



QBE MERCANTILE MUTUAL



EXHIBIT

A

* BY COURIER *

4 December 2003

The Liquidator
The Home Insurance Company in Liquidation
PO Box 1720
Manchester, New Hampshire, 03105-1720
United States of America

Dear Sir or Madam

Re: QBE Insurance (Australia) Limited: Lodgement of "Proof of Claim" under section 5(e) Reinsurance Arrangement (Facultative Reinsurance)

Attached please find a completed "Proof of Claim" form and supporting documentation in the amount of AUD 501,038.15 owed to QBE Insurance (Australia) Limited by the *Home Insurance Company*:

In Support of our claim, please find copies of the following documentation:

Appendix I: 2 x Facultative Reinsurance Contracts with a total net premium of AUD 66,423.28

Appendix II: Copy of QBE Insurance (Australia) Limited cheque dd 19/06/2003 in the amount of AUD 66,423.28 made payable to The Home Insurance Company in settlement of the reinsurance premiums.

Appendix III: Proof of cheque presented by The Home Insurance Company on 24/07/1995 at Citibank, 339 Park Avenue, New York, USA (Also see Rubber Stamps on the cheque in Appendix II).

Appendix IV: Claim 1: (Ericsson Aust) - Debit notes totalling AUD 2,024.00

Appendix V: Claim 2: (Ericsson Aust) - Debit notes totalling AUD 478,413.30

Please register the interest of QBE Insurance (Australia) Limited as a creditor, and please confirm registration by return mail / e-mail / fax.

Please do not hesitate to contact me on +61 2 8275 9797, if I can be of any assistance.

Yours faithfully

Peter Chalmers
Operations Manager - Finance

Direct Line: +61 2 8275 9797
Fax Number: +61 2 8275 9022
Email: peter.chalmers@qbemm.com.au

Debit notes add up
to
\$480,437.30

QBE MERCANTI

ABN 28

Acting as an agent for Mercantile Mutual Insurance
85 Harrington Street, Sydney NSW 2000. GFI
Telephone: (02) 8275 99

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 13, 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 13, 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: OBE INSURANCE (AUSTRALIA) LTD
2. Claimant's Address: GPO BOX 4229, SYDNEY, NSW, 2001, AUSTRALIA.
3. Claimant's Telephone Number: (+61) 2 8275 9797
 Fax Number: (+61) 2 8275 9022
 Email address: Peter.Chalmers@obeli.com.au
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.

FACULTATIVE REINSURANCE PROVIDED BY "THE HOME INS" TO OBE ON BRISBANE AUSTRALIA POLICY - 2X CLAIMS NEEDS TO BE RECEIVED FROM "THE HOME INS" UNDER THIS FACULTATIVE ARRANGEMENT

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.

NIL & \$0.00 IS (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.

SUPPORTING DOCUMENTATION OF CONTRACTS, PRESENTERS CHECKS & DEBIT NOTES.

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

\$ NIL

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

\$ NIL

10. Do you claim a priority for your claim? If so, why: No

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

Name: PETER CHALMERS
 Address: OBE HQ 85 HARRINGTON ST SYDNEY NSW 2000 AUSTRALIA
 Phone Number: (+61) 2 8275 9797
 Email address: PETER.CHALMERS@OBEHQ.COM.AU

* The Home Insurance Company, Inc. is a member of The Home Group of Companies.

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: _____

NONE

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) _____

NONE

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(s) 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, PETER CHAMBERS (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 FIVE HUNDRED AND ONE THOUSAND AND NO/100 DOLLARS AND (\$ 501,000.00) 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.

16. Send this completed Proof of Claim Form, postmarked by June 13, 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.

LOUIS LYMANA

APPENDIX 1

FACULTATIVE REINSURANCE PROPOSAL

Reinsurance Company : The Home Insurance Company
 Address of Issuing Branch : Suite 1108 Harcourt House
 99 Gloucester Road, Hong Kong
 Period of Insurance : From April 1st, 1995 to 4.00pm April 1st, 1996
 The Original Insured : Teleric Pty Ltd and Ericsson Australia Pty Ltd
 Class of Insurance : Broadform Public & Products Liability
 Cedent's Policy Number : ME-1062118- BFL
 Interest : Legal Liability
 Description of Business :

Manufacturers and Importers of Electronic Telecommunications Equipment (Telephone Exchanges and Associated Equipment) Radar Assemblies and Radar Components. Manufacturers, Wholesalers and Retailers of Electronic Components for Importers of Microwave Radios and Associated Components. Research and Development of Telephone Network Equipment, Software for Telecommunications Telephone Equipment, Installation and Maintenance of Telecommunications Equipment. Property Owners and Occupiers.

PAYMENT	
REQ No.	606737
A/c. CODE	#6623-28
REQ PREP.	Q.
CHQ No.	590893
CHQ Sig 1	
DATE	19/06/95
BATCH	519
AUTH	
DATE	19/6/95
SIG	

Geographic Limit : Worldwide; subject to Policy Conditions.
 Variations to Original Insurance Policy : Nil
 Rating/Underwriting Information : Turnover A\$750,000,000 (approximately)
 Reinsurance of : 100% of the Primary limit of A\$10,000,000 A.O.L. and in the aggregate in respect of Products Liability.
 Deductible : Australian Dollar equivalent of Swedish Krona (SKA) 100,000 for each and every Property damage claim.
 Nett Premium : Gross : A\$73,956.00
 Exchange Commission: A\$ 8,874.72
 A\$65,081.28

Issued at
 QBE INSURANCE LIMITED
 Signed: 

Melbourne
 Dated: 5/6/95



MELBOURNE

Westpac Banking Corporation

SYDNEY OFFICE NSW

590893

995075596

THE SUM OF	DATE	CHEQUE No.	AMOUNT

PAY TO THE ORDER OF

..
 ..
 ..
 ..

NOT NEGOTIABLE
BANK ACCOUNT
PAYEE ONLY

For and on behalf of
QBE INSURANCE LIMITED
AUSTRALIAN OPERATIONS ACCOUNT

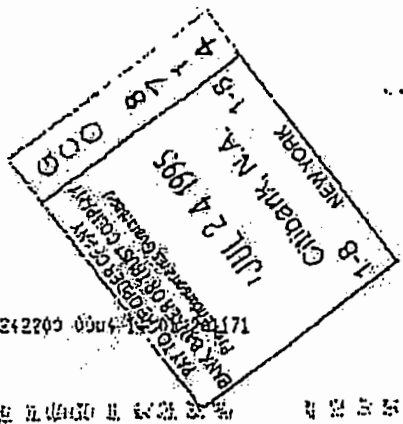
"590893"

"0006642328"

Details. The Home Insurance Co.
 Suite 1108 Harcourt House
 99 Gloucester Rd
 Hong Kong 9999

g Corporation

CHEQUE No.



660795 242200 0004 4 01 201171

Citibank
 399 Park Avenue
 Or Order
 Citibank Insurance Company
 The Home Indemnity Company
 The Home Insurance Company
 00121574

Trace Line 280795 242200 0004 4 01 201171

Am: Peter Chalmers 02 82759022

DRAVICH 2000 STREET OFFICE, 341 GEG, NEW 341 WESTPAC BANKING CORPORATION LIST OF PRESENTED CHECKS DATE 20 JUL 95 PAGE 3

ACCOUNT NUMBER	709123	QBE INSURANCE GROUP LIMITED	ACCT NUMBER	157 699 AUSTRALIAN OPERATIONS ACCOUNT									
573376	1169.09	573430	202.74	573467	111.50	573469	303.00	573493	120.00	573470	135.00	573476	200.40
573477	205.00	573476	215.00	573469	303.00	573493	352.12	573500	573500	660.00	573510	663.00	
573511	496.00	573513	700.00	573510	795.16	573522	626.21	573530	1056.00	573536	1423.00	573536	1423.00
573597	2144.00	573552	3109.59	573554	6.50	573556	47.40	573560	75.23	573565	203.50	573565	203.50
573566	210.30	573567	253.37	573570	86.00	573624	170.09	573627	165.00	573628	169.00	573628	169.00
571648	908.00	573657	315.08	573667	367.00	573670	442.00	573686	531.00	573689	571.50	573689	571.50
573717	2000.00	573728	1192.25	573737	1540.00	573743	1633.53	573745	1026.10	573753	2290.75	573753	2290.75
573762	2000.00	573772	26.67	573776	47.00	573779	69.06	573782	93.30	573786	169.75	573786	169.75
573811	64.00	573824	160.00	573825	109.00	573830	130.00	573837	178.00	573840	191.65	573840	191.65
573855	309.00	573856	300.00	573857	310.00	573861	322.00	573867	550.00	573891	579.00	573891	579.00
573895	600.00	573900	857.14	573919	1173.00	573929	1312.20	573931	1351.72	573933	1430.00	573933	1430.00
571934	1444.00	573937	1583.40	573942	1029.25	573947	2293.00	573950	2690.00	573955	4145.50	573955	4145.50
571962	4666.85	573969	111.58	573969	246.77	573979	60.00	573984	62.50	573989	98.50	573989	98.50
574000	131.50	574005	160.09	574013	200.00	574012	205.10	574014	225.00	574015	234.40	574015	234.40
574020	350.00	574022	270.09	574024	315.00	574030	360.00	574036	465.00	574051	605.00	574051	605.00
574042	653.06	574043	710.50	574053	1141.00	574052	800.00	574060	1439.00	574062	1510.00	574062	1510.00
574042	2500.00	574074	70.00	574079	370.15	574082	800.00	574085	691.68	574086	896.65	574086	896.65
574067	1164.50	574092	1037.50	574094	2030.00	574095	3583.33	574096	3897.17	574102	40.00	574102	40.00
574108	55.00	574110	60.00	574112	65.00	574114	75.00	574116	109.00	574122	129.00	574122	129.00
574129	67.00	574132	90.00	574134	105.00	574135	107.00	574137	370.00	574143	415.00	574143	415.00
574144	132.00	574147	140.00	574153	177.25	574175	364.00	574176	370.00	574195	539.46	574195	539.46
574162	434.00	574165	468.90	574190	470.00	574191	474.00	574192	409.00	574228	1066.00	574228	1066.00
574208	642.86	574209	668.32	574215	680.75	574217	911.29	574223	1001.00	574228	1283.94	574228	1283.94
574229	1109.00	574230	1170.47	574232	1190.09	574233	1200.00	574234	1292.03	574235	1493.21	574235	1493.21
574230	1326.75	574239	1367.43	574240	1426.25	574246	1637.25	574247	1640.30	574248	2130.00	574248	2130.00
574230	1840.25	574257	1945.00	574259	1985.47	574259	2103.15	574260	2184.19	574271	2590.00	574271	2590.00
574251	2299.00	574265	2310.00	574268	2428.84	574269	2452.47	574270	2466.00	574271	2590.00	574271	2590.00
574264	3037.58	574276	3922.65	574292	135.95	574312	94.50	574310	105.00	574363	448.50	574363	448.50
550893	64423.28	591149	600.00	591202	1000.00	591202	24.00	591202	55.70	591558	53.16	591558	53.16
591596	500.00	591599	5117.42	591612	136.05	591620	6354.26	591629	73.60	591630	78.00	591630	78.00
591635	1319.71	591641	5680.73	591662	5826.00	591663	6009.20	591679	327.83	591697	6900.00	591697	6900.00
628951	739.29	623010	3423.76	623057	4900.00	623064	693.00	623222	9347.00	623260	51.00	623260	51.00
628951	11350.00	623297	1423.76	623312	4900.00	623312	349240.02	623325	12111.43	623325	70.00	623325	70.00
628951	1068.35	623292	110.00	623750	100.00	623775	460.15	623820	75.00	623844	327.46	623844	327.46
628951	363.00	623873	651.55	623892	1937.80	623895	226.00	623976	240.15	623982	374.00	623982	374.00
628951	120.00	623701	206.00	623724	439.05	623750	820.67	623753	49.09	623754	50.00	623754	50.00
628951	109.00	623700	125.00	623702	300.00	623705	141.00	623709	170.00	623710	104.00	623710	104.00
628951	200.00	623709	243.90	623710	300.00	623712	435.50	623719	400.05	623727	425.00	623727	425.00
628951	865.00	623728	6379.78	623729	59.00	623730	59.00	623731	91.53	623732	339.60	623732	339.60
628951	32.00	623725	67.00	623756	148.50	623757	179.67	623758	1554.46	623759	40.00	623759	40.00

SUB TOTALS 1,629,026.37 720



QBE INSURANCE LIMITED
A.C.N. 000 157 859

IF NOT DELIVERED IN 7 DAYS
PLEASE RETURN TO
QBE INSURANCE LIMITED
IN THE CAPITAL CITY
OF THE STATE OF ADDRESS

Australian Owned - Insuring since 1880



THE HOME INSURANCE
Suite 1108, HARCOURT
39 GLOUCESTER
HONG-KONG



RETURN TO SENDER

Returned

Unclaimed

Not occupied

Address incomplete

Address unrecognised

Address unrecognised

Address unrecognised

Address unrecognised

FIRST CLAIM:

Claim History:

QBE Claim Number:	42 1214013 (Appendix
Claim Description:	Soft Tissue Injury / RSI, repetitive work
Third Party:	Carole Dickson
Date of Loss:	1 May 1995
Notification Received:	11 march 1998
Amount Paid:	AUD 22,619.85
Outstanding Loss Reserve:	AUD 0.00

Debit Notes sent to The Home

Insurance Company, Hong Kong: 11 November 1999 - AUD 22,619.85