

**THE STATE OF NEW HAMPSHIRE**

**MERRIMACK, SS.**

**SUPERIOR COURT**

**Docket No. 217-2003-EQ-00106**

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

**LIQUIDATOR'S REPORT OF CLAIMS AND  
RECOMMENDATIONS AS OF DECEMBER 7, 2020**

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

1. The Liquidator has issued notices of determination or redetermination concerning the claims described on Schedule 1 in the amounts and at the priorities set forth on the Schedule.
2. With respect to all claims on Schedule 1, either the claimants have acknowledged that they agree with the claim determinations or more than sixty days have passed from the mailing of the notices of determination or redetermination without any objection being filed with the Court. The claimants accordingly may not object further to the determinations with respect to these claims. See RSA 402-C:41, I; Restated and Revised Order Establishing Procedures Regarding Claims Filed With The Home Insurance Company In Liquidation dated January 19, 2005, § 8.

3. In accordance with RSA 402-C:45, I, the Liquidator hereby reports on the claims set forth on Schedule 1 to the Court and recommends that the claims be allowed in the amounts and at the priority classes set forth on the schedule pursuant to RSA 402-C:45, II. The Liquidator has reviewed the claims and submits that the amounts recommended are fair and reasonable and that the priority classes recommended are proper under RSA 402-C:44.

4. In light of the suggestion in the Referee's Ruling on Liquidator's Motion for Clarification in Disputed Claims Docket No. 2005-HICIL-2 (Nov. 14, 2005), the Liquidator notes that there may be potential setoffs regarding certain of the claims. In any such event, those setoffs will be applied before distributions are made.

Respectfully submitted,

CHRISTOPHER R. NICOLOPOULOS, INSURANCE  
COMMISSIONER OF THE STATE OF NEW  
HAMPSHIRE, SOLELY AS LIQUIDATOR OF THE  
HOME INSURANCE COMPANY,

  
By: Peter A. Bengelsdorf  
Special Deputy Liquidator

Date: December 7, 2020

Certificate of Service

I hereby certify that a copy of the foregoing Liquidator's Report of Claims and Recommendations as of December 7, 2020 and the proposed form of order were sent, this 8th day of December, 2020, by first class mail, postage prepaid to all persons on the attached service list.

*/s/ Eric A. Smith* \_\_\_\_\_

Eric A. Smith

NH Bar ID No. 16952

THE STATE OF NEW HAMPSHIRE

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SUPERIOR COURT

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

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**THE HOME INSURANCE CO. IN LIQUIDATION**  
**Liquidator's Report of Claims and Recommendations Dated December 07, 2020 - Pursuant to RSA402-C:45**  
**(Notice of Determination Acknowledged as Agreed or Not Timely Objected To)**

**Distribution will be subject to set off.**

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
GOVT18904-55	CALIFORNIA INSURANCE GUARANTEE ASSOC.	BRAD ROEBER, EXEC DIR P.O. BOX 29066	GLENDALE	CA	91209-9066	This Class I partial allowance includes the 10% of allowed defense expense claims for the specified period per the Guaranty Fund/Liquidator settlement approved July 15, 2013. The Class II allowance on defense expense claims appears below. This allowance covers the payment period from 09/30/19 to 09/30/20	45,278.85	I

Current Recommended Class I Allowances from Claim Report:	\$	45,278.85	
Prior Total Approved Class I Allowances from Claim Reports:	\$	107,740,676.98	
Previously Court Approved Class I Settlement Agreements:	\$	150,694.92	
Total Recommended and Approved Class I Allowances:	\$	107,936,650.75	Class I

INSU715188-01	BOYS AND GIRLS CLUBS OF AMERICA	ATT: KRISTINE MORAIN SVP GC 1275 PEACHTREE STREET NE	ATLANTA	GA	30309	Full and final determination of the insured's claims which resolves the Proofs of Claim in their entirety. No further claims are asserted against the Home.	456,941.00	II
INSU715196-01	BOYS AND GIRLS CLUBS OF AMERICA	ATT: KRISTINE MORAIN SVP GC 1275 PEACHTREE STREET NE	ATLANTA	GA	30309	See final allowance under INSU715188-01	0.00	II
GOVT18904-56	CALIFORNIA INSURANCE GUARANTEE ASSOC.	BRAD ROEBER, EXEC DIR P.O. BOX 29066	GLENDALE	CA	91209-9066	Per the Guaranty Funds/Liquidator settlement approved July 15, 2013, this Class II partial allowance is for 90% of allowed defense expense claims for the specified period. The Class I allowance appears above. This allowance covers the payment period from 09/30/19 to 09/30/20	407,509.61	II
GOVT18904-57	CALIFORNIA INSURANCE GUARANTEE ASSOC.	BRAD ROEBER, EXEC DIR P.O. BOX 29066	GLENDALE	CA	91209-9066	Partial allowance to Guaranty Association for Loss payments (net of recovery payments) reported from 09/30/19 to 09/30/20	3,634,759.69	II

**THE HOME INSURANCE CO. IN LIQUIDATION**  
**Liquidator's Report of Claims and Recommendations Dated December 07, 2020 - Pursuant to RSA402-C:45**  
**(Notice of Determination Acknowledged as Agreed or Not Timely Objected To)**

**Distribution will be subject to set off.**

NOD Number	Claimant Name	Address				Brief Description	NOD Amount Recommended	NOD Class
INSU276829-01	DONALD EINBERGER	1210 OTTAWA AVE	ST PAUL	MN	55118	The claimant's workers' compensation claim was closed without involvement of the Home, hence the claim is denied. No further claims are asserted against the Home.	0.00	II
INSU277213-01	SANOFI-AVENTIS U.S. LLC	ATTN: KENRICH BERGMANN 55 CORPORATE DRIVE	BRIDGEWATER	NJ	08807	Full and final determination of the insured's workers' compensation claim. This resolves the Proof of Claim in its entirety. No further claims are asserted against the Home.	477,167.00	II
INSU712019-01	STA RITE INDUSTRIES (PENTAIR)	5500 WAYZATA BLVD, SUITE 800	GOLDEN VALLEY	MN	55416	Full and final determination of the insured's retrospective premium program. This now closes out the retro program and the Proofs of Claim.	1,288.00	II
INSU712018-01	STA RITE INDUSTRIES (PENTAIR)	5500 WAYZATA BLVD, SUITE 800	GOLDEN VALLEY	MN	55416	See final allowance under INSU712019-01	0.00	II
INSU712095-01	STA RITE INDUSTRIES (PENTAIR)	5500 WAYZATA BLVD, SUITE 800	GOLDEN VALLEY	MN	55416	See final allowance under INSU712019-01	0.00	II

Current Recommended Class II Allowances from Claim Report: \$ 4,977,665.30  
 Prior Total Approved Class II Allowances from Claim Reports: \$ 1,040,580,053.21  
 Previously Court Approved Class II Settlement Agreements: \$ 1,836,042,375.76  
 Total Recommended and Approved Class II Allowances: \$ 2,881,600,094.27 Class II

RAHM331339-04	TRAVELERS INDEMNITY COMPANY	ATTN: CAROL K SULLO ONE TOWER SQUARE	HARTFORD	CT	06183	Partial Reinsurance allowance for verified losses ceded to Home Ins Co under various contracts.	24,425.00	V
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Current Recommended Class V Allowances from Claim Report: \$ 24,425.00  
 Prior Total Approved Class V Allowances from Claim Reports: \$ 291,071,095.40  
 Previously Court Approved Class V Settlement Agreements: \$ 18,078,202.78  
 Total Recommended and Approved Class V Allowances: \$ 309,173,723.18 Class V