

THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

**BEFORE THE COURT-APPOINTED REFEREE
IN RE THE LIQUIDATION OF THE HOME INSURANCE COMPANY
DISPUTED CLAIMS DOCKET**

In Re Liquidator Number: _____
Proof of Claim Number: _____
Claimant Name: _____
Claimant Number: _____
Policy or Contract Number: _____
Insured or Reinsured Name: _____
Date of Loss: _____

STRUCTURING CONFERENCE ORDER

Date of Notice of Disputed Claim: _____

Date of Conference: _____

Claimant(s): _____

Counsel for Claimant(s): _____

Liquidator: _____

Counsel for Liquidator: _____

Other Participant(s): _____

Counsel for Other Participant: _____

Mandatory Disclosures Received: _____

Liquidator: _____

Claimant(s): _____

Participant(s): _____

BIFURCATION

NOTES: _____

