THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

Docket No. 217-2003-EQ-00106

In the Matter of the Liquidation of The Home Insurance Company

LIQUIDATOR'S REPORT OF CLAIMS AND RECOMMENDATIONS AS OF MARCH 29, 2021

Pursuant to Paragraph 4 of the Order Approving Liquidator's Report of Claims and Recommendations entered December 16, 2004, Christopher R. Nicolopoulos, Insurance Commissioner of the State of New Hampshire, as Liquidator ("Liquidator") of The Home Insurance Company ("Home"), hereby submits this report of claims and recommendations. The claims are identified and the Liquidator's recommendations are set forth on the attached Schedule 1. The Liquidator recommends that the Court approve the treatment of the claims as set forth on the schedule pursuant to RSA 402-C:45.

- 1. The Liquidator has issued notices of determination or redetermination concerning the claims described on Schedule 1 in the amounts and at the priorities set forth on the Schedule.
- 2. With respect to all claims on Schedule 1, 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 or redetermination 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.

3. Certain Class V claims on Schedule 1 arise under AFIA Treaties. The determinations of these AFIA claims have been agreed by Century Indemnity Company in accordance with the Claims Protocol dated August 6, 2004 approved by the Court on

November 12, 2004.

4. In accordance with RSA 402-C:45, I, the Liquidator hereby reports on the claims

set forth on Schedule 1 to the Court and recommends that the claims be allowed in the amounts

and at the priority classes set forth on the schedule 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.

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. In any such event, those

setoffs will be applied before distributions are made.

Respectfully submitted,

CHRISTOPHER R. NICOLOPOULOS, INSURANCE COMMISSIONER OF THE STATE OF NEW

HAMPSHIRE, SOLELY AS LIQUIDATOR OF THE

HOME INSURANCE COMPANY,

By:

Peter A. Bengelsdor

Special Deputy Liquidator

Date: March 31, 2021

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Certificate of Service

I hereby certify that a copy of the foregoing Liquidator's Report of Claims and Recommendations as of March 29, 2021 and the proposed form of order were sent, this 2nd day of April, 2021, by first class mail, postage prepaid to all persons on the attached service list.

/s/ Eric A. Smith

Eric A. Smith NH Bar ID No. 16952

THE STATE OF NEW HAMPSHIRE

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In the Matter of the Liquidation of The Home Insurance Company Docket No. 217-2003-EQ-00106

SERVICE LIST

Lisa Snow Wade, Esq.

Orr & Reno One Eagle Square P.O. Box 3550

Concord, New Hampshire 03302-3550

Gary S. Lee, Esq.

James J. DeCristofaro, Esq. Kathleen E. Schaaf, Esq. Morrison & Foerster 250 West 55th Street

New York, NY 10019-9601

Joseph G. Davis, Esq.

Willkie Farr & Gallagher, LLP

1875 K Street, N.W. Washington, DC 20006

Samantha D. Elliott, Esq.

Gallagher, Callahan & Gartrell, P.C.

214 North Main Street Concord, NH 03301

Harry Cohen, Esq. Crowell & Moring 590 Madison Avenue

20th Floor

New York, New York 10022-2544

Stephanie V. Corrao, Esq.

Crowell & Moring

1001 Pennsylvania Avenue, N.W. Washington, DC 20004-2595

Joseph C. Tanski, Esq. John S. Stadler, Esq. Nixon Peabody LLP 100 Summer Street

Boston, Massachusetts 02110

David M. Spector, Esq. Dennis G. LaGory, Esq. Schiff Hardin LLP 6600 Sears Tower

Chicago, Illinois 60606

Martin P. Honigberg, Esq. Sulloway & Hollis, P.L.L.C.

9 Capitol Street P.O. Box 1256

Concord, New Hampshire 03302-1256

Richard Mancino, Esq.

Willkie Farr & Gallagher, LLP

787 Seventh Avenue

New York, New York 10019

Albert P. Bedecarre, Esq.

Quinn Emanuel Urguhart Oliver & Hedges LLP

50 California Street, 22nd Floor San Francisco, California 94111

Robert M. Horkovich, Esq.

Robert Y. Chung, Esq.

Anderson Kill & Olick, P.C. 1251 Avenue of the Americas

New York, New York 10020

Jeffrey W. Moss, Esq.

Morgan Lewis & Bockius, LLP

One Federal Street

Boston, Massachusetts 02110

Kyle A. Forsyth, Esq.

Commercial Litigation Branch/Civil Division

United States Department of Justice

P.O. Box 875

Washington, D.C. 20044-0875

Gregory T. LoCasale, Esq. White and Williams, LLP One Liberty Place, Suite 1800 Philadelphia, Pennsylvania 19103-7395

John A. Hubbard 615 7th Avenue South Great Falls, Montana 59405

Mark J. Andreini, Esq. Jones Day North Point 901 Lakeside Avenue Cleveland, Ohio 44114-1190

Paul A. Zevnik, Esq. Morgan, Lewis & Bockius LLP 1111 Pennsylvania Avenue, N.W. Washington, D.C. 20004

Tred R. Eyerly, Esq.
Damon Key Leon Kupchak Hastert
1003 Bishop Street, Suite 1600
Honolulu, HI 96813

David H. Simmons, Esq. Mary Ann Etzler, Esq. Daniel J. O'Malley, Esq. deBeaubien, Knight, Simmons, Mantzaris & Neal, LLP 332 North Magnolia Drive P.O. Box 87 Orlando, FL 32801

Joseph C. Safar Jessica L.G. Moran K&L Gates LLP 210 Sixth Ave. Pittsburgh, PA 15222

Doreen F. Connor, Esq. Primmer Piper Eggleston & PC P.O. Box 3600 Manchester, NH 03105 Michael J. Tierney, Esq. Wadleigh, Starr & Peters, PLLC 95 Market Street Manchester, New Hampshire 03101

Harry L. Bowles 306 Big Hollow Lane Houston, Texas 77042

Michael S. Lewis, Esq. Rath Young Pignatelli One Capital Plaza Concord, New Hampshire 03302-1500

Keith Dotseth, Esq. Larson King 2800 Wells Fargo Place 30 East Seventh Street, Suite 2800 Saint Paul, Minnesota 55101

Michel Y. Horton, Esq. Morgan, Lewis & Bockius LLP 300 South Grand Avenue, 22nd Floor Los Angeles, California 90071

Terri L. Pastori, Esq. Ashley Taylor, Esq. Pastori | Krans, PLLC 82 North Main Street, Suite B Concord, NH 03301

Michael P. Mullins, Esq. Day Pitney LLP One International Place Boston, MA 02110

Christopher J. Valente, Esq. K&L Gates LLP State Street Financial Center One Lincoln Street Boston, MA 02111 Mr. Edward Crosby P.O. Box 155 Crowell, TX 79227

Ms. Patricia Erway 16604 Rialto Dr. Winter Garden, FL 34787

Mark C. Rouvalis, Esq. Steven J. Dutton, Esq. Viggo C. Fish, Esq. McLane Middleton, P.A. 900 Elm Street, 10th Floor Manchester, NH 03101

Mark R. Goodman, Esq. Joseph T. McCullough IV, Esq. Peter B. Steffen, Esq. Freeborn & Peters LLP 311 South Wacker Dr., Suite 3000 Chicago, IL 60606

Thomas J. Ladd, Esq. McCarter & English, LLP Four Gateway Center 100 Mulberry Street Newark, NJ 07102 Mr. Howard Campbell 10011 Mosher Hollow Road Cattaraugus, NY 14719

Linda Faye Peeples P.O. Box 974 Fresno, TX 77545

Roland Jackson Chief Executive Officer, Director Catalina Services, UK Limited 1 Alie Street, 1st Floor London, England E1 8DE

David Himelfarb, Esq. McCarter & English, LLP 265 Franklin Street, 14th Fl. Boston, MA 02110

THE HOME INSURANCE CO. IN LIQUIDATION

Liquidator's Report of Claims and Recommendations Dated March 29, 2021 - 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				Brief Description	NOD Amount Recommended	NOD Class
INSU700212-01	BED BATH & BEYOND INC.	ATTN: ELIZABETH HACKER 650 LIBERTY AVE.	UNION	NJ	07083	The insured did not provide support for the Proof of Claim despite numerous requests, hence the claim is denied.	0.00	II
INSU715219-01	CINTAS CORPORATION, AS SUCCESSOR TO G&K SERVICES, INC.	27 WHITNEY DRIVE	MILFORD	ОН	45150	Full and final determination of the insured's claim. This resolves the Proof of Claim in its entirety.	440,000.00	II
INSU390169-01	CITY OF BLAINE	ATTN: SHERI CHESNESS, HR DIR. 10801 TOWN SQUARE DRIVE NE	BLAINE	MN	55449	Full and final determination of the insured's workers' compensation claims. This resolves the Proof of Claim in its entirety.	42,497.16	II
INSU275992-01	CITY OF FRIDLEY	ATTN: DEBORAH DAHL, DIRECTOR 7071 UNIVERSITY AVE, N.E.	FRIDLEY	MN	55432	Full and final determination of the insured's workers' compensation claim. This resolves the Proof of Claim in its entirety.	96,800.23	II
INSU700929-01	CITY OF HUTCHINSON	ATTN: BRENDA EWING, HR DIR. 111 HASSAN ST SE	HUTCHINSON	MN	55350	Full and final determination of the insured's workers' compensation claim. This resolves the Proof of Claim in its entirety.	15,179.50	II
INSU712349-01	CITY OF ST CLOUD MINNESOTA	ATTN: RUTH WIPPER 400 2NDS STREET SOUTH	ST CLOUD	MN	56301	Full and final determination of the insured's workers' compensation claim. This resolves the Proof of Claim in its entirety.	17,057.00	II
INSU81685-01	CONTECH ENGINEERED SOLUTIONS LLC	ATTN: BRANDON GIFFORD 9025 CENTRE POINTE DRIVE, STE	WEST CHESTER	ОН	45069	Full and final determination of the insured's retrospective premium program. This now closes out the retro program and the Proofs of Claim.	28,619.00	II
INSU204350-01	CONTECH ENGINEERED SOLUTIONS LLC	ATTN: BRANDON GIFFORD 9025 CENTRE POINTE DRIVE, STE	WEST CHESTER	ОН	45069	See final allowance under INSU81685-01	0.00	II
INSU715214-01	DO ALL COMPANY, C/O RUBERRY, STALMACK & GARVEY	10 S. LASALLE, SUITE 1800	CHICAGO	IL	6063	The underlying claim has been resolved without involvement of Home, hence the Proof of Claim is denied.	0.00	II
INSU248844-01	MOLSON COORS BEVERAGE COMPANY	ATTN: ABIGAIL SCHMITZ 3939 W HIGHLAND BLVD.	MILWAUKEE	WI	53208	The insured did not provide support for the Proof of Claim despite numerous requests, hence the claim is denied.	0.00	II

THE HOME INSURANCE CO. IN LIQUIDATION

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NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
1(=()(/) = / 1 1 1 ()8=()3	OHIO BUREAU OF WORKERS COMPENSATION	ATTN: AVA GOODALL PO BOX 15567	COLUMBUS	ОН	43215- 0567	Full and final determination of the insured's workers' compensation claims. This resolves the Proof of Claim in its entirety.	4,291.11	II
INSU192832-01	TEMPUR SEALY INTERNATIONAL	ATT: ASCHLEY JOLLY 1000 TEMPUR WAY	LEXINGTON	KY	40511	Full and final determination of the insured's workers' compensation claims. This resolves the Proof of Claim in its entirety.	930,151.54	II
INSU275346-01	THE KROGER CO.	ATTN: NATHAN FRALEY 1014 VINE ST.	CINCINNATI	ОН	45202	The insured's claim will not reach Home's policy, hence the proof of claim is denied.	0.00	II
INSU713753-01	THE KROGER CO.	ATTN: NATHAN FRALEY 1014 VINE ST.	CINCINNATI	ОН	45202	Full and final determination of the insured's workers' compensation claim. This resolves the Proof of Claim in its entirety.	2,255.99	II
INSU713758-01	THE KROGER CO.	ATTN: NATHAN FRALEY 1014 VINE ST.	CINCINNATI	ОН	45202	The insured's claim will not reach Home's policy, hence the proof of claim is denied.	0.00	II

Current Recommended Class II Allowances from Claim Report: \$ 1,576,851.53

Prior Total Approved Class II Allowances from Claim Reports: \$ 1,059,584,791.36

Previously Court Approved Class II Settlement Agreements: \$ 1,850,742,375.76

Total Recommended and Approved Class II Allowances: \$ 2,911,904,018.65 Class II

RAHM700581-22	EXCESS & TREATY MANAGEMENT CORP	TWO LOGAN SQUARE, SUITE 600 ATTN: JAY BURKE	PHILADELPHIA	PA	19103	Partial Reinsurance allowance for verified losses ceded to Home Ins Co under various contracts.	182,650.58	V
TAIMBU:465578-04	IC:OMPANY	250 COMMERCIAL ST. SUITE 5000 ATTN: KIM BARBER	MANCHESTER	NH	03101	Partial Reinsurance allowance for verified losses ceded to Home Ins Co under various contracts.	95,740.95	V
INTL709590-69	NATIONWIDE INDEMNITY	ATTN: ED MORGANROTH JR CITY SQUARE OFFICE CENTER 500 THIRD STREET FIFTH FLOOR	WAUSAU	WI	54403	Partial Reinsurance allowance for verified losses ceded to Home Ins Co. UK through AFIA under various contracts.	248,342.32	V

THE HOME INSURANCE CO. IN LIQUIDATION

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Distribution will be subject to set off.

NOD Number	Claimant Name	Address		Brief Description	NOD Amount Recommended	NOD Class
INTL277984-72	ZURICH VERSICHERUNG AKTIENGESELLSCHAFT (DEUTSCHLAND)	ATTN: DIRK EICHLER ZURICH GROUP DEUTCHLAND RIEHLER STRASE 90 50657	COLOGNE GERMANY	Partial Reinsurance allowance for verified losses ceded to Home Ins Co. UK through AFIA under various contracts.	170,377.74	V

Current Recommended Class V Allowances from Claim Report: \$ 697,111.59

Prior Total Approved Class V Allowances from Claim Reports: \$ 291,840,744.05

Previously Court Approved Class V Settlement Agreements: \$ 18,078,202.78

Total Recommended and Approved Class V Allowances: \$ 310,616,058.42 Class V