

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: Merrimack Superior Court

Case Name: IMO the Liquidation of the Home Insurance Company

Case Number: 217-2003-EQ-00106

(if known)

**APPEARANCE/WITHDRAWAL**

**APPEARANCE**

Type of appearance (Select One)

☒ Appearance ☐ Limited Appearance (*Civil cases only*)

If limited appearance, scope of representation:

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Select One:

☒ As Counsel for: collectively the "ACE Companies"

<u>Century Indemnity Company</u>	<u>("Century")</u>	
(Name)	(Address)	(Telephone Number)
<u>ACE Property &amp; Casualty</u>	<u>Insurance Company ("ACE P&amp;C")</u>	
(Name)	(Address)	(Telephone Number)
<u>Pacific Employers Insurance</u>	<u>Company ("PEIC")</u>	
(Name)	(Address)	(Telephone Number)
<u>ACE American Reinsurance Company ("AARE")</u>		

☐ I will represent myself (*self-represented*)

**WITHDRAWAL**

As Counsel for \_\_\_\_\_

Type of Representation: (Select one)

☐ Appearance:

☐ Notice of withdrawal was sent to my client(s) on: \_\_\_\_\_ at the following address:

☐ A motion to withdraw is being filed.

☐ Limited Appearance: (Select one)

☐ I am withdrawing my limited appearance as I have completed the terms of the limited representation.

☐ The terms of limited representation have not been completed. A motion to withdraw is being filed.

Case Name: **IMO the Liquidation of the Home Insurance Company**

Case Number: **217-2003-EO-00106**

**APPEARANCE/WITHDRAWAL**

***For non e-filed cases:***

I state that on this date I am ☒ mailing by U.S. mail, or ☐ Email (only when there is a prior agreement of the parties to use this method), or ☐ hand delivering a copy of this document to:

\_\_\_\_\_  
Other party

**All counsel of record**

\_\_\_\_\_  
Other party's attorney

**OR**

***For e-filed cases:***

☐ I state that on this date I am sending a copy of this document as required by the rules of the court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

**Lisa Snow Wade**

\_\_\_\_\_  
Name of Filer

**Orr & Reno, P.A.**

**5595**

\_\_\_\_\_  
Law Firm, if applicable

\_\_\_\_\_  
Bar ID # of attorney

**45 S. Main Street, P.O. Box 3550**

\_\_\_\_\_  
Address

**Concord**

**NH**

**03302**

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

**/s/ Lisa Snow Wade**

\_\_\_\_\_  
Signature of Filer

**04/10/2025**

\_\_\_\_\_  
Date

**(603) 224-2381**

\_\_\_\_\_  
Telephone

**lwade@orr-reno.com**

\_\_\_\_\_  
E-mail