

Docket No. 04-E-0208

Venise Theresa Gonya, as representative of the Estate of Joseph E. Gonya, deceased,  
individually and on behalf of all others similarly situated  
and  
Roxanne Scaife, as representative of the Estate of Arnold L. Stone, deceased,  
individually and on behalf of all others similarly situated

v.

Roger A. Sevigny, Commissioner of the State of New Hampshire Insurance  
Department, in his official capacity as Insurance Commissioner and liquidator of  
The Home Insurance Company  
and  
Peter W. Heed, Attorney General of New Hampshire, in his official capacity

**EXHIBITS TO DEFENDANTS' OPPOSITION TO PLAINTIFFS'**  
**REQUEST FOR TEMPORARY INJUNCTIVE RELIEF**

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Respectfully submitted,

ROGER A. SEVIGNY,  
COMMISSIONER OF THE STATE OF  
NEW HAMPSHIRE INSURANCE  
DEPARTMENT, IN HIS OFFICIAL  
CAPACITY AS INSURANCE

(6.)

COMMISSIONER AND LIQUIDATOR  
OF THE HOME INSURANCE  
COMPANY  
AND PETER W. HEED, ATTORNEY  
GENERAL OF NEW HAMPSHIRE, IN  
HIS OFFICIAL CAPACITY  
By their attorneys,

Kelly A. Ayotte  
Attorney General

Date: 7/26/04



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(617) 951-1127

Certificate of Service

I hereby certify that a copy of the foregoing was forwarded this 26<sup>th</sup> day, of July 2004, to Thomas R. Watson, Esq. and Jennifer A. Lemire, Esq., Watson & Lemire, P.A., 75 Congress Street, Suite 211, Portsmouth, NH 03801 and Alan Rich, Esq. and Stephen Blackburn, Esq., Baron & Budd, P.C., 3102 Oak Lawn Avenue, Suite 1100, Dallas, TX 75219-4281.



Suzanne M. Gorman

EXHIBIT A

**THE STATE OF NEW HAMPSHIRE**

**MERRIMACK, SS.**

**SUPERIOR COURT**

**Docket No. 03-E-0106**

**In the Matter of the Rehabilitation of  
The Home Insurance Company**

**ORDER OF LIQUIDATION**

This proceeding was commenced on March 4, 2003, upon the Verified Petition for Rehabilitation of Paula T. Rogers, Commissioner of Insurance for the State of New Hampshire (the "Commissioner"). The Commissioner filed the Verified Petition for Rehabilitation pursuant to RSA 402-C:15, seeking appointment as receiver of The Home Insurance Company ("The Home") for the purpose of rehabilitating and conserving the assets of The Home. On March 5, 2003, this Court entered an Order Appointing Rehabilitator, in which the Commissioner was appointed Rehabilitator of The Home. The Commissioner, as Rehabilitator, has now determined pursuant to RSA 402-C:19 that further attempts to rehabilitate The Home would be futile, that The Home is insolvent within the meaning of RSA 402-C:3 and RSA 402-C:20, II, and that it should be liquidated. On May 8, 2003, the Commissioner, as Rehabilitator, filed a Verified Petition for Order of Liquidation pursuant to RSA 402-C:5, RSA 402-C:19 and RSA 402-C:20 (the "Petition"), in which she has sought an order of liquidation for The Home, her appointment as Liquidator, and the requested permanent injunctions. After having heard and considered the facts set forth in the Petition, the Court finds that the law and facts are

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as the Commissioner has alleged in the Petition and that there exists a present necessity for the entry of this order.

WHEREFORE, it is hereby ordered, adjudged and decreed that:

- (a) The proceeding for the rehabilitation of The Home is hereby terminated pursuant to RSA 402-C:19;
- (b) The Home is declared to be insolvent;
- (c) Sufficient cause exists for an order to liquidate The Home;
- (d) Paula T. Rogers, Commissioner of Insurance for the State of New Hampshire, and her successors in office, is hereby appointed Liquidator of The Home;
- (e) The Liquidator shall cancel all in-force contracts of insurance and bonds effective as of 30 days after the date of this Order;
- (f) The Liquidator is directed forthwith to take possession of the assets of The Home wherever located and administer them under the orders of the Court. The Liquidator is vested with title to all of the property, contracts and rights of action and all of the books and records of The Home, wherever located, and in whomever's possession they may be found;
- (g) The Liquidator is directed to secure all of the assets, property, books, records, accounts and other documents of The Home (including, without limitation, all data processing information and records comprised of all types of electronically stored information, master tapes, source codes, passwords, or any other recorded information relating to The Home);
- (h) The Liquidator is authorized to transfer, invest, re-invest and otherwise deal with the assets and property of The Home so as to effectuate its liquidation;

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(i) The Liquidator is authorized to acquire, hypothecate, encumber, lease, improve, sell, transfer, abandon or otherwise dispose of or deal with any property of the insurer at its market value or upon such terms and conditions as are fair and reasonable without prior permission of the Court in the ordinary course of business;

(j) The Home and its directors, officers, employees, agents, and representatives are prohibited from proceeding with the business of The Home, except upon the express written authorization of the Liquidator;

(k) The Home and its directors, officers, employees, agents, and representatives, and any persons acting in concert with The Home, are prohibited from disposing, using, transferring or removing any property of The Home, without the express written authorization of the Liquidator, or in any way (i) interfering with the conduct of the Liquidator or (ii) interfering with the Liquidator's possession and rights to the assets and property of The Home;

(l) Any bank, savings and loan association or other financial institution or other legal entity is prohibited from disposing of or allowing to be withdrawn in any manner property or assets of The Home, except under the express written authorization of the Liquidator or by further order of this Court.

(m) All actions and all proceedings against The Home whether in this state or elsewhere shall be abated in accordance with RSA 402-C:28 and RSA 402-C:5, except to the extent the Liquidator sees fit and obtains leave to intervene;

(n) To the full extent of the jurisdiction of the Court and the comity to which the orders of the Court are entitled, all persons are hereby permanently enjoined and restrained from any of the following actions:

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(1) commencing or continuing any judicial, administrative, or other action or proceeding against The Home or the Liquidator;

(2) commencing or continuing any judicial, administrative, or other action or proceeding against The Home's, the Rehabilitator's or the Liquidator's present or former directors, officers, employees, agents, representatives, or consultants, including, without limitation, Risk Enterprise Management Limited and each of its officers, directors and employees, arising from their actions on behalf of The Home, the Rehabilitator or the Liquidator;

(3) enforcing any judgment against The Home or its property;

(4) any act to obtain possession of property of The Home or to exercise control over property of The Home;

(5) any act to create, perfect, or enforce any lien against property of The Home;

(6) any act to collect, assess, or recover a claim against The Home, other than the filing of a proof of claim with the Liquidator; and

(7) the setoff of any debt owing to The Home; provided, however, that notwithstanding anything in this Order to the contrary, nothing herein is intended nor shall it be deemed to stay any right of setoff of mutual debts or mutual credits by reinsurers as provided in and in accordance with RSA 402-C:34;

(o) The Court hereby seeks and requests the aid and recognition of any Court or administrative body in any State or Territory of the United States and any Federal Court or administrative body of the United States, any Court or administrative body in any Province or Territory of Canada and any Canadian Federal Court or

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administrative body, and any Court or administrative body in the United Kingdom or elsewhere to act in aid of and to be complementary to this Court in carrying out the terms of the Order;

(p) All persons doing business with The Home on the date of the Liquidation Order are permanently enjoined and restrained from terminating or attempting to terminate such relationship for cause under contractual provisions on the basis of the filing of the petition to rehabilitate The Home, The Home's assent to the entry of the Rehabilitation Order, the entry of the Rehabilitation Order, the filing of this Petition, the entry of the Liquidation Order, the rehabilitation or liquidation proceedings for The Home, or The Home's financial condition during the rehabilitation or liquidation proceedings;

(q) All persons in custody or possession of any property of The Home are hereby directed and ordered to turn over any such property to the Liquidator;

(r) The Liquidator is authorized, in her discretion, to pay expenses incurred in the course of liquidating The Home, including the actual, reasonable, and necessary costs of preserving or recovering the assets of The Home, wherever located, and the costs of goods and services provided to The Home estate in this and other jurisdictions. Such costs shall include, but not be limited to: (1) reasonable professional fees for accountants, actuaries, attorneys and consultants with other expertise retained by the Department, the Commissioner or the Liquidator to perform services relating to the liquidation of The Home or the feasibility, preparation, implementation, or operation of a liquidation plan; (2) compensation and other costs related to representatives, employees or agents of The Home or its affiliates who perform services for The Home in liquidation;

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and (3) the costs and expenses of and a reasonable allocation of costs and expenses associated with time spent by New Hampshire Insurance Department personnel and New Hampshire Department of Justice personnel in connection with the rehabilitation and the liquidation of The Home;

(s) The Liquidator is authorized to employ or continue to employ, to delegate authority to and fix the compensation of such appropriate personnel, including actuaries, accountants, consultants, special counsel, and counsel in this and other jurisdictions, as she deems necessary to carry out the liquidation of The Home and its worldwide operations, subject to compliance with the provisions of RSA 402-C, the supervision of the Liquidator, and of this Court. The Liquidator is authorized to continue at her sole discretion to retain the services of Risk Enterprise Management Limited, subject to court approval;

(t) The Liquidator is authorized to appoint, and determine the compensation and terms of engagement of, a special deputy to act for her pursuant to RSA 402-C:25, I.

(u) The actual, reasonable and necessary costs of preserving, recovering, distributing or otherwise dealing with the assets of The Home, wherever located, and the costs of goods or services provided to The Home estate under paragraph (i) of the Rehabilitation Order, during the Rehabilitation proceeding, and under paragraphs (r)-(t) and (v) of the Liquidation Order, during the Liquidation proceeding, shall be treated as "costs and expenses of administration," pursuant to RSA 402-C:44, I;

(v) The Liquidator is authorized and directed to work with any joint provisional liquidator or other person of comparable position appointed by a foreign

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tribunal with respect to all or any portion of the estate of The Home located outside the United States (the "foreign estates") for the purpose of preserving, recovering and incorporating into the domiciliary estate all assets of The Home located outside the United States. The Liquidator is authorized to fund from the domiciliary estate the costs and expenses of administering the foreign estates;

(w) The Liquidator is directed to administer and make payments on all claims against The Home estate filed with the Liquidator in the domiciliary proceeding, including the claims of claimants residing in foreign countries (provided the assets of such foreign estate are transferred to the Liquidator), in accordance with New Hampshire's priority statute, RSA 402-C:44;

(x) The amounts recoverable by the Liquidator from any reinsurer of The Home shall not be reduced as a result of the prior rehabilitation proceeding or this liquidation proceeding or by reason of any partial payment or distribution on a reinsured policy, contract or claim, and each reinsurer of The Home is, without first obtaining leave of this Court, hereby enjoined and restrained from terminating, canceling, failing to extend or renew, or reducing or changing coverage under any reinsurance policy or contract with The Home. The Liquidator may, in her discretion, commute any contract with a reinsurer or reinsurers;

(y) To the full extent of the jurisdiction of the Court and the comity to which the orders of the Court are entitled, all actions or proceedings against an insured of The Home in which The Home has an obligation to defend the insured are hereby stayed for a period of six months from the date of the Order and such additional time as the Court may determine pursuant to RSA 404-B:18;

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(z) Within one year of the entry of this Order, and then annually thereafter, the Liquidator shall file with the Court a financial report, as of the preceding December 31, in accordance with RSA 402-C:21, V, which shall include, at a minimum, the assets and liabilities of The Home and all funds received or disbursed by the Liquidator during the period;

(aa) The Liquidator shall have full powers and authority given the Liquidator under RSA 402-C of Title XXXVII, and under provisions of all other applicable laws, as are reasonable and necessary to fulfill the duties and responsibilities of the Liquidator under RSA 402-C of Title XXXVII, and under the Order, specifically including, but not limited to, each and every power and authority bestowed upon the Liquidator under RSA 402-C:25, I-XXII, the provisions of which are incorporated by reference in their entirety into this Order, and the common law of New Hampshire; and

(bb) The deadline for the filing of claims pursuant to RSA 402-C:26, II, RSA 402-C:37, I, and RSA 402-C:40, II, shall be one year from the date of this Order.

Date: 6/13/03  
Time: \_\_\_\_\_

By: *Kathleen M. Lurie*  
Presiding Justice

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EXHIBIT B



THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

Docket No. 03-E-0106

In the Matter of the Rehabilitation of  
The Home Insurance Company

Docket No. 03-E-0112

In the Matter of the Rehabilitation of  
US International Reinsurance Company

ORDER APPROVING NOTICE

After having heard and considered the motion for order approving notice of liquidation orders and claim filing deadline filed by the Commissioner of Insurance ("Commissioner"), as Rehabilitator ("Rehabilitator") of The Home Insurance Company ("The Home") and US International Reinsurance Company ("USI Re"), the Court hereby finds and orders as follows:

Findings of Fact and Conclusions of Law

1. The notices of the liquidation orders and forms of proof of claim (including instructions) proposed by the Rehabilitator are reasonable and provide appropriate information concerning the liquidations of The Home and USI Re, including the proper means of asserting claims by filing a proof of claim and the claim filing deadline.
2. The notice of cancellation proposed by the Rehabilitator is reasonable and proper and provides appropriate information concerning the cancellation of in-force policies and bonds.

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3. The mailings proposed by the Rehabilitator are reasonable and adequate and based on appropriate review of the books and records of The Home and USI Re.

4. The mailings and publication notice proposed by the Rehabilitator provide reasonable and appropriate notice of the liquidation orders and claim filing deadline and are reasonably calculated to advise potential claimants of the liquidation orders and claim filing deadline and constitute adequate notice as a matter of law pursuant to RSA 402-C:26.

5. The mailings and publication proposed by the Rehabilitator are in the best interests of the estates, the policyholders and creditors.

#### Orders

1. The Motion for Order Approving Notice of Liquidation Orders and Claim Filing Deadline is granted.

2. The forms of notices of the liquidation orders and the claim filing deadline pursuant to RSA 402-C:26 attached as Exhibits 1-2, the forms of proof of claim (and instructions) pursuant to RSA 402-C:38 attached as Exhibits 3-4, and the form notice of cancellation pursuant to RSA 402-C:22 attached as Exhibit 5, are each approved.

3. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the liquidation orders for The Home and USI Re pursuant to RSA 402-C:26, I to the chief insurance regulatory officials of the states and territories of the United States by sending copies of the liquidation orders by e-mail through the National Association of Insurance Commissioners and to the chief insurance regulatory officials of Canada, the United Kingdom, Bermuda and Hong Kong by sending copies of the liquidation orders by e-mail or facsimile within 24 hours of the entry of the liquidation orders.

4. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the liquidation orders for The Home and USI Re pursuant to RSA 404-B:10 to the New Hampshire Insurance Guaranty Association and the insurance guaranty funds of the other states and territories of the United States by e-mail or facsimile to the National Conference of Insurance Guaranty Funds and the National Organization of Life and Health Guaranty Associations and the executive director of each such fund within 24 hours of the entry of the liquidation orders.

5. The Commissioner, as Liquidator of The Home and USI Re, need not provide notice of the liquidation orders to independent agents of The Home or USI Re directing the agents to give notice in light of the notice to be provided to in-force policyholders and bondholders by the Liquidator in accordance with paragraph 7, below, although the applicable notice of liquidation order and claim filing deadline and proof of claim form shall be mailed by first class mail to producers at the names and addresses on the computer systems.

6. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the applicable liquidation order and claim filing deadline to potential claimants pursuant to RSA 402-C:26 by mailing the applicable notice of liquidation order and claim filing deadline for The Home or USI Re, together with the applicable proof of claim for The Home or USI Re, by first class mail to the following:

- a. policyholders whose policies are the subject of open claims
- b. claimants or, in the case of asbestos or other mass tort claims, the claimants' attorneys at the names and addresses listed on the computer system;
- b. present and historic policyholders of The Home at the names and addresses available on the computer systems;

- c. reinsureds ceding to The Home or USI Re and brokers through whom reinsurance was ceded to The Home or USI Re as listed on The Home's computer systems;
- d. reinsurers to whom The Home or USI Re ceded and brokers through whom The Home or USI Re ceded reinsurance as listed on The Home's computer systems;
- e. AFIA reinsureds and brokers based on the names and addresses provided by ACE/INA;
- f. City brokers and reinsureds based on the names and addresses provided by CMGL;
- g. former employees of The Home receiving medical or insurance benefits pursuant to plans funded by The Home;
- h. Vendors and service providers, including third-party administrators and defense counsel for insureds retained by The Home, at the names and addresses on 1099 lists for the past two years (2001 and 2002); and
- g. Governments, including (i) the United States Government (the Department of Justice, The Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation), and (ii) State governments (state departments of revenue and other state agencies as appropriate).

7. The Commissioner, as Liquidator of The Home and USI Re, shall also provide in-force policyholders and bondholders of The Home with notice of the cancellation of their policies or bonds by mailing, by first class mail, a notice of cancellation to those policyholders or bondholders at the names and addresses on the computer systems.

8. In light of the contemplated Canadian transaction, the Commissioner, as Liquidator of The Home and USI Re, need not mail notice of the liquidation orders or claim filing deadlines or proof of claim forms to Canadian policyholders or potential claimants.

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9. The Commissioner, as Liquidator of The Home and USI Re, shall cause notice of the liquidation orders and claim filing deadline and how to obtain proof of claim forms to be published:

- a. in a newspaper in the capital and, if different, the largest city of each state and territory of the United States in which The Home or USI Re was authorized to do business;
- b. in a newspaper of nationwide circulation in the United States (the Wall Street Journal);
- c. in a leading insurance trade publication (Business Insurance); and
- d. in a newspaper of general circulation in the United Kingdom, Bermuda and Hong Kong.

10. Notice provided in accordance with this Order shall be deemed to satisfy the requirements of RSA 402-C:26.

11. The Commissioner, as Liquidator of The Home and USI Re, shall report to the Court on the notice provided pursuant to this Order when notice has been given in accordance with this Order or within twenty-one days of the entry of the liquidation orders, which ever is earlier.

Date: 6/11/03  
Time: \_\_\_\_\_

By: Kathleen A. M. Lurie  
Presiding Justice



June \_\_, 2003

## **IMPORTANT NOTICE REGARDING THE HOME INSURANCE COMPANY IN LIQUIDATION**

Dear Policyholders, Producers, Reinsurers, Attorneys, Employees, Vendors and Other Potential Claimants of The Home Insurance Company:

This letter contains important information about The Home Insurance Company ("The Home"). On June \_\_, 2003, an Order of Liquidation was entered by the Superior Court for Merrimack County, New Hampshire, placing The Home in liquidation.

The liquidation of The Home includes the liquidation of other companies that were previously merged into The Home: The Home Indemnity Company, The Home Insurance Company of Indiana, City Insurance Company, Home Lloyds Insurance Company of Texas, The Home Insurance Company of Illinois, and The Home Insurance Company of Wisconsin. If your insurance was with one of these companies, the liquidation of The Home will also affect you.

Equally, if you are a cedant or policyholder whose reinsurance or insurance was written out of The Home's UK Branch or if you are otherwise a creditor of The Home as a result of transactions or other dealings with its UK Branch ("UK Creditor"), the liquidation of The Home will affect you and you should read this notice carefully.

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST THE HOME IS JUNE \_\_, 2004.**

### *Policyholders with open claims and Third Party Claimants asserting claims against policyholders*

If you have an open workers' compensation claim with The Home, your claim is currently being transferred to the guaranty association in the state where the workers' compensation claimant resided at the time of the event that gave rise to the claim. If you have another type of open claim, your claim is being transferred to the guaranty association in the state where the policyholder resided, or, in the case of corporations, had its principal place of business, at the time of the event that gave rise to the claim. A **guaranty association** is a fund created by law to cover certain claims in the event that an insurance company becomes insolvent. Each state has a guaranty association for the benefit of residents of that state. If the guaranty association determines that your claim is a covered claim it will continue to process, and if applicable, to pay and defend, the claim. Generally, a **covered claim** is a claim under a workers' compensation, general liability, homeowner's, or automobile policy issued by a licensed insurer. The maximum amount paid by a guaranty association varies by state but is usually limited to \$300,000 (\$1,000,000 in New York) or the policy limits, whichever is less, subject to a deductible in some states. Workers' compensation claims are generally not subject to these limits. Please wait a few weeks before contacting the guaranty association, unless the inquiry is extremely time-sensitive.

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**To protect your rights as a policyholder or as third party claimant, you should file a Proof of Claim, whether or not you believe a guaranty association will pay your claim.**

If you are a policyholder who was being defended by The Home in a lawsuit against you, and the guaranty association informs you that your claim is not a covered claim, you should contact an attorney immediately because The Home will not defend or pay for the defense of the claim. **You should file a Proof of Claim.**

Surplus Lines Policyholders

If your policy was a policy written (1) by The Home Insurance Company of Illinois and you resided in any state except New York or Illinois when the policy was issued, or (2) by The Home Insurance Company of Wisconsin and you resided in New York or Illinois when the policy was issued, then the policy is a surplus lines policy and a claim under your policy is not likely to be covered by a guaranty association. (If you lived in New Jersey, your claim may be covered by the New Jersey Surplus Lines Insurance Guaranty Fund.) **You will need to file a Proof of Claim in any event.** If you are currently being defended by The Home in a lawsuit against you, you should contact an attorney because The Home will not defend or pay for the defense of the claim. **You should also submit a Proof of Claim.**

Plaintiff's Attorneys

If you represent plaintiffs in asbestos or other mass tort litigation, you are hereby notified that individual notices of The Home liquidation are not being sent to each plaintiff in the litigation. **You must submit a Proof of Claim on behalf of each client claimant in the litigation.**

Producers, Brokers, Reinsurers, Vendors, and other General Creditors

**Producers, brokers, reinsurers, vendors, and other general creditors must file a Proof of Claim in order to preserve their claim.** These claims would include, for example, earned commissions, unearned reinsurance premium, reinsurance recoverable on paid losses, and goods and services provided by vendors and trade creditors. Payment of these claims may be made in the future, but only in the event that sufficient assets are available to pay all higher priority claimants, including policyholders, in accordance with law.

Vendors who provided products or services after the entry of the rehabilitation order on March 5, 2003, will be paid in the ordinary course of business and need not file a proof of claim.

Uncertain or Potential Claims

**If you believe you might have a claim against The Home, or the amount of your claim is presently uncertain, you should file a Proof of Claim.**

UK Creditors

On 8 May 2003 - the date on which a petition was filed with the Superior Court for Merrimack County, New Hampshire to place The Home into liquidation - Gareth Hughes and Maggie

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Mills, partners in Ernst & Young LLP, were appointed joint provisional liquidators of The Home - UK Branch ("Provisional Liquidators").

The business of The Home's UK Branch principally consists of two portfolios both of which are in run-off:

(a) assumed reinsurance business underwritten through the American Foreign Insurance Association ("AFIA"). UK Creditors should note that The Home only retains legal responsibility for the assumed reinsurance treaty business written on its behalf through AFIA prior to 1983. The direct and marine and aviation business written on behalf of The Home through AFIA was transferred by way of statutory portfolio transfer to an ACE INA subsidiary company in 1986; and

(b) business underwritten by City Insurance Company - UK Branch ("City") through the agency of H. S. Weavers (Underwriting) Agencies Limited ("Weavers") between 1970 and 1977 on the Weavers stamp and also through the agency of C.R.Driver & Company prior to the merger of City with Home in 1995.

**City International Insurance Company limited, an English-incorporated subsidiary of Home and an authorized UK insurer, is not affected by these proceedings and will continue to operate as a general insurance and reinsurance business in the UK.**

It would be in the interests of all The Home's creditors if it were possible for all the assets of The Home worldwide, including those assets situated in England ("UK Assets"), to be administered and distributed under a single legal system. Given that The Home is a New Hampshire incorporated and domiciled insurance company subject to primary insolvency proceedings in New Hampshire, the administration and distribution of the estate under a single legal system will necessarily entail the application of New Hampshire insurer insolvency law and practice.

Accordingly, the Provisional Liquidators and I are in the process of conducting a review of the comparative advantages and disadvantages of, on the one hand, a single administration of The Home's assets worldwide in accordance with New Hampshire insurer insolvency law and practice and, on the other hand, a dual New Hampshire and English based administration under which the UK Assets would be dealt with under an English based scheme of arrangement or an English liquidation. The purpose of this review is to ascertain whether or not creditors as a whole are likely to suffer any material substantive disadvantage by reason of the UK Assets being remitted to New Hampshire and being administered under New Hampshire insurer insolvency law and practice, after taking into account any cost savings made from administering The Home's estate on a unified basis.

Once this review has been completed, the Provisional Liquidators and I will write to UK Creditors again in order to inform you of our findings.

**However, whether or not the UK Assets are remitted ultimately to New Hampshire to be administered and distributed under New Hampshire insurer insolvency law and practice, UK Creditors will be entitled to submit a Proof of Claim in the New Hampshire liquidation and should, therefore, do so. For the avoidance of doubt, UK Creditors should not file any Proof of Claim with the Provisional Liquidators in England unless the Provisional Liquidators or I subsequently write to UK Creditors to advise you differently.**

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**Paula T. Rogers, New Hampshire Commissioner of Insurance,  
as Liquidator of The Home Insurance Company**

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EXHIBIT 2

June \_\_, 2003

**IMPORTANT NOTICE REGARDING  
US INTERNATIONAL REINSURANCE COMPANY  
IN LIQUIDATION**

Dear Reinsureds, Producers, Reinsurers, Attorneys, Vendors and Other Potential Claimants of US International Reinsurance Company:

This letter contains important information about US International Reinsurance Company ("USI Re"). On June \_\_, 2003, an Order of Liquidation was entered by the Superior Court for Merrimack County, New Hampshire, placing USI Re in liquidation.

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST USI RE IS JUNE \_\_, 2004.**

**Reinsureds, producers, brokers, reinsurers, vendors, and other creditors must file a Proof of Claim in order to preserve their claim.** These claims would include, for example, earned commissions, unearned reinsurance premium, reinsurance recoverable on paid losses, and goods and services provided by vendors and trade creditors. Payment of claims may be made in the future, but only in the event that sufficient assets are available to pay all higher priority claimants in accordance with law.

Vendors who provided products or services after the entry of the rehabilitation order on March 12, 2003, will be paid in the ordinary course of business and need not file a proof of claim.

**If you believe you might have a claim against USI Re, or the amount of your claim is presently uncertain, you should file a Proof of Claim.**

**Paula T. Rogers, New Hampshire Commissioner of Insurance,  
as Liquidator of USI Re Insurance Company**

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EXHIBIT 3

PROOF OF CLAIM

The Home Insurance Company,

Merrimack County Superior Court, State of New Hampshire 03-E-0106

Read Carefully Before Completing This Form

Please print or type

FOR LIQUIDATOR'S USE ONLY

DATE PROOF OF CLAIM RECEIVED

The Deadline for Filing this Form is June , 2004.

You should file this Proof of Claim form if you have an actual or potential claim against The Home Insurance Company of any of its former subsidiaries\* ("The Home") even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be postmarked no later than June , 2004. Failure to timely return this completed form will likely result in the DENIAL OF YOUR CLAIM. You are advised to retain a copy of this completed form for your records.

1. Claimant's Name: \_\_\_\_\_

2. Claimant's Address: \_\_\_\_\_

3. Claimant's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: \_\_\_\_\_

5. Claim is submitted by (check one):

- a)  Policyholder or former policyholder
- b)  Third Party Claimant making a claim against a person insured by The Home
- c)  Employee or former employee
- d)  Broker or Agent
- e)  General Creditor, Reinsurer, or Reinsured
- f)  State or Local Government Entity
- g)  Other; describe: \_\_\_\_\_

*If your name, address, e-mail address, or telephone number set forth above are incorrect, or if they change, you must notify the Liquidator so she can advise you of new information.*

Describe in detail the nature of your claim. You may attach a separate page if desired. **Attach relevant documentation** in support of your claim, such as copies of outstanding invoices, contracts, or other supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate the total dollar amount of your claim. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow for determination of the claim amount.

\$ \_\_\_\_\_ (if amount is unknown, write the word "unknown").

7. If you have any security backing up your claim, describe the nature and amount of such security. Attach relevant documentation.

\* The Home Indemnity Company, The Home Insurance Company of Indiana, City Insurance Company, Home Lloyds Insurance Company of Texas, The Home Insurance Company of Illinois, and The Home Insurance Company of Wisconsin.

8. If The Home has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: \_\_\_\_\_

9. Is there any setoff, counterclaim, or other defense which should be deducted by The Home from your claim? \_\_\_\_\_

10. Do you claim a priority for your claim? If so, why: \_\_\_\_\_

11. Print the name, address and telephone number of the person who has completed this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

12. If represented by legal counsel, please supply the following information:

a. Name of attorney: \_\_\_\_\_

b. Name of law firm: \_\_\_\_\_

c. Address of law firm: \_\_\_\_\_

d. Attorney's telephone: \_\_\_\_\_

e. Attorney's fax number: \_\_\_\_\_

f. Attorney's email address: \_\_\_\_\_

13. If using a judgment against The Home as the basis for this claim:

a. Amount of judgment \_\_\_\_\_

b. Date of judgment \_\_\_\_\_

c. Name of case \_\_\_\_\_

d. Name and location of court \_\_\_\_\_

e. Court docket or index number (if any) \_\_\_\_\_

14. If you are completing this Proof of Claim as a Third Party Claimant against an insured of The Home, you must conditionally release your claim against the insured by signing the following, as required by N.H. Rev. Stat. Ann. § 402-C:40 I:

I, \_\_\_\_\_ (insert claimant's name), in consideration of the right to bring a claim against The Home, on behalf of myself, my officers, directors, employees, successors, heirs, assigns, administrators, executors, and personal representatives hereby release and discharge \_\_\_\_\_ (insert name of defendant(s) insured by The Home), and his/her/its officers, directors, employees, successors, heirs, assigns, administrators, executors, and personal representatives, from liability on the cause(es) of action that forms the basis for my claim against The Home in the amount of the limit of the applicable policy provided by The Home; provided, however, that this release shall be void if the insurance coverage provided by The Home is avoided by the Liquidator.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

15. All claimants must complete the following:

I, \_\_\_\_\_ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) against The Home is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

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16. Send this completed Proof of Claim Form, postmarked by June, 2004, to:

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

**You should complete and send this form if you believe you have an  
actual or potential claim against The Home  
even if the amount of the claim is presently uncertain.**

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## INSTRUCTIONS FOR FILING A PROOF OF CLAIM FORM

If you have a claim against The Home Insurance Company or any of its former subsidiaries\* ("The Home"), or believe that you might have a claim against The Home now or in the future, or if you have a claim but the amount is presently uncertain, **you must complete and submit the attached Proof of Claim form**. Filing a Proof of Claim is the only way you can preserve your right to payment.

Claims must be submitted by the date established by the Court (the "claim filing deadline"). After the claim filing deadline, the Liquidator will review and determine the priority of each timely filed Proof of Claim. If additional information is needed to determine the amount and priority of your claim, the Liquidator will contact the claimant. The Liquidator will then determine the extent to which the claims can be paid from the assets of The Home. Under New Hampshire law, all claims in a higher priority status must be paid in full before any claims in a lower priority status may be paid. Late filed claims may be paid, but they will receive a lower priority. ***It is very important to submit your claim before the claim filing deadline. If you do not file your Proof of Claim before the claim filing deadline, your claim will likely not be paid.***

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST THE HOME IS JUNE \_\_, 2004.**

Please complete the Proof of Claim Form in its entirety based on all available information. The enclosed Proof of Claim form can be photocopied or downloaded from the New Hampshire Insurance Department website: [www.state.nh.us/insurance](http://www.state.nh.us/insurance). If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences or policies should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Although you should submit your Proof of Claim for the full amount, please note that New Hampshire law generally requires that the first \$50 of the amount allowed on each Proof of Claim must be deducted from the claim. The Liquidator will apply this deductible when she approves a Proof of Claim.

Mail your complete Proof of Claim form, together with the required documentation, to:

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

Do not send the Proof of Claim to the Court.

If you have any questions about this process or about how to fill out the Proof of Claim Form, please call 1-800-347-0014 during regular business hours (Monday-Friday, 8-5).

\* The Home Indemnity Company, The Home Insurance Company of Indiana, City Insurance Company, Home Lloyds Insurance Company of Texas, The Home Insurance Company of Illinois, and The Home Insurance Company of Wisconsin.

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EXHIBIT 4

PROOF OF CLAIM

US International Reinsurance Company,

Merrimack County Superior Court, State of New Hampshire 03-E-0112

Read Carefully Before Completing This Form

Please print or type

FOR LIQUIDATOR'S USE ONLY

DATE PROOF OF CLAIM RECEIVED

The Deadline for Filing this Form is June , 2004.

You should file this Proof of Claim form if you have an actual or potential claim against US International Reinsurance Company ("USI Re") even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be postmarked no later than June , 2004. Failure to timely return this completed form will likely result in the DENIAL OF YOUR CLAIM. You are advised to retain a copy of this completed form for your records.

1. Claimant's Name: \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimant's Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: \_\_\_\_\_
5. Claim is submitted by (check one):
  - a)  Producer (Broker, Agent, or Intermediary)
  - b)  Reinsurer or Reinsured
  - c)  State or Local Government Entity
  - d)  Other; describe: \_\_\_\_\_

*If your name, address, e-mail address, or telephone number set forth above are incorrect, or if they change, you must notify the Liquidator so she can advise you of new information.*

Describe in detail the nature of your claim. You may attach a separate page if desired. Attach relevant documentation in support of your claim, such as copies of outstanding invoices, contracts, or other supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate the total dollar amount of your claim. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow for determination of the claim amount.

\$ \_\_\_\_\_ (if amount is unknown, write the word "unknown").

7. If you have any security backing up your claim, describe the nature and amount of such security. Attach relevant documentation.

\_\_\_\_\_  
\_\_\_\_\_

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8. If USI Re has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: \_\_\_\_\_

9. Is there any setoff, counterclaim, or other defense which should be deducted by USI Re from your claim? \_\_\_\_\_

10. Do you claim a priority for your claim? If so, why: \_\_\_\_\_

11. Print the name, address and telephone number of the person who has completed this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

12. If represented by legal counsel, please supply the following information:

a. Name of attorney: \_\_\_\_\_

b. Name of law firm: \_\_\_\_\_

c. Address of law firm: \_\_\_\_\_

d. Attorney's telephone: \_\_\_\_\_

e. Attorney's fax number: \_\_\_\_\_

f. Attorney's email address: \_\_\_\_\_

13. If using a judgment against USI Re as the basis for this claim:

a. Amount of judgment \_\_\_\_\_

b. Date of judgment \_\_\_\_\_

c. Name of case \_\_\_\_\_

d. Name and location of court \_\_\_\_\_

e. Court docket or index number (if any) \_\_\_\_\_

14. All claimants must complete the following:

I, \_\_\_\_\_ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of \_\_\_\_\_ dollars (\$\_\_\_\_\_) against USI Re is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

15. Send this completed Proof of Claim Form, postmarked by June, 2004, to:

US International Reinsurance Company in Liquidation  
P.O. Box \_\_\_\_\_  
Manchester, New Hampshire 03105-\_\_\_\_\_

**You should complete and send this form if you believe you have an actual or potential claim against USI Re even if the amount of the claim is presently uncertain.**

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## INSTRUCTIONS FOR FILING A PROOF OF CLAIM FORM

If you have a claim against US International Reinsurance Company ("USI Re"), or believe that you might have a claim against USI Re now or in the future, or if you have a claim but the amount is presently uncertain, **you must complete and submit the attached Proof of Claim form.** Filing a Proof of Claim is the only way you can preserve your right to payment.

Claims must be submitted by the date established by the Court (the "claim filing deadline"). After the claim filing deadline, the Liquidator will review and determine the priority of each timely filed Proof of Claim. If additional information is needed to determine the amount and priority of your claim, the Liquidator will contact the claimant. The Liquidator will then determine the extent to which the claims can be paid from the assets of USI Re. Under New Hampshire law, all claims in a higher priority status must be paid in full before any claims in a lower priority status may be paid. Late filed claims may be paid, but they will receive a lower priority. *It is very important to submit your claim before the claim filing deadline. If you do not file your Proof of Claim before the claim filing deadline, your claim will likely not be paid.*

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST USI RE IS JUNE \_\_, 2004.**

Please complete the Proof of Claim Form in its entirety based on all available information. The enclosed Proof of Claim form can be photocopied or downloaded from the New Hampshire Insurance Department website: [www.state.nh.us/insurance](http://www.state.nh.us/insurance). If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences or contracts should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Although you should submit your Proof of Claim for the full amount, please note that New Hampshire law generally requires that the first \$50 of the amount allowed on each Proof of Claim must be deducted from the claim. The Liquidator will apply this deductible when she approves a Proof of Claim.

Mail your complete Proof of Claim form, together with the required documentation, to:

US International Reinsurance Company In Liquidation  
P.O. Box \_\_\_\_\_  
Manchester, New Hampshire 03105-\_\_\_\_\_

Do not send the Proof of Claim to the Court.

If you have any questions about this process or about how to fill out the Proof of Claim Form, please call 1-800-347-0014 during regular business hours (Monday-Friday, 8-5).

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EXHIBIT 5

[The Home Insurance Company in Liquidation letterhead]

## Notice of Policy or Bond Cancellation

June \_\_, 2003

[Name]  
[Address]

Dear Policyholder:

On June \_\_, 2003, The Home Insurance Company ("The Home") was ordered liquidated by the Superior Court for Merrimack County, New Hampshire, and I was appointed Liquidator of The Home. At the same time, the Court also authorized the cancellation of all in-force insurance policies or bonds issued by The Home.

**THIS LETTER WILL SERVE AS NOTICE THAT**

**INSURANCE POLICY OR BOND NUMBER [insert number]**

**IS HEREBY CANCELLED EFFECTIVE AS OF 12:01 A.M. ON \_\_\_\_\_, 2003.  
YOU SHOULD CONTACT YOUR INSURANCE AGENT OR BROKER AS SOON AS  
POSSIBLE TO REPLACE YOUR INSURANCE COVERAGE.**

You may be entitled to an unearned premium refund as a result of the cancellation of your policy. You will receive shortly a notice from the Liquidator with important information concerning the liquidation (the "Notice"). As will be explained in that Notice, insurance guaranty associations cover certain claims, including unearned premium refunds, in the event that an insurance company becomes insolvent. Depending on the laws in your state, the guaranty association may refund unearned premium, in some cases subject to a deductible. **As will be explained in the Notice, you should also file a Proof of Claim to preserve your rights in case your guaranty association does not refund all of your unearned premium or in the event you have a claim under the policy or bond.**

If you have any questions, you may call 1-800-347-0014.

Sincerely,

Paula T. Rogers,  
New Hampshire Commissioner of Insurance,  
as Liquidator of The Home Insurance Company

cc: Lienholder (if any)

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EXHIBIT C



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 FIRST REPORT**

I, Paula T. Rogers, Commissioner of Insurance ("Commissioner"), as Liquidator ("Liquidator") of The Home Insurance Company ("The Home") and US International Reinsurance Company ("USI Re") (collectively, the "Companies"), hereby submit my first report on the liquidations of the Companies in accordance with the Order Approving Notice entered June 11, 2003 and RSA 402-C:26, I(c).

1. The Court entered an Order of Liquidation for The Home on June 11, 2003, and it entered a superseding Order of Liquidation for The Home and an Order of Liquidation for USI Re on June 13, 2003 (the "Orders of Liquidation"). The Orders of Liquidation established a Claim Filing Deadline for claims against The Home and USI Re of June 13, 2004.

2. The Order Approving Notice directed that notice be provided to regulators, insurance guaranty associations, and others. Since entry of the Orders of Liquidation on June 13, 2003, notice of the liquidations has been provided as described below.

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3. Notice to Insurance Regulators. Electronic copies of the Orders of Liquidation were e-mailed to the insurance regulators in the states and territories of the United States through the National Association of Insurance Commissioners on June 13, 2003. Copies of the Orders of Liquidation were also sent to the Office of the Supervisor of Financial Institutions of Canada by fax on June 13, 2003. Electronic copies of the Orders of Liquidation were provided to the Joint Provisional Liquidators appointed by the High Court of Justice in England on June 13, 2003, and the Joint Provisional Liquidators provided a copy of the Order of Liquidation for The Home to the Financial Surveillance Authority of the United Kingdom on June 19, 2003. (USI Re was not licensed to do business in the United Kingdom.) A copy of the Order of Liquidation for USI Re was faxed to the Office of the Insurance Commissioner of Hong Kong on June 13, 2003. (The Home was not authorized to do business in Hong Kong.) Neither The Home nor USI Re themselves were licensed to do business in Bermuda (only a separate subsidiary was licensed in that jurisdiction), so copies of the Orders of Liquidation were not provided to the Bermuda insurance regulatory authorities.

4. Notice to Insurance Guaranty Associations. Electronic copies of the Orders of Liquidation were provided to the property/casualty guaranty associations of the states and territories of the United States by e-mail through the National Conference of Insurance Guaranty Funds on June 13, 2003, and to the life and health guaranty associations of the states and territories of the United States by e-mail through the National Organization of Life and Health Guaranty Associations on June 16, 2003. Copies of the Orders of Liquidation were also faxed to the executive director of each such guaranty association on June 16 and 17, 2003.

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5. Notice to Potential Claimants. The date of the June 13, 2004 Claim Filing Deadline was added to the notices of liquidation, instructions for filing proof of claim forms, and the proof of claim forms attached as Exhibits to the Order Approving Notice, and approximately 330,000 such notices, instructions and proof of claim forms were mailed to potential claimants and producers by New Hampshire Mailing Services, Inc. ("NH Mailings"). A copy of NH Mailings' confirmation letter dated July 2, 2003 is attached as Exhibit A. The mailings are also summarized on the chart attached as Exhibit B. (This chart differs from the chart submitted in connection with the motion for approval of notice as (i) the various lists of names and addresses on The Home's computer systems have been more accurately determined, (ii) policies issued by Zurich Insurance Company and The Home's Canadian Branch have been removed, and (iii) duplications and incomplete names and addresses have been removed.) The mailings were sent to the following:

- a. policyholders whose policies are the subject of open claims and whose names and addresses are available on The Home's computer systems;
- b. claimants or, in the case of asbestos or other mass tort claims, the claimants' attorneys at the names and addresses listed on The Home's computer systems;
- c. present and historic policyholders of The Home at the names and addresses available on The Home's computer systems;
- d. reinsureds ceding to The Home or USI Re and brokers through whom reinsurance was ceded to The Home or USI Re as listed on The Home's computer systems;
- e. reinsurers to whom The Home or USI Re ceded and brokers through whom The Home or USI Re ceded reinsurance as listed on The Home's computer systems;
- f. AFIA reinsureds, brokers and attorneys based on the names and addresses provided by ACE/INA;

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g. City Insurance Company brokers, reinsureds and lawyers based on the names and addresses provided by CMGL;

h. former employees of The Home receiving medical or insurance benefits pursuant to plans funded by The Home; and

i. Vendors and service providers, including third-party administrators and defense counsel for insureds retained by The Home, at the names and addresses on IRS Form 1099 lists for the past two years (2001 and 2002) and other lists on The Home's computer systems.

6. Further work is required to make mailings to (a) policyholders whose policies are subject to open claims but whose names and addresses are not on The Home's computer systems, (b) claimants and policyholders with open claims whose claims were being handled by third-party claim administrators other than Risk Enterprise Management Limited, (c) claimants with open property or international claims, and (d) government agencies. These categories will be the subject of an additional mailing.

7. Notice of Policy/Bond Cancellation. The date 30 days after the operative Order of Liquidation for The Home (July 13, 2003) was added to the notice of cancellation attached to the Order Approving Notice as the cancellation date, and the notice of cancellation has been mailed by first class mail to the in-force policyholders and bondholders of The Home.

8. Status of Canadian Transaction. In accordance with the Order Approving Notice, the Liquidator did not mail notice to Canadian policyholders or claimants because of the proposed transaction with a Canadian insurer under which that insurer would assume The Home's Canadian obligations. In light of the Order of Liquidation for The Home, the Canadian regulatory authority, the Office of the Supervisor of Financial Institutions ("OSFI"), filed a winding-up proceeding for The Home's Canadian Branch, and a winding-up order and an order appointing provisional liquidator for The Home's

Canadian Branch were entered by the Ontario Superior Court of Justice on June 26, 2003. Representatives of the Liquidator will meet with the Provisional Liquidator appointed by the Canadian Court in mid-July to discuss the Canadian proceeding and the proposed transaction.

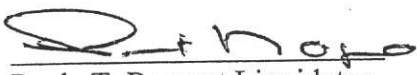
9. Publication Notice. Publication notice of the Orders of Liquidation and Claim Filing Deadline, together with instructions on how to obtain proof of claim forms, began on June 26, 2003 and notice either has been or shortly will be published in 94 newspapers and one trade publication, including (a) a newspaper in the capital and, if different, the largest city of each state and territory of the United States in which The Home or USI Re was authorized to do business (including the New York Times – national edition), (b) one other newspaper of nationwide circulation in the United States (the Wall Street Journal – global edition), (c) a leading insurance trade publication (Business Insurance), and (d) a newspaper of general circulation in the two jurisdictions other than Canada where The Home had overseas branch operations, the United Kingdom (the Times of London) and Hong Kong (South China Morning Post). A form of the publication notice is attached as Exhibit C, and a list of the publications is attached as Exhibit D.

10. Other Notice. The Orders of Liquidation and the Liquidation Notices, Instructions, and Proof of Claim Forms were posted on the New Hampshire Insurance Department's website on June 19, 2003.

EXHIBIT A  
EXHIBIT B  
EXHIBIT C  
EXHIBIT D  
EXHIBIT E  
EXHIBIT F

11. List of Assets. In accordance with RSA 402-C:29, I, lists of the assets of The Home and USI Re are attached as Exhibits E and F.

Respectfully submitted,

  
Paula T. Rogers, Liquidator

July 3, 2003

EXHIBIT A

NEW HAMPSHIRE MAILING  
SERVICES, INC.

30 TERRILL PARK DRIVE  
CONCORD, NH 03301

EXHIBIT A

July 2, 2003

TEL. (603) 226-4300  
FAX (603) 226-4399

Michael L. Averill, CPCU  
10 Chestnut Drive  
Suite B  
Bedford, New Hampshire 03110

Dear Mike:

Re: Mailing Services Confirmation

This will confirm that New Hampshire Mailing Services made mailings on behalf of The Home Insurance Company In Liquidation and US International Reinsurance Company in Liquidation. The mailings consisted of three items for each company. Those items were:

- A Notice of Liquidation;
- A Proof of Claim Form; and
- An Instruction Sheet for the Proof of Claim Form.

A sample of each notice is attached for reference.

Mailings were made via first class mail to:

326,437 domestic recipients for Home Insurance  
3,694 foreign recipients via DHL for Home Insurance  
975 domestic recipients and USIRE  
328 foreign recipients via DHL for USIRE  
1405 domestic recipients for HIC (Notice of Policy or Bond Cancellation)

Mailings were made to a total of 332,839 recipients.

Attached, to verify the mailings, are copies of US Postal Form 3602 which confirm delivery to the United States Postal Service for domestic mailings on June 26, June 27, June 30, and July 1, 2003. Also attached are the DHL Packing Slips which confirm DHL's receipt of the foreign mailings on June 30th and July 1, 2003.

Enclosed is a CD ROM that contains the list of the names and addresses to whom the mailings were made as supplied by REM.

If you have any questions or need any additional information, please do not hesitate to contact me.

Regards,

*Susan B. Gray*  
Susan B. Gray  
General Manager

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United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office: Note Mail Arrival Time

*7:30 AM*

Permit Holder's Name and Address, and Email Address If Any <b>NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Mailing Agent (If other than permit holder) <b>NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) <b>The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720</b>
CAPS Cust. Ref. ID _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Post Office of Mailing <b>CONCORD NH</b>	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date <b>6/26/2003</b>	Federal Agency Cost Code	Statement Seq. No. <b>HOME LOT #1</b>	Number of Containers 1' MM Trays <b>65</b> 2' MM Trays <b>287</b> 2' EMM Trays Flat Trays Sacks Pallets <b>7</b> Other
Permit No. <b>1494</b>	Weight of a Single Piece <b>0.0542 pound</b>	Total Pieces <b>86,582</b>	Total Weight <b>4,692.7444</b>		

For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/20/2003</b>	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/20/2003</b>
--	--	--

For Automation Letters	Total From Part A (On reverse)	<b>21,346.7670</b>
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	<b>4,316.9280</b>
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	<b>25,663.70</b>
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

Understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Max Torrestall</i>	Name of Mailer or Agent <b>NH MAILING SERVICES</b>	Telephone <b>(603)-226-4300</b>
---	---	------------------------------------

Weight of a Single Piece <b>0.0542 pound</b>	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces <b>86,582</b>	Total Weight <b>4,692.7444</b>
Total Postage <b>25,663.70</b>	
Date Mailed (if applicable)	Date Mailed Notified
Person Verification Not Scheduled <input type="checkbox"/>	Person Verification Performed as Scheduled <input type="checkbox"/>
I certify that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).	
Mailing Employee's Signature <i>[Signature]</i>	Time <b>AM</b>



United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office Note Mail Arrival Time  
 12-

Permit Holder's Name and Address, and Email Address If Any <b>NH MAILING SERVICES</b> <b>30 TERRILL PARK DRIVE</b> <b>CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Mailing Agent (If other than permit holder) <b>NH MAILING SERVICES</b> <b>30 TERRILL PARK DRIVE</b> <b>CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) <b>The Home Insurance Company In Liquidation</b> <b>PO Box 1720</b> <b>Manchester NH 03105-1720</b>
CAPS Cust. Ref. ID _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Post Office of Mailing <b>CONCORD NH</b>	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date <b>6/27/2003</b>	Federal Agency Cost Code	Statement Seq. No. <b>HOME LOT #2</b>	Number of Containers 1' MM Trays <b>64</b> 2' MM Trays <b>263</b> 2' EMM Trays Flat Trays Sacks Pallets <b>6</b> Other
Permit No. <b>1494</b>	For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	Weight of a Single Piece <b>0.0542 pound</b>	Total Pieces <b>79,832</b>	Total Weight <b>4,326.8944</b>	

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/20/2003</b>	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/20/2003</b>
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For Automation Letters	Total From Part A (On reverse)	19,839.3630
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	4,070.8800
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b>	<b>23,910.24</b>
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b>	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

Understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Mico Torres</i>	Name of Mailer or Agent <b>NH MAILING SERVICES</b>	Telephone <b>(603)-226-4300</b>
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Weight of a Single Piece <b>0.0542 pound</b>	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces <b>79,832</b>	Total Weight <b>4,326.8944</b>
Total Postage <b>23,910.24</b>	

Date Mailing Notified	Contact	By (Initials)
Permit Verification Not Scheduled <input type="checkbox"/>	Permit Verification Performed as Scheduled <input type="checkbox"/>	
I certify that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).		
Employee's Signature <i>Denise Archambault</i>	Verifying Employee's Name <b>DENISE ARCHAMBAULT</b>	Time <b>AM</b>



000037



United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office: Note Mail Arrival Time

Permit Holder's Name and Address, and Email Address If Any NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Mailing Agent (If other than permit holder) NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720
CAPS Cust. Ref. ID _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Post Office of Mailing CONCORD NH Permit No. 1494	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 6/30/2003	Federal Agency Cost Code	Statement Seq. No. HOME LOT #3	Number of Containers 1' MM Trays 79 2' MM Trays 256 2' EMM Trays Flat Trays Sacks Pallets 6 Other
For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post		Weight of a Single Piece 0.0542 pound	Total Pieces 80,674	Total Weight 4,372.5308	

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/20/2003
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For Automation Letters	Total From Part A (On reverse)	20,747.9260
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	3,290.1440
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
<b>Total Postage (Add lines above)</b>		<b>24,038.07</b>
USPS Use Only: Additional Postage Payment (State reason)		
<b>Total Adjusted Postage (Add additional postage to total postage)</b>		

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by postal regulation. The mailer understands that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Nae Forrestal</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
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Weight of a Single Piece 0.0542 pound	Are figures at left adjusted from mailer's entries? If Yes, Reason	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pieces 80,674	Total Weight 4,372.5308	
Postage 24,038.07		

Date Mailed (if applicable)	Date Mailed	Contact	By (Initials)
Post Verification Scheduled	Post Verification Performed as Scheduled		
I certify that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and where required, (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Employee's Signature <i>Forrestal</i>	Verifying Employee's Name FORREST E PICKNELL	Time AM PM	



000038

United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments:

Post Office Note Mail/PAYAL/ETC

Permit Holder's Name and Address, and Email Address If Any NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Mailing Agent (If other than permit holder) NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301	Telephone (603)-226-4300	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720
CAPS Cust. Ref. ID _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____

Post Office of Mailing CONCORD NH	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date 7/01/2003	Federal Agency Cost Code	Statement Seq. No. HOME LOT #4	Number of Containers 1' MM Trays 63 2' MM Trays 268 Flat Trays Sacks Pallets 7 Other
Permit No. 1494	Weight of a Single Piece 0.0542 pound	Total Pieces 79,349	Total Weight 4,300.7158		

For Mail Enclosed Within Another Class <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post	For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/24/2003	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) 6/24/2003
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For Automation Letters	Total From Part A (On reverse)	19,492.8460
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	4,456.7360
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b> →	23,949.58
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b> →	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

Understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Maew Forrestal</i>	Name of Mailer or Agent NH MAILING SERVICES	Telephone (603)-226-4300
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Weight of a Single Piece 0.0542 pound	Are figures adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces 79,349	Total Weight 4,300.7158
Total Postage 23,949.58	

Check One (If applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified	Contact	By (Initials)
CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and sort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Mailing Employee's Signature <i>[Signature]</i>	Verifying Employee's Name FORREST E PICKNELL	Time AM PM	



000039



States Postal Service  
**Postage Statement - First-Class Mail**  
 Post Office Note Mail Arrival Time

Holder's Name and Address Small Address If Any <b>NEW HAMPSHIRE MAILING SERVICE TERRILL PARK DRIVE CONCORD, NH 03301</b>		Telephone <b>(603) 226-4300</b>	Name and Address of Mailing Agent (If other than permit holder) <b>NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD, NH 033010000</b>	Telephone <b>(603) 226-4300</b>	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder) <b>The Home Insurance Co PO Box 1720 Manchester, NH 03105-1720</b>
Dun & Bradstreet No.		Dun & Bradstreet No.		Dun & Bradstreet No.	
Office of Mailing CONCORD NH	Processing Category (DMM C050) Letters (DMM C050)	Mailing Date <b>7/01/2003</b>	Federal Agency Cost Code	Statement Seq. No. <b>6033</b>	Number of Containers 1ft MM Trays <input type="checkbox"/> T11 Letter Trays <input type="checkbox"/>
Number		Weight of a Single Piece <b>0.0188 lbs</b>		Total Pieces <b>1,405</b>	2ft MM Trays <input type="checkbox"/> Sacks <input type="checkbox"/>
Enclosed Within Another Class Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Priority Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post <input type="checkbox"/>				Total Weight <b>26.4140 lb</b>	2ft EMM Trays <input type="checkbox"/> Pallets <input type="checkbox"/>
Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0)		For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0)		Flat Trays <input type="checkbox"/> Other <input type="checkbox"/>	

Under DMM: M130 (Letters, Flats, Parcels) M810 (Automation Letters)      Receipt Number      Reference Number      Mailer's Department/Job No.      Description of Mail  
**NOTICE OF CANCELLATION**

Discount	Pieces	Piece Rate	Postage
<b>CALCULATIONS Part A Automation Rates - Letters</b>			
A03 3-Digit	403	0.2920	117.6760
A05 Mixed AADC	662	0.3090	204.5580
		Subtotal	322.2340
<b>CALCULATIONS Part C Nonautomation Letters</b>			
C02 Single-Piece	340	0.3700	125.8000
		Subtotal	125.8000

Master: Report total postage in AIC 121      **Total Pieces: 1,405**      **Total Postage 448.03**  
 Additional Postage Payment (State reason, Add amount to line above)      \$      **Total Adjusted Postage: \$**

My signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be held liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

I hereby certify that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

And that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including imprisonment.

Name of Mailer or Agent: **Forrest E Picknell**      Telephone Number: **(603) 226-4300**

Net Weight: **0.0188** pounds      Are figures at left adjusted from mailer's entries?  Yes  No

Total Weight: **26.4140**      "Yes" Reason: **448.03**

Date Mailed:      Contact:      By (Initials):      Round Stamp (Required): **CONCORD, NH 03301 JUL 1 2003 USPS**

Presort Verification:  Not Scheduled  Performed as Scheduled

Employee's Signature: **Forrest E Picknell**      Verifying Employee's Name: **FORREST E PICKNELL**      Time: **AM**

United States Postal Service  
**Postage Statement — First-Class Mail**  
**Permit Imprint**

Comments: \_\_\_\_\_  
 Post Office: Note Mail Arrival Time \_\_\_\_\_

Permit Holder's Name and Address, and Email Address if Any <b>NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Mailing Agent (If other than permit holder) <b>NH MAILING SERVICES 30 TERRILL PARK DRIVE CONCORD NH 03301</b>	Telephone <b>(603)-226-4300</b>	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) <b>The Home Insurance Company In Liquidation PO Box 1720 Manchester NH 03105-1720</b>
CAPS Cust. Ref. ID _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	Dun & Bradstreet No. _____	

Post Office of Mailing <b>CONCORD NH</b>	Processing Category (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM C820) <input type="checkbox"/> Parcels	Mailing Date <b>7/01/2003</b>	Federal Agency Cost Code	Statement Seq. No. <b>USIRE</b>	Number of Containers 1' MM Trays <b>3</b> 2' MM Trays <b>2</b> Flat Trays Sacks Pallets <b>1</b> Other
Permit No. <b>1494</b>		Weight of a Single Piece <b>0.0542</b> pound	Total Pieces <b>975</b>	Total Weight <b>52.8450</b>	

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/23/2003</b>	For Automation Carrier Route Rate Pieces, Enter Date of Address Matching and Coding (DMM A950.3.0) <b>6/23/2003</b>
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For Automation Letters	Total From Part A (On reverse)	<b>262.6020</b>
For Automation Flats	Total From Part B (On reverse)	
For Nonautomation Letters, Flats, and Parcels	Total From Part C (On reverse)	<b>46.2500</b>
For Automation and Nonautomation Cards	Total From Part D (On reverse)	
For Special Services and Other Fees	Total From Attached Form 3540-S	
Postmaster: Report total postage in AIC 121.	<b>Total Postage (Add lines above)</b> →	<b>308.85</b>
USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	<b>Total Adjusted Postage (Add additional postage to total postage)</b> →	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

Understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Mac Forrester</i>	Name of Mailer or Agent <b>NH MAILING SERVICES</b>	Telephone <b>(603)-226-4300</b>
--	---	------------------------------------

Weight of a Single Piece <b>0.0542</b> pound	Are figures above adjusted from mailer's entries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Total Pieces <b>975</b>	Total Weight <b>52.8450</b>
Total Postage <b>308.85</b>	

Person Verification: Not Scheduled <input type="checkbox"/> / Performed as Scheduled <input checked="" type="checkbox"/>	Date Mailer Notified	Contact	By (Initials)
I certify that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and proper labeling, if required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Permitting Employee's Signature <i>Forrester</i>	Permitting Employee's Name <b>FORRESTER PICKNELL</b>	Time <b>AM</b>	Time <b>PM</b>





Shipper's Copy

8 Products & Services

Domestic Express  Global Mail  
 Priority  Standard  
 USA Commercial  International  
 Other: (US, CA, MX, SA, AU, NZ, JP, HK, TW, SG, TH, VN, PH, MY, ID, IN, BR, AR, CL, CO, PE, VE, EC, CR, GT, BZ, CU, DO, PR, US, AA, AE, AF, AG, AI, AL, AM, AN, AO, AQ, AR, AS, AT, AU, AW, AX, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BR, BS, BT, BV, BW, BY, BZ, CA, CC, CD, CE, CF, CG, CH, CI, CK, CL, CM, CN, CO, CR, CS, CU, CV, CW, CX, CY, CZ, DD, DE, DG, DH, DJ, DK, DL, DM, DN, DO, DQ, DR, DS, DT, DU, DV, DW, DX, EY, EZ, FA, FB, FC, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, HX, HY, HZ, IY, IZ, JY, JZ, KY, KZ, LY, LZ, MY, MZ, NY, NZ, OY, OZ, PY, PZ, QY, QZ, RY, RZ, SY, SZ, TY, TZ, UY, UZ, VY, VZ, WY, WZ, XY, XZ, YY, YZ, ZY, ZZ

Worldwide Express  WorldFreight  
 Non-Deliverable  Other:

Services Options (extra charges may apply)  
 Saturday  Special  
 Delivery  Pickup  
 Hold For Pickup  Delivery Notification

Not all products or services outlined here available to/from all locations.

DIMENSIONAL/CHARGEABLE WEIGHT

SERVICES CHARGES  
 Drop Box # TOTAL  
 TRANSPORT COLLECT STICKER No.

PAYMENT DETAILS (Check, Card No.)

No.: Type Expires  
 Auth.

PICKED UP BY

Route No. Date  
 Time

Signature (required)

Signature (required) Date

4 Shipment Details

Total Weight: 25 lbs  
 Dimensions (in inches): Length x Width x Height  
 12 x 12 x 12

5 Full Description of Contents

Give Content and Quantity. **DHL Does Not Transport Cash**  
**PRIORITY**  
 1 HIC Bag  
 1/1690-25

6 Dutiable Shipments Only (Customs requirement)

Attach the original and four copies of a Commercial Invoice or Pro Forma  
 Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/VSSN

7 Shipper's Authorization (signature required)

I agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply to this shipment. I understand that Shipment Value Protection is available on request, for an extra charge. I agree to pay all charges if the recipient or 3rd party refuses to pay. I understand that DHL DOES NOT TRANSPORT CASH.

TYPE OF EXPORT

Permanent  Repair/Return  Temporary  
 Receiver  Shipper  Other

Declared Value for Carriage (in US \$)

1767330

Contact Name: Harrold Frazier

Company Name: Home Inc CO FOREIGN

MAILING SERVICES INC

TERRILL PARK DR

NCROD NH

Phone, Fax or Email (required): (603) 226-4300

3015257

TL MAIL CTR

Address: DHL Cannot Deliver to a PO Box

1 VETERANS BLVD

THETFORD NJ

Country

Phone, Fax, or E-mail (required)

070

000042





**8 Products & Services**

**DOMESTIC EXPRESS**

U.S. Express

USA Overnight

Other

**WORLDWIDE EXPRESS**

Int'l Express Envelope

Non-Dutiable

Dutiable

**Services Options** (extra charges may apply)

Saturday Delivery

Hold For Pickup

Delivery Notification

Other

\*Not all products or services options are available. Refer to all restrictions.

**4 Shipment Details**

Total Number of Packages: 1 bag

Net Weight: 36 lbs

Dimensions (in inches):  
 Length: 36 Width: 12 Height: 12

**5 Full Description of Contents**

Give Content and Quantity DHL Does Not Transport

**PRIORITY MAIL CANADIAN**

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) Label Price

Schedule B Number / Harmonized Code (if applicable)

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment receipt is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) \_\_\_\_\_ Date 11/13/12

**Drop Box #**

**TOTAL**

**TRANSPORT COLLECT STICKER No.**

**TYPE OF EXPORT**

Permanent

Repair/Returm

Temporary

**Destination Duties/Taxes if left bank. Receiver pays duties/taxes or:**

Receiver

Shipper

Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**Sender**

Name: FERRILL PARK DR

Address: CORD NH

Phone, Fax, or E-mail (required): (603) 226-4300

**Receiver**

Name: MAIL CTR

Address: VETERANS BLYD

City: BERFORD NJ

Country: \_\_\_\_\_

Phone, Fax, or E-mail (required): \_\_\_\_\_

**8 Products & Services**

**DOMESTIC EXPRESS**

U.S. Express

USA Overnight

Other

**WORLDWIDE EXPRESS**

Int'l Express Envelope

Non-Dutiable

Dutiable

**Services Options** (extra charges may apply)

Saturday Delivery

Hold For Pickup

Delivery Notification

Other

\*Not all products or services options are available. Refer to all restrictions.

**4 Shipment Details**

Total Number of Packages: 1 bag

Net Weight: 36 lbs

Dimensions (in inches):  
 Length: 36 Width: 12 Height: 12

**5 Full Description of Contents**

Give Content and Quantity DHL Does Not Transport

**PRIORITY MAIL CANADIAN**

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) Label Price

Schedule B Number / Harmonized Code (if applicable)

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment receipt is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) \_\_\_\_\_ Date 11/13/12

**Drop Box #**

**TOTAL**

**TRANSPORT COLLECT STICKER No.**

**TYPE OF EXPORT**

Permanent

Repair/Returm

Temporary

**Destination Duties/Taxes if left bank. Receiver pays duties/taxes or:**

Receiver

Shipper

Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**Sender**

Name: FERRILL PARK DR

Address: CORD NH

Phone, Fax, or E-mail (required): (603) 226-4300

**Receiver**

Name: MAIL CTR

Address: VETERANS BLYD

City: BERFORD NJ

Country: \_\_\_\_\_

Phone, Fax, or E-mail (required): \_\_\_\_\_

**8 Products & Services**

**DOMESTIC EXPRESS**

U.S. Express

USA Overnight

Other

**WORLDWIDE EXPRESS**

Int'l Express Envelope

Non-Dutiable

Dutiable

**Services Options** (extra charges may apply)

Saturday Delivery

Hold For Pickup

Delivery Notification

Other

\*Not all products or services options are available. Refer to all restrictions.

**4 Shipment Details**

Total Number of Packages: 1 bag

Net Weight: 36 lbs

Dimensions (in inches):  
 Length: 36 Width: 12 Height: 12

**5 Full Description of Contents**

Give Content and Quantity DHL Does Not Transport

**PRIORITY MAIL CANADIAN**

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) Label Price

Schedule B Number / Harmonized Code (if applicable)

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment receipt is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) \_\_\_\_\_ Date 11/13/12

**Drop Box #**

**TOTAL**

**TRANSPORT COLLECT STICKER No.**

**TYPE OF EXPORT**

Permanent

Repair/Returm

Temporary

**Destination Duties/Taxes if left bank. Receiver pays duties/taxes or:**

Receiver

Shipper

Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Export Administration. Diversion to countries contrary to U.S. law prohibited.

**Sender**

Name: FERRILL PARK DR

Address: CORD NH

Phone, Fax, or E-mail (required): (603) 226-4300

**Receiver**

Name: MAIL CTR

Address: VETERANS BLYD

City: BERFORD NJ

Country: \_\_\_\_\_

Phone, Fax, or E-mail (required): \_\_\_\_\_

**8 Products & Services**

**DOMESTIC EXPRESS**

U.S. Express

USA Overnight

Other

**WORLDWIDE EXPRESS**

Int'l Express Envelope

Non-Dutiable

Dutiable

**Services Options** (extra charges may apply)

Saturday Delivery

Hold For Pickup

Delivery Notification

Other

\*Not all products or services options are available. Refer to all restrictions.

**4 Shipment Details**

Total Number of Packages: 1 bag

Net Weight: 36 lbs

Dimensions (in inches):  
 Length: 36 Width: 12 Height: 12

**5 Full Description of Contents**

Give Content and Quantity DHL Does Not Transport

**PRIORITY MAIL CANADIAN**

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) Label Price

Schedule B Number / Harmonized Code (if applicable)

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that Shipment receipt is available on request, for an extra charge. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) \_\_\_\_\_ Date 11/13/12

**8 Products & Services**

Domestic Express  
 U.S. Express  
 U.S. Overnight  
 Other

Worldwide Express  
 Int'l Express Envelope  
 Non-Dutiable  
 Dutiable  
 Saturday Delivery  
 Hold For Pickup

Priority  
 Standard  
 PA  
 ISAL  
 DownFlex

WorldFlight  
 Other

Service Options (extra charges may apply)

Special  
 Pickup  
 Delivery Notification

Not all products or services options are available in some areas.

**9 DIMENSIONAL/CHARGEABLE WEIGHT**

SERVICES

CHARGES

TOTAL

Drop Box #

TRANSPORT COLLECT STICKER No.

PAYMENT DETAILS (Check, Card No.)

No.:

Type Expires

Auth.

PICKED UP BY: [Signature]

Route No. [Signature]

Time Date

**3 Shipment Details**

Total Number of Packages: 1 BAG 36

Total Weight: 36 lbs

Dimensions (in inches): Length, Width, Height

1 BAG 36

36

36

36

**4 Full Description of Contents**

Give Content and Quantity. **DHL Does Not Transport Cash**

**PRIORITY**

**HIG BAG #1 CANADIAN**

**666 pieces**

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma. Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) (as on Commercial/Pro Forma Invoice)

Schedule B Number / Harmonized Code (if applicable)

TYPE OF EXPORT: Permanent  Repair/Return  Temporary

Destination Duties/Taxes (if left blank, Receiver pays duties/taxes):

Receiver  Shipper  Other

The commodities, technology or software to be exported from the U.S. are in compliance with the U.S. Bureau of Economic Analysis. Diversion to countries contrary to U.S. law prohibited.

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to accept this shipment for export to the destination country. I/we understand that Shipment Value Protection is not available for this shipment. I/we agree to pay all charges if the recipient or 3rd party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required): [Signature]

Date: 6/13/11

**1 From (Shipper)**

Shipper's Account Number: 761767330

Contact Name: Harmay Fowl

Company Name: HAME INC. Co. foirdigas

Address: NH MAILING SERVICES INC

30 TERRILL PARK DR

CONCORD NH

Phone, Fax, or E-mail (required): (603) 226-4300

City/ZIP Code (required): 033015257

To (Receiver)

Company Name: CNL MAIL CTR

Address: DHL-OP GLOBAL MAIL

301 VETERANS BLVD

MATHERFORD NJ

City/ZIP Code (required): 07070

Phone, Fax, or E-mail (required):

Country:

**2 Yes Declared Value for Carriage (in US \$)**

Declared Value: 000045

Country: [Blank]

Phone, Fax, or E-mail (required): [Blank]

Country: [Blank]

Phone, Fax, or E-mail (required): [Blank]

Country: [Blank]

Phone, Fax, or E-mail (required): [Blank]

Country: [Blank]

Phone, Fax, or E-mail (required): [Blank]

**8 Products & Services**

DOMESTIC EXPRESS  
 U.S. Express Envelope  
 USA Overnight  
 Other

DP GLOBAL MAIL  
 Priority  
 Standard  
 IPA  
 ISAL  
 DomPlan

WORLDWIDE EXPRESS  
 Int Express Envelope  
 Non-Dutiable  
 WorldFlight  
 Dutiable  
 Other

Service Optional (extra charges may apply)  
 Saturday Delivery  
 Special Pickup  
 Hold For Pickup  
 Delivery Notification

All services may be used in combination.  
 Not all products or services options are available in all locations.

**DIMENSIONAL/CHARGEABLE WEIGHT**

SERVICES \_\_\_\_\_ CHARGES \_\_\_\_\_  
 Drop Box # \_\_\_\_\_ TOTAL \_\_\_\_\_  
 TRANSPORT COLLECT STICKER No. \_\_\_\_\_  
 PAYMENT DETAILS (Check, Card No.)  
 No.: \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_  
 Auth.: \_\_\_\_\_  
 PICKED UP BY 639  
 Route No. 6170  
 Time \_\_\_\_\_ Date \_\_\_\_\_

**4 Shipment Details**

Total Number of Packages: 1 BAG  
 Total Weight: 30 lbs  
 Dimensions (in inches):  
 Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
 If DHL Express Document packaging used, enter "X":  
 Length: X Width: X Height: X

782318128  
 Barcode:

**5 Full Description of Contents**

Give Content and Quantity DHL Does Not Transport Cash  
PRIORITY ALL CANADIAN  
HIC BAG #5  
601 pieces

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN  
 Value for Customs (in US \$) (as on Commercial/Pro Forma Invoice) \_\_\_\_\_  
 Schedule B Number / Harmonized Code (if applicable) \_\_\_\_\_  
 TYPE OF EXPORT:  Permanent  Repair/Return  Temporary  
 Destination Duties/Taxes if left blank, Receiver pays duties/taxes:  
 Receiver  Shipper  Other

**7 Shipper's Authorization (signature required)**

I/we agree that DHL's standard terms apply to this shipment and that DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply. I/we agree to pay the DHL Value Protection fee. I/we understand that DHL DOES NOT TRANSPORT CASH.  
 Signature (required): PAUL M. J. J. Date: 6/13/03

**2 From (Shipper)**

Shipper's Account Number: 761767330  
 Shipper's Reference (up to 35 characters): HARMONY FOLKLORE HOME LOS. Co. Foreigns  
 Company Name: NH MAILING SERVICES INC  
 Address: 30 TERRILL PARK DR CONCORD NH 03301  
 Phone, Fax, or E-mail (required): (603) 226-4300

**3 To (Receiver)**

Company Name: DHL-OP GLOBAL MAIL  
 Contact Name: INTL MAIL CTR  
 Delivery Address: 301 VETERANS BLVD RUTHERFORD NJ 07070  
 Country: \_\_\_\_\_  
 Phone, Fax, or E-mail (required): \_\_\_\_\_

Post/ZIP Code (required): \_\_\_\_\_  
 Not all payment options are available in all countries.

000046



8 Products & Services

Domestic Express  
 U.S. Express Envelope  
 USA Overnight  
 Other

Worldwide Express  
 Int'l Express Envelope  
 Non-Dutiable  
 Dutiable  
 Other

Hold For Pickup  
 Delivery Notification  
 Other

Global Mail Priority  
 Standard  
 IPA  
 ISAL  
 Dom/Flex

Not all products or services available in all locations.

DIMENSIONAL/CHARGEABLE WEIGHT

SERVICES

CHARGES

TOTAL

Drop Box #

TRANSPORT COLLECT STICKER No.

PAYMENT DETAILS (Check, Card No.)

No. Type Expires

Auth.

759 2318 115

4 Shipment Details

7692318115

Total Weight: 32 lbs

Dimensions (in inches): Length X Width X Height

Pieces: 571

1 BAG

5 Full Description of Contents

Give Content and Quantity. DHL Does Not Transport Cash

PRIORITY

1 HC BAG #60

571 pieces

6 Dutiable Shipments Only (Customs requirement)

Attach the original and four copies of a Commercial Invoice or Pro Forma Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$)

Schedule B Number / Harmonized Code (if applicable)

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes if left blank, Receiver pays duties/taxes.

Receiver  Shipper  Other

7 Shipper's Authorization (signature required)

I/we agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). I/we authorize DHL to complete other documents necessary to export this shipment. I/we understand that shipment recipient is responsible for request for an extra charge. I/we agree to pay all charges if the recipient or our party refuses to pay. I/we understand that DHL DOES NOT TRANSPORT CASH.

Signature (required): *Franklin J. ...* Date: 6/30/03

1 Payer account number and shipment value protection details

Shipper's Account No. 761767330

Shipper's Reference (up to 35 characters) HANNEY FEOLER

Company Name: HANNEY FEOLER

Address: NH MAILING SERVICES INC

30 TERRILL PARK DR  
CONCORD NH

Post/ZIP Code (required) 033015257

Phone, Fax, or E-mail (required) (603) 226-4300

2 From (Shipper)

Shipper's Account Number: 761767330

Shipper's Reference (up to 35 characters): HANNEY FEOLER

Company Name: HANNEY FEOLER

Address: NH MAILING SERVICES INC

30 TERRILL PARK DR  
CONCORD NH

Post/ZIP Code (required): 033015257

Phone, Fax, or E-mail (required): (603) 226-4300

3 To (Receiver)

Company Name: DHL-DP GLOBAL MAIL

Contact Name: INTL MAIL CTR

Delivery Address: 301 VETERANS BLVD  
RUTHERFORD NJ

Country: [Blank]

Post/ZIP Code (required): 07070

Phone, Fax, or E-mail (required): [Blank]

3 To (Receiver)

Company Name: DHL-DP GLOBAL MAIL

Contact Name: INTL MAIL CTR

Delivery Address: 301 VETERANS BLVD  
RUTHERFORD NJ

Country: [Blank]

Post/ZIP Code (required): 07070

Phone, Fax, or E-mail (required): [Blank]

301 VETERANS BLVD  
RUTHERFORD NJ

Country: [Blank]

Post/ZIP Code (required): 07070

Phone, Fax, or E-mail (required): [Blank]

000047

**B Products & Services**

**DOMESTIC EXPRESS**

U.S. Express Envelope  Priority  Standard

USA Overnight  IFA  ISAL  DomFlat

**WORLDWIDE EXPRESS**

Int Express Envelope  Worldflight

Non-Dutiable  Dutiable  Other

**Service Options** (extra charges may apply)

Saturday Delivery  Special Pickup  Hold For Pickup  Delivery Notification  Other

**DIMENSIONAL/CHARGEABLE WEIGHT**

Not all products or services options are available to/from all locations.

Services: \_\_\_\_\_ Charges: \_\_\_\_\_

Drop Box # \_\_\_\_\_ TOTAL \_\_\_\_\_

TRANSPORT COLLECT STICKER No. \_\_\_\_\_

PAYMENT DETAILS (Check-Card No.) \_\_\_\_\_

No.: \_\_\_\_\_ Type \_\_\_\_\_ Expires \_\_\_\_\_

Auth.: \_\_\_\_\_

PICKED UP BY: *33*

Route No. *000048*

Time *11:00* Date *7/11/03*

**4 Shipment Details**

7692318130

Total Number of Packages: *13*

Total Weight: \_\_\_\_\_ lbs

Dimensions (in inches):

Pieces: \_\_\_\_\_ Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

*13A6 14*

**5 Full Description of Contents**

Give Content and Quantity. DHL Does Not Transport Cash.

**PRIORITY**

*USIFE*

*3A8*

*eccs*

**6 Dutiable Shipments Only (Customs requirement)**

Attach the original and four copies of a Commercial Invoice or Pro Forma, Export License No./Symbol (if applicable) Receiver's VAT/GST or Shipper's EIN/SSN

Value for Customs (in US \$) \_\_\_\_\_

(as on Commercial/Pro Forma Invoice)

Schedule B Number / Harmonized Code (if applicable) \_\_\_\_\_

TYPE OF EXPORT:  Permanent  Repair/Return  Temporary

Destination Duties/Taxes if left blank, Receiver pays duties/taxes.

Receiver  Shipper  Other

**7 Shipper's Authorization (Signature required)**

We agree that DHL's standard terms apply to this shipment and limit DHL's liability for loss or damage to U.S. \$100. The Warsaw Convention may also apply (see reverse). We understand that DHL is not responsible for any loss or damage to the contents of this shipment. We understand that DHL does not transport cash. Value Protection is available in request, for an extra charge. We agree to pay all charges if the recipient or 3rd party refuses to pay. We understand that DHL DOES NOT TRANSPORT CASH.

Signature (required) *Frankie Pille* Date *7/11/03*

**Shipper**

Account Number: *267330*

Contact Name: *Harmony Fowler*

Reference (up to 35 characters): *International Renaissance Co. Foreign*

Name: *MAILING SERVICES INC*

**Receiver**

Name: \_\_\_\_\_

Address: *FERRILL PARK DR*

*CORD NH*

Zip (required): *03307*

Phone, Fax, or E-mail (required): *(603) 226-4300*

**Address**

Address: *TOP GLOBAL MAIL*

*MAIL CTR*

*VETERANS BLVD*

*ERFORD NJ*

Country: \_\_\_\_\_

Phone, Fax, or E-mail (required): \_\_\_\_\_

000048