

Sylvie Robinson

From: marianne.carreau@homeinsco.com
Sent: Wednesday, November 14, 2007 6:11 AM
To: srobinson@jjtrust.com
Subject: RE: JJSA Proof of claim against the Home estate POC #s INSU239165, INSU133139
Attachments: JitneyJungleDeductibleCommutationAgreement.doc

Sylvie,

As per our telephone conversation of November 5, 2007, you advised that JJSA would be interested in closing out the deductible program via buy-out, in the amount of \$13,665. The Home would require JJSA to execute a Commutation Agreement . Upon approval, the buy-out will be processed and the deductible program will be closed. The Home is currently holding escrow in the amount of \$45,056 which includes interest. The buy-out amount of \$13,665 will be taken out of the funds currently being held. Once the Agreement has been approved, the excess escrow funds in the amount of \$31,391 will be returned to JJSA..

JJSA filed a proof of claim seeking return of \$73,598.53 + Add'l interest for excess escrow funds being held by The Home. Your amount did not include escrow amounts that the Home previously drew down on in order to secure payment for the retrospective buy-out that was processed for 13,681 and some unpaid deductible billings in the amount of \$20,964.61. Upon approval and acceptance of the above, JJSA Proof of claim will be disallowed and the allowance for the Proof of claim will be ZERO.

Attached is the proposed Commutation Agreement for your review, approval and signature. Please bear in mind that I will need to seek approval from other members of our committee prior to making a Determination on your proof of claim filing.

Should you have any questions I can be reached at 603-634-0200. If JJSA is in agreement with the above. please confirm your acceptance in writing.

I'll await your reply.

Marianne Carreau
The Home Insurance Company in Liquidation
email address: marianne.carreau@homeinsco.com

***** PLEASE NOTE *****

This message, along with any attachments, may be confidential or legally privileged. It is intended only for the named person(s), who is/are the only authorized recipient(s). If this message has reached you in error, kindly destroy it without review and notify the sender immediately. Thank you for your help.

**DEDUCTIBLE REIMBURSEMENT COMMUTATION
AGREEMENT, SETTLEMENT AND RELEASE**

This Settlement Agreement and Mutual Release (the "Agreement") is made by and between Sylvie D. Robinson, the Trustee for the Jitney Jungle Stores of America, Inc. Liquidating Trust (the "Trustee"), as Trustee for Jitney Jungle Stores of America, Inc. ("Jitney Jungle"), and Roger A. Sevigny (the "Liquidator"), Insurance Commissioner of the State of New Hampshire solely in his capacity as Liquidator of The Home Insurance Company ("Home"). The Trustee and the Liquidator are referred to collectively as the "Parties."

WHEREAS, Home issued the following insurance policies (the "Policies") to Jitney

Jungle:

Policy No.	Inception	Expiration
GL1690388	5/1/87	5/1/88
GL 1705140	5/1/88	5/1/89
GLR9095580	5/1/89	5/1/90
GLR9097777	5/1/90	5/1/91
WC1734111	5/1/91	5/1/92
GLR9088279	5/1/91	5/1/92
WC1734131	5/1/92	5/1/93
GLR9088387	5/1/92	5/1/93
BAF328363	5/1/92	5/1/93
WC1734163	5/1/93	5/1/94
GLR9091435	5/1/93	5/1/94
BAF329065	5/1/93	5/1/94
BA996208	5/1/87	5/1/88
WCK985128	5/1/87	5/1/88
WCK985465	5/1/88	5/1/89
BAK989007	5/1/88	5/1/89
WCK985963	5/1/89	5/1/90
BAK989132	5/1/89	5/1/90
WCF990354	5/1/90	5/1/91
BAK989280	5/1/90	5/1/91
WCF991129	5/1/91	5/1/92
BAK989411	5/1/91	5/1/92

WHEREAS, Jitney Jungle sought coverage from Home for claims asserted under the Policies;

WHEREAS, Policy Nos. BA996208, WCK985128, WCK985465, BAK989007, WCK985963, BAK989132, WCF990354, BAK989280, WCF991129 and BAK989411, were written on a retrospectively rated premium basis, pursuant to which Home and Jitney Jungle entered into retrospective premium agreements (the "Retrospective Premium Agreements"), under which Home adjusted the premium due under those policies based upon the loss experience and presented periodic billings to Jitney Jungle;

WHEREAS, Policy Nos. GL1690388, GL1705140, GLR9095580, GLR9097777, WC1734111, GLR9088279, WC1734131, GLR9088387, BAF328363, WC1734163, GLR9091435 and BAF329065 were written with a deductible that Jitney Jungle was required to pay, and pursuant thereto Home and Jitney Jungle entered into deductible reimbursement agreements (the "Deductible Reimbursement Agreements"), under which Home presented periodic billings to Jitney Jungle for deductibles that Home paid on behalf of Jitney Jungle with respect to those policies;

WHEREAS, the Retrospective Premium Agreements and the Deductible Reimbursement Agreements required Jitney Jungle to provide funds that Home would hold in escrow as security for billings Home would render under the Retrospective Premium Agreements and the Deductible Reimbursement Agreements (the "Escrow");

WHEREAS, Jitney Jungle filed a petition for Chapter 11 bankruptcy in the Eastern District of Louisiana on October 12, 1999;

WHEREAS, on December 28, 1999, Home filed a proof of claim in the Jitney Jungle Chapter 11 bankruptcy case (the "Home Proof of Claim"), wherein Home asserted a claim for

Field Code Changed

the maximum amount of retrospective premium that could be due to Home under the Retrospective Premium Agreements;

WHEREAS, the United States District Court for the Eastern District of Louisiana (the “Bankruptcy Court”) entered an Order on February 6, 2001 providing for the liquidation of Jitney Jungle pursuant to a Liquidating Trust and appointing Sylvie D. Robinson as the Trustee of the Jitney Jungle Liquidating Trust;

WHEREAS, on August 29, 2001, Home and Jitney Jungle entered into an agreement, pursuant to which Jitney Jungle and Home commuted their respective obligations under the Retrospective Premium Agreements in exchange for payment of \$13,681.00 to Home;

WHEREAS, Home, with agreement from the Trustee, drew down \$13,681.00 from the Escrow as consideration for the commutation of the Retrospective Premium Agreements;

WHEREAS, in March 2001, August 2001, December 2001 and October 2002, Home, with agreement from the Trustee, drew down a total of \$20,964.61 from the Escrow to satisfy billings rendered to Jitney Jungle under the Deductible Reimbursement Agreements;

WHEREAS, after Home drew down these amounts with respect to the commutation of the Retrospective Premium Agreements and the satisfaction of billings rendered to Jitney Jungle under the Deductible Reimbursement Agreements the balance remaining in the Escrow was \$45,056.00;

WHEREAS, Home was placed into liquidation effective June 13, 2003, by Order of the Superior Court of the State of New Hampshire, Merrimack County (the “Liquidation Court”);

WHEREAS, the Trustee filed proofs of claim in the Home estate, which are denominated Proof of Claim Nos. INSU239165 and INSU133139, seeking return of the Escrow plus accrued interest (the “Jitney Jungle Proof of Claim”);

WHEREAS, the Parties wish to settle all of the claims that were asserted, or could have been asserted, between them under the Policies and the Deductible Reimbursement Agreements;

WHEREAS, after due consideration of the exposure presented and the prior draw down from the Escrow, the Parties have agreed and concluded that the Home Proof of Claim will be fully satisfied by payment of \$13,665.00;

WHEREAS, the Parties have agreed and concluded that the Jitney Jungle Proof of Claim will be fully satisfied by return of the remaining balance held in the Escrow;

WHEREAS, the Parties agree that this Agreement is subject to and conditioned upon the Bankruptcy Court approving the Agreement and if the Bankruptcy Court does not so approve this Agreement it shall be deemed null and void and without any force and effect; and

WHEREAS, the Liquidator has informed the Trustee that this Agreement is enforceable without any approval by the Liquidation Court, and that such approval is not required.

NOW, THEREFORE, in consideration of all the respective transactions and compromises contemplated by this Agreement, and the mutual covenants and representations herein contained, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. This Agreement is conditioned and shall only become effective upon an Order of the Bankruptcy Court approving this Agreement (the "Bankruptcy Court Order"). With the agreement of the Trustee, which is hereby granted, the Liquidator shall, pursuant to the Liquidator's motion for approval of the Liquidator's Report of Claims and Recommendations (the "Liquidator's Report"), in which the Recommended Allowance is contained, submit the Recommended Allowance to the Liquidation Court as a Class II priority claim under N.H. Rev. Stat. Ann. § 402-C:44. Should the Bankruptcy Court not approve this Agreement then this

Agreement shall be null and void and of no force and effect. Should the Liquidation Court not admit the Recommended Allowance in the Home estate then this Agreement shall be null and void and of no force and effect. The "Effective Date" shall be the date upon which the Bankruptcy Court Order is final and the Liquidation Court admits the Recommended Allowance.

2. Approval of the Recommended Allowance as set forth in the Liquidator's Report shall fully and finally resolve with prejudice the Jitney Jungle Proof of Claim as well as any and all claims of whatever nature Jitney Jungle and/or the Trustee may have under the Deductible Reimbursement Agreements and the Retrospective Premium Agreements. Jitney Jungle and the Trustee hereby agree that any and all claims under the Deductible Reimbursement Agreements shall be forever extinguished and they shall be forever barred and precluded from filing any subsequent Proof of Claim in the Home estate under the Deductible Reimbursement Agreements.

3. Upon the Effective Date, the Trustee will permit Home to apply \$13,665.00 of the Escrow for its own account. Such application of the \$13,665.00 of the Escrow together with the prior draw down of funds from the Escrow for the account of Home constitutes full and final settlement of any and all past, present and future liabilities due to the Liquidator and/or Home or potentially due to the Liquidator and/or Home under the Deductible Reimbursement Agreements and represents a full and final satisfaction of the Home Proof of Claim. Within five (5) days after the Effective Date, Home will remit the remaining balance of \$31,391.00 (plus any accrued interest) contained in the Escrow, in immediately available funds, to "Sylvic D. Robinson, Trustee of the Jitney Jungle Stores of America, Inc. Liquidating Trust." The date upon which the Trustee receives the \$31,391.00 amount is the "Consummation Date."

4. The Liquidator acknowledges that, subject to the laws and rules regarding the liquidation of Home, in those states where workers' compensation insurance policies cannot be

terminated as set forth in the applicable statutory provisions, the workers' compensation coverage provided under the Policies will continue to be in full force and effect (the "Surviving Obligations").

5. With the exception of the Surviving Obligations, upon the Consummation Date, the Parties acknowledge that this Agreement is intended to resolve all matters arising out of or relating to the Policies, including any asserted rights of claimants against Jitney Jungle in the Policies and thus the Trustee and the Jitney Jungle agree that the Policies, and any and all rights and obligations existing thereunder shall be deemed to be (a) exhausted; (b) terminated; and (b) purchased back by Home. The Trustee agrees to address the claims of claimants against Jitney Jungle as if there had been no liquidation proceeding for Home and as if Jitney Jungle had no insurance coverage from Home, subject to the exception for the Surviving Obligations.

6. The Trustee acknowledges that, subject to the exception for the Surviving Obligations, this Agreement is intended to resolve all matters arising out of or relating to any rights it ever had, now has or hereafter may have in the Policies (with the exception of the Surviving Obligations) and the Proofs of Claim, including any asserted rights of third party claimants against Jitney Jungle under the policies. Jitney Jungle agrees to handle and address, at its sole cost and expense, any said claims of third party claimants against Jitney Jungle as if there had been no liquidation proceeding for Home, and as if Jitney Jungle had no insurance coverage from Home by virtue of the Policies (subject to the exception for the Surviving Obligations). In consideration of the release of the Escrow to Jitney Jungle and the allowance of the Jitney Jungle Proof of Claim, the Trustee and Jitney Jungle agree to indemnify and hold the Liquidator and Home harmless from and against any and all claims, losses, liabilities, debts, damages, costs or expenses arising from or related to the Policies (with the exception of the Surviving Obligations).

The future obligations of the Trustee and Jitney Jungle under this paragraph shall extend to and include (by way of example and not limitation) any claims made under the Policies against the Liquidator or Home, by vendors of or respecting Jitney Jungle (including claims for defense and indemnity), by other insurers of Jitney Jungle, and by any individuals or entities asserting "direct action" claims arising out of or related to the Policies.

7. Upon the Consummation Date, the Deductible Reimbursement Agreements, and any and all rights and obligations thereunder shall be deemed to be exhausted; and, therefore, any and all rights and obligations under the Deductible Reimbursement Agreements shall, therefore, be deemed terminated.

8. Subject to the terms of this Agreement and its approval by the Bankruptcy Court, the Liquidator on his own behalf and on behalf of Home, and their respective officers, directors, employees, agents, attorneys, affiliates, shareholders, parents, predecessors, successors and assigns, hereby irrevocably and unconditionally releases and discharges the Trustee and the Jitney Jungle estate from all actions, causes of action, liabilities, adjustments, obligations, offsets, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, premiums, losses, salvage, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which the Liquidator and/or Home, and their respective officers, directors, employees, agents, attorneys, affiliates, shareholders, parents, representatives, liquidators, receivers and rehabilitators and their respective predecessors, successors and assigns, ever had, now has or hereafter may have, arising out of the Policies (with the exception of the Surviving Obligations), the Escrow, the Deductible Reimbursement Agreements or the Home Proof of

Claim against the Trustee and the Jitney Jungle Liquidating Trust, all whether known or unknown, suspected or unsuspected, fixed or contingent in law or in equity.

9. In furtherance of the Release set forth in paragraph 8 herein, the Liquidator and Home agree that any order approving this Agreement will contain language disallowing the Liquidator and Home any additional or further entitlements, rights or distributions with respect to the Home Proof of Claim, other than the consideration set forth in paragraph 3 herein, and that Home shall be barred from seeking any distribution in or from the Jitney Jungle Liquidating Trust despite the continuing existence of the Surviving Obligations.

10. Subject to the terms of this Agreement and its approval by the Bankruptcy Court, but with the express exception of the Surviving Obligations, the Trustee and the Jitney Jungle Liquidating Trust, their respective employees, agents, attorneys, predecessors, successors and assigns, hereby irrevocably and unconditionally release and discharge the Liquidator and Home and their respective officers, directors, employees, agents, attorneys, affiliates, shareholders, parents, predecessors, successors and assigns, from all actions, causes of action, liabilities, adjustments, obligations, offsets, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, premiums, losses, salvage, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which the Trustee and the Jitney Jungle estate, and their respective officers, directors, employees, agents, attorneys, their respective predecessors, successors and assigns, ever had, now has or hereafter may have, against the Liquidator and/or Home and their respective officers, directors, employees, agents, attorneys, affiliates, shareholders, parents, predecessors, successors and assigns, arising out of the Policies, the

of a Party has been duly authorized by that Party to execute this Agreement on its behalf, and that no claims being released under the terms of this Agreement have been assigned, sold, or otherwise transferred to any other entity.

17. This Agreement shall be binding upon, and shall inure to the benefit of the Parties and their respective officers, directors, employees, affiliates, attorneys, liquidators, administrators, agents, representatives, successors and assigns, as applicable.

18. This Agreement constitutes the entire agreement and understanding between the Parties with respect to the subject matter thereof. This Agreement supersedes all prior agreements and understandings, whether written or oral, concerning such matters.

19. Subject to approval of this Agreement by the Bankruptcy Court, each Party represents and warrants that this Agreement is a legal, valid and binding obligation, enforceable in accordance with its terms and that there are no laws, rules or regulations that prohibit its enforceability. In the event any provision of this Agreement is not approved and is not in full force and effect, this Agreement shall be null and void but that the Parties will work in good faith to alter or modify this Agreement to the extent necessary to obtain approval from the Bankruptcy Court while preserving its intent.

20. No waiver of any right under this Agreement shall be deemed effective unless contained in writing signed by the Party or an authorized officer of the Party charged with such waiver, and no waiver of any breach or failure to perform shall be deemed to be a waiver of any future breach or failure to perform or of any other provisions of this Agreement. This Agreement may not be amended except in a document signed by the Party or an officer of the Party to be charged.

WHEREFORE, the Parties have caused this Agreement to be executed on their respective behalves as of the date below the signatures of their duly authorized representatives.

**SYLVIE D. ROBINSON, AS TRUSTEE OF THE
JITNEY JUNGLE STORES OF AMERICA, INC.
LIQUIDATING TRUST**

By: _____

Name: _____

Title: _____

Date: _____

**ROGER A. SEVIGNY, INSURANCE
COMMISSIONER OF THE STATE OF NEW
HAMPSHIRE AS LIQUIDATOR OF THE HOME
INSURANCE COMPANY**

By: _____

Name: Jonathan Rosen

Title: Chief Operating Officer

Date: November __, 2007

Sylvie Robinson

From: marianne.carreau@homeinsco.com
Sent: Tuesday, February 3, 2009 11:25 AM
To: srobinson@jjtrust.com
Subject: Fw: JitneyJungleDeductibleCommutationAgreement rev(2).doc

hello Sylvie,

Since I have not heard back from you, I am assuming that The Liquidating Trust has not reconsidered signing the Commutation Agreement therefore, unless I hear back from you to the contrary, JJSA' Proof of claim filing will be deferred until a definitive bar date has been established.

Marianne Carreau
The Home Insurance Company in Liquidation
telephone # 603-634-0200
email address: marianne.carreau@homeinsco.com

----- Forwarded by Marianne Carreau/Manchester/HomeIns on 02/03/2009 02:13 PM -----

Marianne Carreau/Manchester/HomeIns To srobinson@jjtrust.com
cc
12/10/2008 03:25 PM Subject Fw: JitneyJungleDeductibleCommutationAgreement rev(2).doc

hi Sylvie,
Please refer to your e-mail response to me below and advise accordingly. Should you reconsider signing the agreement, the amounts will need to be amended. let me know.

Thanks
Marianne

----- Forwarded by Marianne Carreau/Manchester/HomeIns on 12/10/2008 03:21 PM -----

"Sylvie Robinson" <srobinson@jjtrust.com> To <marianne.carreau@homeinsco.com>
cc
11/03/2008 10:18 AM Subject RE: JitneyJungleDeductibleCommutationAgreement rev(2).doc

I guess we will reconsider signing it. Let me take a look AGAIN! Thanks. SDR

Sylvie D. Robinson
1855 Lakeland Drive, Suite D-20
Jackson, MS 39216
601 362-4490 (phone)
601 362-2475 (fax)
srobinson@jjtrust.com

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Sylvie Robinson

From: marianne.carreau@homeinsco.com
Sent: Tuesday, January 11, 2011 7:47 AM
To: srobinson@jjtrust.com
Subject: RE: Proof of claims for Jitney Jungle POC INSU133139 & INSU239165

Hi Sylvie,

In reference to our recent telephone conversation, there is one open claim under the deductible program. The claim reached the \$150,000 loss limit. The claimant is Jean Miller. The claim number is 810038 (Fund claim #) and is being handled by the Mississippi Insurance Guaranty Association whom are paying any benefits that are due in accordance with the state laws.

You submitted a proof of claim seeking reimbursement for the alleged amount of \$73,598.53 + add'l interest for escrow that The Home was holding. Since your filing, additional amounts became due under the Retrospective Premium Agreements and the Deductible Reimbursement Agreement and the Home drew down on the escrow funds to satisfy the amounts that were due.

Currently The Home is holding escrow and interest in the amount of \$52,170. (\$28,245 in escrow and \$23,925 in interest)

As I advised, The Home has not established a final bar date as of this time.

In order to resolve your POC filing the Home had agreed to close out the deductible program via a buy-out in the amount of \$13,665 and agreed to return the remaining escrow funds of \$31,391 to the trust in exchange for an executed Commutation Agreement/Mutual Release between the Home and the Trust. however, the Trust did not want to execute the Agreement as they did not want to indemnify the Home and wanted to have that clause removed from the agreement. Our counsel was not in agreement to remove the clause from the agreement.

I have discussed this matter with our legal counsel and The Homes' position remains the same.

In order to resolve the POCs A Commutation Agreement/Mutual Release would need to be executed in order for the Home to return any funds to the Trust.

The buy-out to close out the deductible program will remain at \$13,665, the indemnification clause will remain in the agreement and the potential amount of escrow that could be returned via court approval would be \$38,505. Escrow+ interest in the amount of \$52,170 less the buy-out \$13,665 = \$38,505.

Should the Trust forgo signing the agreement, the POCs will be deferred until a definitive bar date has been established and no funds will be returned.

Please review and advise accordingly. Should you have any questions, I can be reached at 603-634-0200.

Marianne Carreau
Financial Analyst II
The Home Insurance Company in Liquidation
email address: marianne.carreau@homeinsco.com

Sylvie Robinson

From: karen.tisdell@homeinsco.com
Sent: Wednesday, June 26, 2013 9:04 AM
To: Sylvie Robinson
Subject: RE: Proof of claims for Jitney Jungle POC INSU133139 & INSU239165
Attachments: Jean Miller payments past 5 years.pdf

Sylvie,

The buyout to close-out the deductible program will remain at \$13,665 and the potential amount of escrow that could be returned via court approval would be \$44,450. Escrow + interest in the amount of \$58,115 less buyout \$13,665 = \$44,450. If in agreement please execute Commutation Agreement/Mutual Release accordingly.

In addition, as requested attachment includes (activity) payments made over the past five years on the Jean Miller file; claim number: 6010672220.

If you have any questions feel free to call.

Thanks, Karen

The Home Insurance Company in Liquidation
55 South Commercial Street
Manchester N.H. 03101
Phone: 603-634-0181
Fax: 603-641-0117

Sylvie Robinson <srobinson@jitrust.com>

To <karen.tisdell@homeinsco.com>,
cc

06/19/2013 03:38 PM

Subject RE: Proof of claims for Jitney Jungle POC INSU133139 & INSU239165

Thanks. Please also send an accounting of what you believe you all owe Jitney on the claim, and all claim activity for the last 5 years. We are thinking of signing the indemnity.

Thank you.

SDR

Sylvie D. Robinson
1855 Lakeland Drive, Suite D-20
Jackson, MS 39216
601 362-4490 (office)
601 953-7681 (cell)
601 362-2475 (fax)
srobinson@jitrust.com

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From: karen.tisdell@homeinsco.com [mailto:karen.tisdell@homeinsco.com]
Sent: Wednesday, June 19, 2013 1:57 PM
To: srobinson@jjitrust.com
Subject: Proof of claims for Jitney Jungle POC INSU133139 & INSU239165

Hi Sylvie,

Pursuant to our telephone conversation today, there is only one open claim on the deductible program under claim number: 6010672220, claimant: Jean Miller. The claim is being handled by the Mississippi Guaranty Association, their claim number is 810038. The claim has exceeded the \$150,000 deductible. As requested attachment includes (activity) payments made over the past three years.

As discussed a final bar date has not been set and Home's position has not changed regarding resolution of your Proof of Claim filed against The Home. The Trust would be required to execute Commutation Agreement/Mutual Release as is leaving the clause that would indemnify the Home. Therefore, unless the Trust agrees to such terms the Proof of Claims will be deferred until a definitive bar date has been established

If you have any questions feel free to call.

Thanks, Karen

The Home Insurance Company in Liquidation
55 South Commercial Street
Manchester N.H. 03101
Phone: 603-634-0181
Fax: 603-641-0117

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Sylvie Robinson

From: karen.tisdell@homeinsco.com
Sent: Wednesday, July 31, 2013 6:07 AM
To: Sylvie Robinson
Cc: dblack@jjtrust.com
Subject: Jitney Jungle
Attachments: Jitney Jungle WC 1734111 Loss Runs.pdf; Jitney Jungle Invoice 063013.pdf; Jitney Jungle Samples expenses not billed prior.pdf

Sylvie,

Pursuant to our conference call July 16, 2013, on July 16, 2013 we provided you with a copy of Policy Number WC 1734111 for policy period 5/1/91-5/1/92, and a copy the Deductible Reimbursement and Security Agreement for this policy. Attachment includes a copy of loss runs for policy number WC 1734111 that reflect the paid loss and paid expenses for each claim. As reflected on Monthly Summary of Losses and Expenses Paid – Deductible Program Jitney Jungle paid losses in the amount of \$1,758,675.92 previously for this policy which did not include expenses. This results in The Home Insurance Company in Liquidation being due \$59,362 for allocated expenses not previously billed as reflected on invoice also included in attachment.

We also provided several samples that prove expenses were not billed previously. Samples include a report of previous billings for given months, a breakdown per sample claim of indemnity, medical, and expenses paid for referenced billing. As you will note expenses are not captured in the previous billings

Upon receipt should you have any questions or concerns feel free to call.

Thanks, Karen

The Home Insurance Company in Liquidation
55 South Commercial Street
Manchester N.H. 03101
Phone: 603-634-0181
Fax: 603-641-0117

***** PLEASE NOTE *****

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1 STATEMENT - CORPORATE ACCOUNTING COPY

DEDUCTIBLES DUE THE HOME INSURANCE COMPANY AS OF DECEMBER 31, 1999

TO: PAT FORD JITNEY JUNGLE STORES OF AMERICA, INC P.O. BOX 3409 453 N. MILL STREET JACKSON, MS 39207	REMIT PAYMENT TO: THE HOME INSURANCE COMPANY P.O. BOX 9636 MANCHESTER, NH 03108-9636 FOR ACCT OF THE DEDUCTIBLE PROGRAM
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FOR INQUIRIES AND QUESTIONS, PLEASE CONTACT CARL DECORDOVA AT (212)530-6256

ACCOUNT NUMBER: 000055947 AMT DUE: 19,192.58

BILLING-DT	PEX POLICY	CLAIM-NUM	DT-RECD	AMOUNT DUE
02/28/99	WC 1734111	601-672220		789.17
		601-678381		89.70
		POLICY TOTAL:		878.87 (1)
TOTAL AMOUNT OUTSTANDING 300 DAYS:				878.87
03/31/99	WC 1734111	601-672220		1,361.72 (2)
		601-678381		44.85
		POLICY TOTAL:		1,406.57
TOTAL AMOUNT OUTSTANDING 270 DAYS:				1,406.57
04/30/99	WC 1734111	601-672220		1,290.38
		601-678381		44.85
		POLICY TOTAL:		1,335.23
	WC 1734131	601-680692		1,126.61
		POLICY TOTAL:		1,126.61
	GLR 9091435	301-709564		1,941.44CR
		601-683319		110.97
		POLICY TOTAL:		1,830.47CR
TOTAL AMOUNT OUTSTANDING 240 DAYS:				631.37
05/31/99	WC 1734111	601-672220		2,347.19
		601-678381		44.85
		POLICY TOTAL:		2,392.04
	GLR 9097777	601-668961		5,000.00
		POLICY TOTAL:		5,000.00
TOTAL AMOUNT OUTSTANDING 210 DAYS:				7,392.04

Home Insurance Company In Liquidation

Claim Number: 6010678381

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 02/01/1999 To: 02/28/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
PAGE, MICHAEL												
Cov Min: MED												
70424106		2F	C			02/15/1999	02/23/1999	C	03/01/1999			\$44.85
	CPR MEDICAL PRODUCTS					251669103	A15481-377268	2/08/99				
70423271		2D	C			02/01/1999	02/01/1999	C	02/09/1999			\$44.85
	CPR MEDICAL PRODUCTS					251669103	PAGE, MICHAEL 010899	010899		40MS00479120		

Pmt Cat	Paid
2D	\$44.85
2F	\$44.85
Total	\$89.70

(1)

Cov Min: MEDEX

2006	T			02/01/1999	02/02/1999							\$1.30
	CORVEL CORP-BILL REVIEW-MEDCHECK					953382819	CORVEL REF # -			40MS00479120		

Pmt Cat	Paid
2006	\$1.30
Total	\$1.30

Not charged

Claimant Total: \$91.00

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 03/01/1999 To: 03/31/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Miller, Jean												
Cov Min: IND												
70424690	JEAN MILLER	9X	C			03/13/1999 000000000	03/18/1999 TTD 2WKS	C	03/26/1999			\$320.00
70424404	JEAN MILLER	9X	C			03/05/1999 000000000	03/08/1999 TTD 2WKS	C	03/15/1999			\$320.00

Pmt Cat	Paid
9X	\$640.00
Total	\$640.00

Cov Min: MED

70425355	JEAN MILLER	2F	C			03/21/1999 000000000	03/30/1999 MILEAGE	C	04/08/1999			\$616.96
70400541	EXPRESS SCRIPTS INC.	2G	C			03/11/1999 431420563	03/16/1999 DAYS 030VFEE 0000.95/18F-59011010010	C	03/23/1999			\$69.75
70400541	EXPRESS SCRIPTS INC.	2G	C			03/11/1999 431420563	03/16/1999 DAYS 030VFEE 0000.95/38 -00086005610	C	03/23/1999			\$22.72
70400059	EXPRESS SCRIPTS INC.	2G	C			03/03/1999 431420563	03/04/1999 DAYS 007 FEE 0000.95 3 00093074101	C	03/12/1999			\$4.95
70400059	EXPRESS SCRIPTS INC.	2G	C			03/03/1999 431420563	03/04/1999 DAYS 030 FEE 0000.95 3 00093063701	C	03/12/1999			\$7.34

Home Insurance Company In Liquidation

Claim Number: 6010672220

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 03/01/1999 To: 03/31/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
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Pmt Cat	Paid
2F	\$616.96
2G	\$104.76
Total	\$721.72

2

Cov Min: MEDEX

70400541	2006	C		03/11/1999	03/16/1999	C	03/23/1999					\$0.95
EXPRESS SCRIPTS												
431420563 DAYS 030VFEE 0000.95/18F-59011010010												
70400541	2006	C		03/11/1999	03/16/1999	C	03/23/1999					\$0.95
EXPRESS SCRIPTS												
431420563 DAYS 030VFEE 0000.95/38 -00086005610												
70400489	2009	C		03/11/1999	03/16/1999	C	03/23/1999					\$1,125.00
BRYANT CLARK DUKES BLAKESLEE RAMSAY & HAMMO												
640854570 LEGAL FEES INVS												
	2006	T		03/04/1999	03/05/1999							\$20.30
LAW AUDIT SERVICES												
133550225												
70400059	2006	C		03/03/1999	03/04/1999	C	03/12/1999					\$0.95
EXPRESS SCRIPTS												
431420563 DAYS 030 FEE 0000.95 3 00093063701												
70400059	2006	C		03/03/1999	03/04/1999	C	03/12/1999					\$0.95
EXPRESS SCRIPTS												
431420563 DAYS 007 FEE 0000.95 3 00093074101												

Pmt Cat	Paid
2006	\$24.10
2009	\$1,125.00
Total	\$1,149.10

Not charged

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 03/01/1999 To: 03 31 1999

Report Date: 07/30/13

Check #

Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
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Claimant Total:

\$2,510.82

DEDUCTIBLES DUE THE HOME INSURANCE COMPANY AS OF DECEMBER 31, 1999

ACCOUNT NUMBER: 000055947

BILLING-DT	PFX	POLICY	CLAIM-NUM	DT-RECD	AMOUNT DUE
06/30/99	WC	1734111	601-672220		783.80
			601-678381		44.85
			POLICY TOTAL:		828.65
TOTAL AMOUNT OUTSTANDING 180 DAYS:					828.65
07/31/99	WC	1734111	601-672220		1,746.66
			601-678381		44.85
			POLICY TOTAL:		1,791.51
	WC	1734131	601-680692		793.55
			POLICY TOTAL:		793.55
TOTAL AMOUNT OUTSTANDING 150 DAYS:					2,585.06
08/31/99	WC	1734111	601-672220		730.64
			601-678381		44.85
			POLICY TOTAL:		775.49
TOTAL AMOUNT OUTSTANDING 120 DAYS:					775.49
09/30/99	WC	1734111	601-672220		1,106.99
			601-678381		44.85
			POLICY TOTAL:		1,151.84
TOTAL AMOUNT OUTSTANDING 90 DAYS:					1,151.84
10/31/99	WC	1734111	601-672220		1,014.32
			601-678381		44.85
			POLICY TOTAL:		1,059.17
TOTAL AMOUNT OUTSTANDING 60 DAYS:					1,059.17
11/30/99	WC	1734111	601-672220		694.32
			601-678381		44.85
			POLICY TOTAL:		739.17
	WC	1734131	601-680692		72.00
			POLICY TOTAL:		72.00
TOTAL AMOUNT OUTSTANDING 30 DAYS:					811.17

3

4

5

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 06/01/1999 To: 06/30/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Miller, Jean												
Cov Min: IND												
70463268	JEAN MILLER	9X	C			06/18/1999 000000000	06/25/1999 TTD 2WKS	C	07/02/1999			\$320.00
70462957	JEAN MILLER	9X	C			06/08/1999 000000000	06/11/1999 TTD 2WKS	C	06/21/1999	06/18/99-07/01/99 06/04/99-06/17/99		\$320.00

Pmt Cat	Paid
9X	\$640.00
Total	\$640.00

(3)

Cov Min: MED

70463331	F.Y.I. HEALTHSERVE INC	2F	C			06/20/1999 000000000	06/29/1999 INV#0-SG-654 JEAN MILLER	C	07/06/1999			\$51.75
70462586	MISSISSIPPI PAIN CENTER	2D	C			06/11/1999 000000000	06/16/1999 MILLER, JEAN 051499 051499	C	06/23/1999	40MS00521904		\$37.73
70462513	MISSISSIPPI PAIN CENTER	2D	C			06/07/1999 000000000	06/10/1999 MILLER, JEAN 041699 041699	C	06/17/1999	40MS00520904		\$54.32

Pmt Cat	Paid
2D	\$92.05
2F	\$51.75
Total	\$143.80

(3)

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 06/01/1999 To: 06/30/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Cov Min: MEDEX												
2006	RISK ENTERPRISE MANAGEMENT LTD		T			06/20/1999 133832689	06/29/1999					\$86.00
2006	RISK ENTERPRISE MANAGEMENT LTD		T			06/20/1999 133832689	06/29/1999					\$86.00
2006	RISK ENTERPRISE MANAGEMENT LTD		F			06/20/1999 133832689	06/29/1999					\$175.01
2006	CORVEL CORP-BILL REVIEW-MEDCHECK		T			06/11/1999 953382819	06/16/1999 CORVEL REF # - 40MS00521904					\$1.30
2006	CORVEL CORP-BILL REVIEW-MEDCHECK		T			06/07/1999 953382819	06/10/1999 CORVEL REF # - 40MS00520904					\$1.30

Pmt Cat	Paid
2006	\$349.61
Total	\$349.61

Not charged

Claimant Total:

\$1,133.41

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 09/01/1999 To: 09/30/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Miller, Jean											
Cov Min: IND											
70818841	Jean Miller	9X	V	09/10/1999	09/23/1999	09/30/1999 587665835	09/17/1999 TTD 2wks			(\$320.00)	(\$320.00)
70823505	Jean Miller	9X	C	09/24/1999	10/07/1999	09/30/1999 587665835	09/30/1999 TTD 2wks	10/18/1999		\$320.00	\$320.00
70818841	Jean Miller	9X	C	09/10/1999	09/23/1999	09/17/1999 587665835	09/17/1999 TTD 2wks			\$320.00	\$320.00
70814079	JEAN MILLER	9X	C	08/27/1999	09/09/1999	09/02/1999 587665835	09/02/1999 TTD 2WKS	09/10/1999		\$320.00	\$320.00

Pmt Cat	Paid
9X	\$640.00
Total	\$640.00

4

Cov Min: INDEX

70819710	BRYANT CLARK DUKES BLAKESLEE RAMSAY & HAMMO	1009	C			09/20/1999 640854570	09/20/1999 LEGAL FEES	10/05/1999		\$1,837.36	\$1,837.36
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Pmt Cat	Paid
1009	\$1,837.36
Total	\$1,837.36

Not charged

Cov Min: MED

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 09/01/1999 To: 09/30/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
70816714	MISSISSIPPI PAIN CLNTER	2D	C	07/30/1999	07/30/1999	09/10/1999 721374186	09/10/1999 MILLER, JEAN	C	09/20/1999	40MS00539507	\$49.00	\$37.73
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$103.12
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$76.79
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$8.81
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$13.85
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$103.12
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$103.12
70813895	EXPRESS SCRIPTS INC.	2G	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$20.45

Pmt Cat	Paid
2D	\$37.73
2G	\$429.26
Total	\$466.99

4

Cov Min: MEDEX

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 09/01/1999 To: 09/30/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
0	CORVEL	2013	T			09/10/1999 953382819	09/10/1999 Corvel Billing Fee for 09/09	N		40MS00539507	\$0.00	\$1.30
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95
70813895	EXPRESS SCRIPTS INC.	2006	C			09/01/1999 431420563	09/02/1999 Pharmacy/Admin fee	C	09/08/1999		\$0.00	\$0.95

Pmt Cat	Paid
2006	\$6.65
2013	\$1.30
Total	\$7.95

Not charged

Claimant Total:

\$2,952.30

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 10/01/1999 To: 10/31/1999

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Miller, Jean											
Cov Min: IND											
70834127	Jean Miller	9X	C	10/22/1999	11/04/1999	10/28/1999 587665835	10/28/1999 TTD 2 WKS.	11/08/1999		\$320.00	\$320.00
70829268	Jean Miller	9X	C	10/08/1999	10/21/1999	10/08/1999 587665835	10/15/1999 TTD 2 WKS.	10/22/1999		\$320.00	\$320.00
70826342	Jean Miller	9X	C			10/07/1999 587665835	10/07/1999 TTD 2 WKS 9/10 THRU 9/23/99-REIS.70818841	10/15/1999		\$320.00	\$320.00

Pmt Cat	Paid
9X	\$960.00
Total	\$960.00

(5)

Cov Min: MED

70832332	MISSISSIPPI PAIN CENTER	2D	C	09/30/1999	09/30/1999	10/21/1999 721374186	10/22/1999 MILLER, JEAN	11/01/1999	40MS00548926	\$62.00	\$54.32
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Pmt Cat	Paid
2D	\$54.32
Total	\$54.32

(5)

Cov Min: MEDEX

0	CORVEL	2013	T			10/21/1999 953382819	10/21/1999 Corvel Billing Fee for 10/99	N	40MS00548926	\$0.00	\$1.30
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Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 10/01/1999 To: 10/31/1999

Report Date: 07/30/13

Check #	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
0	2006	T	08/01/1999	08/31/1999	10/02/1999	10/02/1999	N		0000086596	\$3,205.54	\$53.05
LAW AUDIT SERVICES					133550225	LAS Service Fee		086596 19990715			

Pmt Cat	Paid
2006	\$53.05
2013	\$1.30
Total	\$54.35

Not charged

Claimant Total:

\$1,068.67

1 STATEMENT - CORPORATE ACCOUNTING COPY

DEDUCTIBLES DUE THE HOME INSURANCE COMPANY AS OF DECEMBER 31, 2000

TO:

PAT FORD
 JITNEY JUNGLE STORES OF AMERICA, INC
 P.O. BOX 3409
 453 N. MILL STREET
 JACKSON, MS 39207

REMIT PAYMENT TO:
 THE HOME INSURANCE COMPANY
 P.O. BOX 9636
 MANCHESTER, NH 03108-9636

FOR ACCT OF THE DEDUCTIBLE PROGRAM
 FOR INQUIRIES AND QUESTIONS, PLEASE CONTACT CARL DECORDOVA AT (212)530-6256

ACCOUNT NUMBER: 000055947

AMT DUE: 3,908.40

BILLING-DT	PFX	POLICY	CLAIM-NUM	DT-RECD	AMOUNT DUE
11/30/00	WC	1734111	601-672220		3,014.93
				POLICY TOTAL:	3,014.93
				TOTAL AMOUNT OUTSTANDING 30 DAYS:	3,014.93
12/31/00	WC	1734111	601-672220		893.47
				POLICY TOTAL:	893.47
				TOTAL AMOUNT CURRENT MONTH:	893.47
PLEASE REMIT THIS AMOUNT UPON RECEIPT:					3,908.40

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage All

All Reserves

Payment Category: All

Payments From: 11/01/2000 To: 11/30/2000

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
Miller, Jean												
Cov Min: IND												
70970547	Jean Miller	9X	C	11/17/2000	11/30/2000	11/21/2000 587665835	11/21/2000 TTD 2 WKS.	C	12/04/2000		\$320.00	\$320.00
70969690	Jean Miller	9X	C	11/03/2000	11/16/2000	11/17/2000 587665835	11/17/2000 TTD 2 WKS.	C	11/24/2000		\$320.00	\$320.00

Pmt Cat	Paid
9X	\$640.00
Total	\$640.00

Cov Min: MED

70972547	SINGING RIVER RADIOLOGY GROUP	2D	C	05/19/2000	05/19/2000	11/28/2000 640521490	11/29/2000 MILLER, JEAN	C	12/07/2000	40MS00620104	\$790.00	\$677.57
70972546	SINGING RIVER RADIOLOGY GROUP	2D	C	05/29/1999	05/29/1999	11/28/2000 640521490	11/29/2000 MILLER, JEAN	C	12/07/2000	40MS00620103	\$786.00	\$682.60
70970874	EXPRESS SCRIPTS INC.	2G	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	C	11/27/2000		\$0.00	\$363.71
70970874	EXPRESS SCRIPTS INC.	2G	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	C	11/27/2000		\$0.00	\$157.89
70970874	EXPRESS SCRIPTS INC.	2G	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	C	11/27/2000		\$0.00	\$47.32

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 11/01/2000 To: 11/30/2000

Report Date: 07/30/13

Check #	Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
70965744	EXPRESS SCRIPTS INC.	2G	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	C	11/13/2000		\$0.00	\$13.85
70965744	EXPRESS SCRIPTS INC.	2G	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	C	11/13/2000		\$0.00	\$113.59
70965744	EXPRESS SCRIPTS INC.	2G	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	C	11/13/2000		\$0.00	\$266.16
70965744	EXPRESS SCRIPTS INC.	2G	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	C	11/13/2000		\$0.00	\$52.24

Pmt Cat	Paid
2D	\$1,360.17
2G	\$1,014.76
Total	\$2,374.93

Cov Min: MEDEX

0	2013	F			11/28/2000	11/28/2000	N		40MS00620104	\$0.00	\$5.20	
CORVEL Corvel Billing Fee for 11/00												
0	2013	T			11/28/2000	11/28/2000	N		40MS00620103	\$0.00	\$3.90	
CORVEL Corvel Billing Fee for 11/00												
70970874	EXPRESS SCRIPTS INC.	2006	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	C	11/27/2000		\$0.00	\$0.95
70970874	EXPRESS SCRIPTS INC.	2006	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	C	11/27/2000		\$0.00	\$0.95

Claim Number: 6010672220

Home Insurance Company In Liquidation

Minor Coverage: All

All Reserves

Payment Category: All

Payments From: 11/01/2000 To: 11/30/2000

Report Date: 07/30/13

Check #	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
70970874	2006	C			11/21/2000 431420563	11/21/2000 Pharmacy/Admin fee	11/27/2000		\$0.00	\$0.95
EXPRESS SCRIPTS INC.										
70965744	2006	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	11/13/2000		\$0.00	\$0.95
EXPRESS SCRIPTS INC.										
70965744	2006	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	11/13/2000		\$0.00	\$0.95
EXPRESS SCRIPTS INC.										
70965744	2006	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	11/13/2000		\$0.00	\$0.95
EXPRESS SCRIPTS INC.										
70965744	2006	C			11/07/2000 431420563	11/07/2000 Pharmacy/Admin fee	11/13/2000		\$0.00	\$0.95
EXPRESS SCRIPTS INC.										

Pmt Cat	Paid
2006	\$6.65
2013	\$9.10
Total	\$15.75

Not charged

Claimant Total:

\$3,030.68

MONTHLY SUMMARY OF LOSSES AND EXPENSES PAID - DEDUCTIBLE PROGRAM

ACCOUNT NUMBER	INSURED NAME	POLICY TYPE	POLICY NUMBER	POLICY PERIOD	ENDING DATE
000055947	JITNEY JUNGLE STORES OF AMERICA, INC	WC	1734111	05/01/1991 THRU 05/01/1992	10/31/2001

CLAIM OFFICE NUMBER	State	Claimant	Driver Name	Loss Date	Rptd Date	Current Month			Incept To Date	Incept to Date	Current Loss	Incept to Date
						Paid Losses	Pd Expenses	Incurred Loss	Paid Losses	Paid Expenses	Reserve	Incurred Loss

LOCATION CODE 00802

801	678381	MS	PAGE MICHAEL	01/24/1992	07/08/1992	71.14	0.00	0.14	28,803.03	0.00	18,670.00	47,473.03
LOCATION CODE SUB TOTAL: 00602						71.14	0.00	0.14	28,803.03	0.00	18,670.00	47,473.03

TOTAL FOR ACTIVE CLAIMS POLICY NUMBER WC 1734111	71.14	0.00	0.14	28,803.03	0.00	18,670.00	47,473.03
TOTALS FOR CLAIMS WITH NO NET ACTIVITY THIS MONTH (DETAIL NOT PRINTED)				1,709,826.81	46.08	0.00	1,709,826.81
TOTAL POLICY FROM 5/1/91 THRU 10/31/2001				1,738,629.84	46.08	18,670.00	1,757,296.84

INVOICE INFORMATION FOR POLICY NUMBER:	1734111
PAID LOSSES:	71.14
PAID EXPENSES:	0.00
TOTAL LCF DUE	0.00
TOTAL DUE HOME	71.14

7

THE HOME INSURANCE COMPANY

INVOICE

INVOICE NO 4740996	INVOICE DATE 10/31/2001	ACCOUNT NAME JITNEY JUNGLE STORES OF AMERICA, INC
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BILL TO: Attr: PAT FORD JITNEY JUNGLE STORES OF AMERICA, INC. P.O. BOX 3409 JACKSON, MS 39207	REMIT TO: THE HOME INSURANCE COMPANY P.O. BOX 9636 MANCHESTER, NH 03108-9636
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DESCRIPTION	ACCOUNT NUMBER	POLICY EFFECTIVE DATE	AMOUNT
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1987	0.00
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1988	0.00
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1989	0.00
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1990	0.00
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1991	71.14
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1992	0.00
10/31/2001 PAID DEDUCTIBLE PROGRAM	000055947	05/01/1993	0.00
TOTAL AMOUNT DUE FOR CURRENT MONTH			71.14

If you have any questions, please contact Rita Lighthall at (603) 634-0327.
All amounts are due upon receipt. Please return a copy of this invoice with your remittance.

MONTHLY SUMMARY OF LOSSES AND EXPENSES PAID - DEDUCTIBLE PROGRAM

POLICY SUMMARY INFORMATION

ACCOUNT NUMBER	INSURED NAME	ENDING DATE
000055947	JITNEY JUNGLE STORES OF AMERICA, INC	10/31/01

Policy Numbers	Policy Period	Current Month					Incept To Date		Current Loss Reserve	Incept to Date Incurred Loss
		Paid Losses	Pd Expenses	LCF	Total Due	Incurred Loss	Paid Losses	Paid Expenses		
GL 1690388	5/1/87 THRU 5/1/88	0.00	0.00	0.00	0.00	0.00	1,125,663.30	10,024.50	0.00	1,125,663.30
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	1,125,663.30	10,024.50	0.00	1,125,663.30
GL 1705140	5/1/88 THRU 5/1/89	0.00	0.00	0.00	0.00	0.00	937,370.14	89,944.51	0.00	937,370.14
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	937,370.14	89,944.51	0.00	937,370.14
GLR 9085580	5/1/89 THRU 5/1/90	0.00	0.00	0.00	0.00	0.00	1,450,169.92	154,165.76	0.00	1,450,169.92
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	1,450,169.92	154,165.76	0.00	1,450,169.92
GLR 9087777	5/1/90 THRU 5/1/91	0.00	0.00	0.00	0.00	0.00	1,732,014.32	245,076.22	0.00	1,732,014.32
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	1,732,014.32	245,076.22	0.00	1,732,014.32
WC 1734111	5/1/81 THRU 5/1/92	71.14	0.00	0.00	71.14	0.14	1,738,629.84	46.08	18,670.00	1,757,299.84
GLR 9088279	5/1/81 THRU 5/1/92	0.00	0.00	0.00	0.00	0.00	2,622,457.76	0.00	0.00	2,622,457.76
POLICY PERIOD SUB TOTAL		71.14	0.00	0.00	71.14	0.14	4,381,087.60	46.08	18,670.00	4,379,767.60
WC 1734131	5/1/82 THRU 5/1/93	0.00	0.00	0.00	0.00	0.00	770,978.51	37,922.00	0.00	770,978.51
GLR 9088367	5/1/82 THRU 5/1/93	0.00	0.00	0.00	0.00	0.00	2,294,139.32	304,751.58	0.00	2,294,139.32
BA F328383	5/1/92 THRU 5/1/93	0.00	0.00	0.00	0.00	0.00	45,297.16	116.50	0.00	45,297.16
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	3,110,414.99	342,790.06	0.00	3,110,414.99
WC 1734183	5/1/93 THRU 5/1/94	0.00	0.00	0.00	0.00	0.00	26,981.64	1,797.30	0.00	26,981.64
GLR 8091435	5/1/93 THRU 5/1/94	0.00	0.00	0.00	0.00	0.00	1,251,469.50	111,222.21	0.00	1,251,469.50
BA F329085	5/1/93 THRU 5/1/94	0.00	0.00	0.00	0.00	0.00	148,316.13	8,827.88	0.00	148,316.13
POLICY PERIOD SUB TOTAL		0.00	0.00	0.00	0.00	0.00	1,428,797.27	121,847.39	0.00	1,428,797.27
TOTAL FOR ACCOUNT		71.14	0.00	0.00	71.14	0.14	14,143,517.54	973,884.52	18,670.00	14,162,187.54

Claim Number: 6010678381

Home Insurance Company In Liquidation

Minor Coverage All

All Reserves

Payment Category: All

Payments From: 10/01/2001 To: 10/31/2001

Report Date: 07/30/13

Check #

Payee Name	Pmt Cat	Pmt Type	From Date	To Date	Process Date Payee ID	Issue Date In Payment Of	Clear Stat	Clear Date	Invoice Number	Requested Amt	Paid
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PAGE, MICHAEL

Cov Min: MED

71077188	2D	C	06/05/2000	06/05/2000	10/31/2001	10/31/2001	C	11/09/2001	40MS00688906	\$120.00	\$71.14
MISS SPORTS MEDICINE					640699768	PAGE, MICHAEL					

Pmt Cat	Paid
2D	\$71.14
Total	\$71.14

(7)

Cov Min: MEDEX

0	2013	T			10/31/2001	10/31/2001	N		40MS00688906	\$0.00	\$2.60
CORVEL					953382819	Corvel Billing Fee for 10/01					

Pmt Cat	Paid
2013	\$2.60
Total	\$2.60

Not charged

Claimant Total:

\$73.74

Premium Agreement
(Incurred Loss Retrospective Plan)

The Agreement by and between Jitney Jungle Stores of America, Inc., ("Insured") and The Home Indemnity Company ("Company") is effective May 1, 1991, the inception date of the policies listed herein as subject to this Agreement, unless a different date is indicated.

I. SCOPE OF AGREEMENT

A) POLICIES SUBJECT TO THIS AGREEMENT

The premium for the insurance policies (combined) as shown on Schedule A attached to and made part of this Agreement ("Policies"), issued to Insured by Company, for the period beginning the effective date stated above and ending May 1, 1992, is to be computed in accordance with the provisions of this Agreement.

B) PREMIUM ENDORSEMENTS

Terms and conditions of the Retrospective Premium Endorsement(s) attached to the Policies (endorsement numbers) GU246(4/84), WC145(4/84) ("Endorsements") are by this reference incorporated and made part of this Agreement with the same force and effect as if fully set forth herein provided, however, that where the terms of this Agreement conflict with the Endorsements the terms of this Agreement shall govern.

C) LIMITS OF LIABILITY AND/OR LOSS LIMITATIONS SUBJECT TO THIS AGREEMENT

1. The premium for the insurance afforded under the Policies for coverage in excess of the Limits of Liability and/or Loss Limitations stated as shown on Schedule B, attached to and made part of this Agreement, will not be subject to the Retrospective Plan computations set forth in this Agreement ("Non-Subject Premium"). The premium for the Policies for the Limits of Liability and/or Loss Limitations stated in Schedule B shall be computed and adjusted as provided for in this Agreement and is herein defined as the "Retrospective Premium."

II. PREMIUM OBLIGATION

A. ANNUAL PREMIUM

The premiums for the Annual Term ("Annual Policy Premium") shall be paid in accordance with the terms of this Agreement, which modifies and supersedes the provision in the Policies regarding premium obligations.

B. FINAL PREMIUM

The final premium for the Policies is the sum of:

1. The Retrospective Premium; and
2. The Non-Subject Premium.

III. RETROSPECTIVE PREMIUM ELEMENTS

A. The Retrospective Premium standard elements are those defined within the provisions of the Endorsements, except that the factors noted below shall be applied in the computation of the premium.

1. Audited Standard Premium: The sum of the premium computed in accordance with the provisions of the Policies for the applicable policy period and the Limits of Liability and/or Loss Limitations stated herein exclusive of the application of any Retrospective Rating Plan or Premium Discount Plan.
2. Basic Premium: 16.6% of Audited Standard Premium.
3. Incurred Losses: Amounts we pay or estimate we will pay for losses and expenses directly chargeable to a specific claim involving litigation or possible litigation when necessary to determine the insured's liability, but does not include compensation for Company's salaried employees (except with respect to Company's staff legal counsel).
4. Loss Conversion Factor ("LCF"): The Loss Conversion Factor is 100.0% .
5. Modified Losses: The Incurred Losses multiplied by the Loss Conversion Factor.
6. Tax Multiplier: The tax multiplier is 1.318.

B) The Retrospective Premium elective elements are as defined in the Endorsements except as modified below:

1. The Excess Loss Premium Factor is Included in Basic% of Audited Workers' Compensation Standard Premium.

IV. RETROSPECTIVE PREMIUM FORMULA

1. The Retrospective Premium is calculated according to the following formulae.

(Basic Premium + Converted Losses) X Tax Multiplier.

2. However, in no event shall the Retrospective Premium be less than the Minimum Retrospective Premium nor more than the Maximum Retrospective Premium as they are stated in this Agreement.

a. The Minimum Retrospective Premium shall be 50.0% of the Audited Standard Premium.

b. The Maximum Retrospective Premium shall be 161.0% of the Audited Standard Premium.

V.

PREMIUM CALCULATIONS AND PAYMENTS

1. We will calculate the Retrospective Premium using all Incurred Losses valued 30 months from the policy inception date and thereafter at each annual anniversary.
2. If the Retrospective Premium determined by the first computation is more than the Standard Premium previously paid, the Insured shall pay the excess amount to the Company within ten (10) days of receipt of the Company's bill; if less, Company shall return the difference to the Insured. Corresponding adjustments shall be made after each subsequent computation of the Retrospective Premium. If the Retrospective Premium determined by any subsequent computation is more than the premiums previously paid, the Insured shall pay the excess to the Company within ten (10) days of receipt of Company's bill; if less, the Company shall return the difference to the Insured.

VI.

CANCELLATION

RECEIVED

MAY 24 1993

JOHN GIUFFRIDA
SENIOR REINSURANCE
ACCOUNTING OFFICER

- A) In the event of cancellation of the Policies by the Insured,
- 1) The Audited Standard Premium shall be computed at short rates in accordance with the customary short rate table and procedure.
 - 2) The Minimum Retrospective Premium shall be the Audited Standard Premium as computed under subparagraph IV(2) (a) hereof or VI(A) (1) above, whichever is greater.
 - 3) The Maximum Retrospective Premium as determined by subparagraph IV(2) (b) above shall be computed pro-rata to the normal expiration of the period of this Agreement.
- B) In the event of cancellation of the Policies by Company, the Audited Standard Premium for the period the Policies were in effect shall be computed pro-rata and the Retrospective Premium shall be computed in accordance with this Agreement on the basis of such Audited Standard Premium, but in the event of cancellation by Company because of non-payment of premium, the Maximum Retrospective Premium shall be as stated in subparagraph IV(2) (b).
- C) In the event of cancellation of all Policies by the Insured or Company the initial evaluation of the Incurred Losses and computation of the Retrospective Premium shall be made six (6) months after the date of such cancellation; and thereafter at intervals of 12 months until the Retrospective Premium exceeds the Maximum Retrospective Premium or both the Company and Insured agree in writing that any subsequent computations shall be final.
- D) In the event of cancellation by Insured of coverage on one or more (not all) exposures:
- 1) If coverage is cancelled by the Insured because the exposures covered no longer exist, the Audited Standard Premium and the Incurred Losses for the period such exposures were covered shall be used in the computation of the Retrospective Premium.
 - 2) If the Insured requests cancellation of coverage on exposures which still exist because the Insured elected to self-insure them or insure them elsewhere, Company may consider the request for cancellation as a request for cancellation of all Policies by the Insured.

VII. LIBERALIZATION CLAUSE

It is expressly agreed that if the obligations of Company under this Agreement or under the Policies are altered or amended by an exercise of regulatory authority, such altered or amended obligations shall be considered as being within the terms and conditions of this Agreement or the Policies, as the case may be, and the Insured shall be bound by and shall comply with such altered or amended obligations to the extent deemed necessary by Company.

VIII. OFFSET CLAUSE

The Company shall have the right to offset any balance(s) due from the Insured under any agreement between the Company and the Insured. The Company may assert this right of offset at any time, provided that all balances subject to such offset are due and payable at the time of such offset whether on account premiums, losses, dividends, interest, deductibles, or otherwise. In order to exercise its right under this paragraph, the Company shall notify the Insured in writing.

IX. BANKRUPTCY OR DEFAULT

Should any filing be made by or against the Insured for its adjudication as a bankrupt or for reorganization or arrangement within the meaning of the Bankruptcy Act or Bankruptcy Code or proceeding for dissolution be instituted, or property of Insured pass to receiver or trustee or to governmental officer or agency for dissolution or liquidation, or Insured make assignment for the benefit of creditors, or in the event of default by the Insured or any of its obligations to Company, either with respect to the Policies or any other policies issued by Company to the Insured (all foregoing, individually and collectively hereinafter referred to as Bankruptcy or Default) Company may convert the LOC, the Note and any other security and collateral (such collateral shall be deemed to include any amounts held by the Company as return premiums due to the Insured) into cash. Company may apply such cash to pay any debt owed to Company by the Insured, either with respect to the Policies or any other policies issued by Company to the Insured, including but not limited to, any or all of the Retrospective Premium should such cash realized by Company be less than the Insured's obligation to Company, the Insured shall pay the difference to Company immediately. Should such cash be more than the Insured's obligation to Company, Company shall deposit the excess in a separate account in the name of Company, in a bank or trust company and apart from its general assets, for use as a part of the

collateral required hereunder for payment of any other debts owed to Company by the Insured.

X. ARBITRATION

If any dispute shall arise between Company and the Insured with reference to the interpretation of this Agreement, or their rights with respect to any transaction involved, whether such dispute arises before or after termination of the Agreement, such dispute upon the written request of either party, shall be submitted to three arbitrators, one to be chosen by each party, and the third by the two so chosen. If either party refuses or neglects to appoint an arbitrator within thirty days after the receipt of written notice from the other party requesting it to do so, the requesting party may appoint two arbitrators. If the two arbitrators fail to agree in the selection of a third arbitrator within thirty days of their appointment, each of them shall name two of whom the other one shall decline one and decision shall be made by drawing lots. All arbitrators shall be executive officers or former executive officers of insurance or reinsurance companies domiciled in the U.S. not under the control of either party to this Agreement. The arbitrators shall interpret this Agreement as an honorable engagement and not merely a legal obligation; they are relieved of all judicial formalities and may abstain from following the strict rules of law, and they shall make their award with a view of effecting the general purpose of Agreement in a reasonable manner rather than in accordance with a literal interpretation of the language. Each party shall submit its case to its arbitrator within thirty days of the appointment of the third arbitrator. The decision in writing of any two arbitrators, when filed with the parties hereto, shall be final and binding on both parties. Each party shall bear the expense of its own arbitrator and shall jointly and equally bear with the other party the expense of the third arbitrator and of the arbitration. Said arbitration shall take place in New York, New York.

XI. NOTICES

Any and all notices or other communications required or permitted by this Agreement or by law to be served on or given to a party hereon by the other party shall be in writing and deemed duly given or served on the date of service, when delivered personally, or on the third day after mail if mailed by first-class, Certified or Registered Mail, postage prepaid, and properly addressed as follows:

To Company:	Home Insurance Company
	59 Maiden Lane
	New York, New York 10038
	Attn: Mr. Benjamin Grado

Copy to:

M.A.D. Counsel
Home Insurance Company
59 Maiden Lane
New York, New York 10038
Attn: Mr. Mark Fisher

To Insured:

Jitney Jungle Stores
of America, Inc.
P.O. Box 3409
Jackson, Mississippi 39207
Attn: Mr. Earl D. Walker,
Assistant Treasurer

Each party shall promptly notify the other party of any change in address in the manner set forth above.

XII. LEGAL EFFECT

The invalidity or unenforceability of any particular term or condition of this Agreement shall not affect the other terms and provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable term or provision has been omitted.

XIII. WAIVER

The waiver by either party of any breach of any term, covenant or condition of this Agreement shall not be deemed a waiver of such term, covenant or condition or any subsequent breach of the same or any other term, covenant or condition of this Agreement.

XIV. NO EFFECT ON INSURANCE COVERAGE

Nothing in this Agreement shall modify, alter, or amend any of the terms or conditions of the Policies relating to the insurance afforded thereunder.

XV. EXHIBIT AND ATTACHMENTS

The terms and conditions of any and all Exhibits and Attachments to this Agreement are incorporated herein by this reference and shall constitute part of this Agreement as if fully set forth herein.

XVI. FIDUCIARY

Any payments made by the Insured to any agent or broker shall be deemed to constitute payment to the Company. Payments by the Company to such agent or broker shall be deemed only to constitute payment to the Insured to the extent that such payments are actually received by the Insured. All payments received and monies held by such

agent or broker are held by the agent or broker solely in a fiduciary capacity.

SCHEDULE B

LIMITS OF LIABILITY/LOSS LIMITATION

1. The Limit of Liability that applies to each of the following coverages is:

COVERAGE	LIMITS OF LIABILITY
Employers' Liability (Except MS & FL.)	\$150,000 each occurrence
Automobile Liability	\$150,000 each occurrence
Uninsured/Underinsured Motorists	\$150,000 each occurrence

The incurred losses to be included in computing the premium for the insurance subject to retrospective rating will not include that portion of the losses actually paid and the reserves for unpaid losses which are in excess of the limits stated above. In addition to the limits stated above, premium on bonds, interest payable in accordance with the provisions of the policy, Allocated Loss Adjustment Expenses and expenses incurred in seeking recovery against a third party are unlimited in computing the Retrospective Total Premium.

The Loss Limitation that applies to each of the following coverages is:

COVERAGE	LOSS LIMITATIONS
Workers' Compensation (Except Ms & FL.)	\$150,000 each occurrence

The incurred losses to be included in computing the premium for the insurance subject to retrospective rating will not include that portion of the losses actually paid and the reserves for unpaid losses which are in excess of the loss limitations stated above. In addition to the loss limitations stated above, premium on bonds, interest payable in accordance with the provisions of the policy, Allocated Loss Adjustment Expenses and expenses incurred in seeking recovery against a third party are unlimited in computing the Retrospective Total Premium.

Insured _____

Company _____

EDW
M

In WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized officers.

The Home Indemnity Company

By: Arthur Larkin

Title: AVP

Date: 8/27/91

Attest: Greg Larkin

Jitney Jungle Stores of America, Inc.

By: Earl D. Walker

Title: ASST. TREAS

Date: 9-19-91

Attest: Pat Hartfield