

**DE BEAUBIEN, KNIGHT, SIMMONS, MANTZARIS & NEAL, LLP**

**ATTORNEYS AND COUNSELLORS AT LAW  
A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS**

**POST OFFICE BOX 87  
332 NORTH MAGNOLIA AVENUE  
ORLANDO, FLORIDA 32802-0087  
(407) 422-2454  
FACSIMILE (407) 849-1845**

**March 25, 2008**

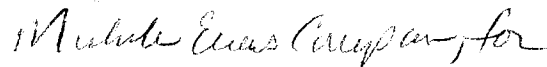
The Home Insurance Company in Liquidation  
P.O. Box 1720  
Manchester, New Hampshire 03105-1720

**Re: *Notice of Determination*  
Proof of Claim No.: EMTL705271-01**

Dear Sir or Madam:

Enclosed please find Acknowledgement of Receipt in the above-referenced matter. If you have any questions or concerns, please feel free to contact us.

Very truly yours,

A handwritten signature in cursive script, appearing to read "David H. Simmons", written in dark ink.

David H. Simmons

DHS:lep  
Encl.

**THE HOME INSURANCE COMPANY IN LIQUIDATION**

P.O. Box 1720

Manchester, New Hampshire 03105-1720

Tel: (800) 347-0014

POC #: EMTL705271-01

Amount Allowed: \$ 0

Viad Corporation C/O David H. Simmons  
DeBeaubien, Knight, Simmons  
Post Office Box 87  
Orlando, FL 32802-0087

**ACKNOWLEDGMENT OF RECEIPT**

I hereby acknowledge receipt of the Notice of Determination as a Class II Creditor claim and confirm that I understand the content thereof. I further acknowledge and confirm that I understand the Instructions regarding the Notice of Determination of my Claim against The Home Insurance Company in Liquidation and in that regard advise as follows:

(Check off all applicable items.)

☐ I agree to the determination.

☐ I reject the determination and want to file a Request for Review (specific reasons must be included along with return of the signed Acknowledgment).

☒ I reject the determination and intend to file a separate Objection with the Court, without filing a Request for Review.

☐ I have not assigned any part of this claim.

☐ I have not made any other recoveries with respect to this claim.

☐ I have not sought and do not intend to seek any other recoveries with respect to this claim.

☐ I have made recovery from others with respect to this claim (full details must be included with this Acknowledgement).

☐ I have sought or intend to seek recovery from others with respect to this claim (full details must be included with this Acknowledgement).

I request that The Home mail further correspondence to:

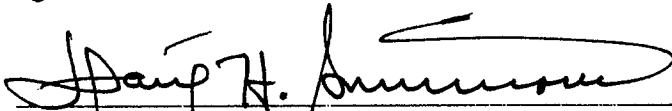
\_\_\_\_\_ Same name as above.

New name \_\_\_\_\_

\_\_\_\_\_ Same address as above

New address \_\_\_\_\_

This Acknowledgment of Receipt must be completed, signed and returned to The Home in order to be eligible for distributions from The Home estate as directed by the Court.

Signature:  \_\_\_\_\_

Printed Name: David H. Simmons

Title: Attorney for Viad Corp

Date: 3/24/08