39564	requests so no allowance is warranted.	0.00	H
						The claimant's POC form remains incomplete.		
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
	1					claimants must answer question #14 on the POC		
						form in its entirety and conditionally release a		
					1	designated Home insured to be considered for an		
	LAW FIRM OF ALWYN	RE: ELI WYATT, P.O. BOX	OCEAN			allowance. The release has not been signed despite		
CLMN470107-01	H. LUCKEY	724	SPRINGS	MS	3956 -072	requests so no allowance is warranted.	0.00	
						The claimant's POC form remains incomplete.		
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
						claimants must answer question #14 on the POC		
			1			form in its entirety and conditionally release a		
						designated Home insured to be considered for an		
	LAW FIRM OF ALWYN	RE: LEWIS W. PATTON,	OCEAN			allowance. The release has not been signed despite		
CLMN470109-01	H. LUCKEY	P.O. BOX 724	SPRINGS	MS	3956 -072	requests so no allowance is warranted.	0.00	11
						The claimant's POC form remains incomplete.		
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
					1	claimants must answer question #14 on the POC		
						form in its entirety and conditionally release a		
					-	designated Home insured to be considered for an		
	LAW FIRM OF ALWYN	RE: MARTIN HOUSTON	OCEAN			allowance. The release has not been signed despite		
CLMN470110-01	H. LUCKEY	2016 BIENVILLE BLVD	SPRINGS	MS	39564	requests so no allowance is warranted.	0.00	11

Liquidator's Report of Claims and Recommendations Dated October 11, 2010 Pursuant to RSA402-C:45 ("Gonya" Notices of Determination Not Timely Objected to)

Distributions will be subject to set off.

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
					T	The claimant's POC form remains incomplete.		
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
					ŀ	claimants must answer question #14 on the POC		
		and the same of th				form in its entirety and conditionally release a		
ı			İ			designated Home insured to be considered for an		
	LAW FIRM OF ALWYN H	RE: MERVIN ANDREWS,	OCEAN		1	allowance. The release has not been signed despite		
CLMN470111-01	LUCKEY	P.O. BOX 724	SPRINGS	MS	3956 -072	requests so no allowance is warranted.	0.00	11
						The claimant's POC form remains incomplete.		
						Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
						claimants must answer question #14 on the POC		
						form in its entirety and conditionally release a		
						designated Home insured to be considered for an		
	1	RE: JIMMIE ELSTON, P.O.				allowance. The release has not been signed despite		
CLMN470113-01	H. LUCKEY	BOX 724	OCEAN	MS	39566	requests so no allowance is warranted.	0.00	11
						The claimant's POC form remains incomplete.		
					1	Pursuant to RSA 402-C:38, I(a)(7), (b) and Gonya		
						vs. Commissioner, 153 N.H. 521 (2006) third party		
						claimants must answer question #14 on the POC		
						form in its entirety and conditionally release a		
		¥				designated Home insured to be considered for an		
	1	RE: ELROY TOUPS, P.O.	OCEAN			allowance. The release has not been signed despite		
CLMN470115-01	H. LUCKEY	BOX 724	SPRINGS	MS	39566-072	requests so no allowance is warranted.	0.00	11

The Home in Liquidation Current Recommendations Class II Allowance

0.00 Class II