

THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

**BEFORE THE COURT-APPOINTED REFEREE
IN RE THE LIQUIDATION OF THE HOME INSURANCE COMPANY
DISPUTED CLAIMS DOCKET**

**In Re Liquidator Number: 2006-HICIL-19, 2006-HICIL-20
Proof of Claim Number: INSU146316, INSU46064
Claimant Name: Fred J. Gelb, Esq.
Claimant Number: INSU146316, INSU46064**

**MOTION SEEKING CONSOLIDATION OF
DISPUTED CLAIM FILINGS 2006-HICIL-19 AND 2006-HICIL-20**

Roger A. Sevigny, Insurance Commissioner for the State of New Hampshire, solely in his capacity as Liquidator of The Home Insurance Company (“Liquidator”), by and through counsel, hereby moves this court for an order consolidating, for the purposes of the disputed claim process, the two (2) disputed claim filings of claimant, Fred J. Gelb, Esq. (“Claimant”). In support of this Motion, Liquidator states as follows:

1. Claimant initiated the first of two disputed claim proceedings by filing an Objection with the Clerk of the Superior Court for Merrimack County on March 6, 2006 in response to Liquidator’s Notice of Determination (“NOD”) dated January 4, 2006 regarding Proof of Claim (“POC”) INSU146316. (*Exhibit A*).

2. Claimant commenced the second of two disputed claim proceedings by filing an Objection with the Clerk of the Superior Court for Merrimack County on March 27, 2006 in response to Liquidator’s NOD dated January 26, 2006 regarding POC INSU46064. (*Exhibit B*).

3. Both proofs of claim filed by Claimant describe the nature of his claim as a “(F)iling for any potential claim against” two consecutive legal malpractice insurance policies issued by The Home Insurance Company to Claimant. (*Exhibits C and D*).

4. Both determination notices rendered by Liquidator confirmed that Claimant had “no claims outstanding” and further advised that “there will be no allowance.” (*Exhibits E and F*).

5. The two identified matters involve identical facts but for cited policy numbers and periods of coverage.

6. Liquidator respectfully asserts that the interests of efficiency would be most suitably advanced by addressing Claimant's two (2) disputed claim filings concurrently.

5. Claimant was contacted in a good faith attempt to obtain concurrence in the relief sought and he advised that he agrees with the relief sought.

WHEREFORE, Liquidator respectfully requests Claimant's two (2) disputed claim filings be consolidated for the purposes of these disputed claim proceedings.

Respectfully submitted,

ROGER A. SEVIGNY, INSURANCE COMMISSIONER OF
THE STATE OF NEW HAMPSHIRE, SOLELY IN HIS
CAPACITY AS LIQUIDATOR OF THE HOME INSURANCE
COMPANY

By his attorneys,



Jonathan Rosen, Esq. (N.H. Bar # 16951)
Thomas W. Kober, Esq. (admitted *pro hac vice*)
The Home Insurance Company in Liquidation
59 Maiden Lane
New York, New York 10038
(212) 530-4001
Facsimile (212) 299-3824

March 30, 2006

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Motion has been forwarded via First Class mail this 30th day of March, 2006 to Claimant Fred J. Gelb, Esq., 2253 Bridge Avenue, Point Pleasant, New Jersey 08742.

Thomas W. Kober

Thomas W. Kober

LAW OFFICES
FRED J. GELB, ESQ.
2253 Bridge Avenue
Point Pleasant, New Jersey 08742

(732) 892-4500

Facsimile
(732) 899-8170

March 3, 2006

Office of the Clerk, Merrimack County Superior Court
163 North Main Street, P.O. Box 2880
Concord, NH 03301-2880
Attention: The Home Docket No. 03-E-0106.

2006 MAR -6 A 11:58
NH SUPERIOR COURT
MERRIMACK COUNTY
CONCORD, NH

Re: **Notice of Determination**
Proof o Claim NO.: INSU146316-01

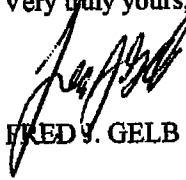
Dear Sir:

I am in receipt of a notice of determination dated January 4, 2006, that there will not be any allowance for a claim.

Previously, I received a proof of claim form that I had filed. Although I am not aware of any claims made against me, I did have an insurance policy with The Home Insurance Company. If a claim is ever made, I would like be able to make a claim against The Home Insurance Company.

As such, I object to the determination made that I have no claim and request that my claim against The Home Insurance Company not be dismissed.

Very truly yours,



FRED J. GELB

EJG/an

LAW OFFICES
FRED J. GELB, ESQ.
2253 Bridge Avenue
Point Pleasant, New Jersey 08742

(732) 892-4500

Facsimile
(732) 899-8170

March 21, 2006

**VIA CERTIFIED MAIL RETURN RECEIPT and
REG. U.S. MAIL**

Office of the Clerk, Merrimack County Superior Court
163 North Main Street, P.O. Box 2880
Concord, NH 03301-2880
Attention: The Home Docket No. 03-E-0106

**Re: Notice of Determination
Proof of Claim No.: INSU46064-01**

2006 MAR 21 A 10:13
NH SUPERIOR COURT
MERRIMACK COUNTY

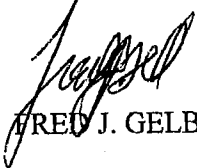
Dear Sir:

I am in receipt of a Notice of Determination dated January 26, 2006, that there will not be any allowance for a claim.

Previously, I received a proof of claim form that I had filed. Although I am not aware of any claims made against me, I did have an insurance policy with The Home Insurance Company. If a claim is ever made, I would like to be able to make a claim against The Home Insurance Company.

As such, I object to the determination made that I have no claim and request that my claim against The Home Insurance Company not be dismissed.

Very truly yours,


FRED J. GELB

FJG/an

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

RECEIVED

DATE PROOF OF
CLAIM RECEIVED

JUN 14 2004

HICIL

POC #: Insu146316

Fred J. Gelb,
P.O. Box 139
Lakewood NJ 08701-0139

|||||

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: Fred J. Gelb
2. Claimant's Address: 2253 Bridge Avenue
Point Pleasant, NJ 08742
3. Claimant's Telephone Number: (732) 892-4500
Fax Number: (732) 899-8170
Email address: _____
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: 22-3067570
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.

Filing for any potential claim against Policy # LPLF745673
9/92 to 9/93

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.

\$ Unknown (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.

N/A

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

N/A

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

N/A

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

N/A

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

Name: Fred J. Gelb
Address: 2253 Bridge Avenue
Point Pleasant, NJ 08742
Phone Number (732) 892-4500
Email address: _____

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

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

- a. Name of attorney: _____
- b. Name of law firm: _____
- c. Address of law firm: _____
- d. Attorney's telephone: _____
- e. Attorney's fax number: _____
- f. Attorney's email address: _____

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

- a. Amount of judgment _____
- b. Date of judgment _____
- c. Name of case _____
- d. Name and location of court _____
- e. Court docket or index number (if any) _____

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

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

Claimant's signature

Date

15. All claimants must complete the following:

I, Fred J. Gelb (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 unknown dollars (\$ _____) against The Home is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

Fred J. Gelb
Claimant's signature

6/11/04

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.

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

JUN 14 2004

HICL

POC #: Insu46064

Fred J. Gelb
P.O. Box 139
Lakewood NJ 08701-0139

Barcode

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.

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.

- 1. Claimant's Name: Fred J. Gelb
2. Claimant's Address: 2253 Bridge Avenue, Point Pleasant, NJ 08742
3. Claimant's Telephone Number: (732) 892-4500
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: 22-3067570
5. Claim is submitted by (check one):
a) [X] 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:

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.

Filing for any potential claim against Policy # LPLC126891
9/93 to 9/94

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.

\$ Unknown (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.
N/A

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

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

10. Do you claim a priority for your claim? If so, why:
N/A

11. Print the name, address and telephone number of the person who has completed this form.
Name: Fred J. Gelb
Address: 2253 Bridge Avenue, Point Pleasant, NJ 08742
Phone Number: (732) 892-4500
Email address:

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

12. If represented by legal counsel, please supply the following information:
- a. Name of attorney: _____
 - b. Name of law firm: _____
 - c. Address of law firm: _____
 - d. Attorney's telephone: _____
 - e. Attorney's fax number: _____
 - f. Attorney's email address: _____

13. If using a judgment against The Home as the basis for this claim:
- a. Amount of judgment _____
 - b. Date of judgment _____
 - c. Name of case _____
 - d. Name and location of court _____
 - e. Court docket or index number (if any) _____

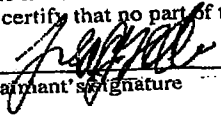
14. If you are completing this Proof of Claim as a Third Party Claimant against an insured of The Home, you must conditionally release your claim against the insured by signing the following, as required by N.H. Rev. Stat. Ann. § 402-C:40 I:

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

 Claimant's signature Date

15. All claimants must complete the following:

I, **Fred J. Gelb** _____ (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 **unknown** dollars (\$ _____) against The Home is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.


 Claimant's signature Date 6/11/04

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.

THE HOME INSURANCE COMPANY IN LIQUIDATION

P.O. Box 1720
Manchester, New Hampshire 03105-1720
Tel: (800) 347-0014

January 4, 2006

Class: II

Fred J. Gelb
2253 Bridge Avenue
Point Pleasant, NJ 08742

RE: NOTICE OF DETERMINATION
Proof of Claim No.: INSU146316-01

Determination Summary

| | |
|-------------------------------|--------------|
| Gross Amount of Claim | : \$ Unknown |
| Amount Allowed by Liquidation | : \$ 0 |

Explanation: We confirmed with you that you have no claims outstanding against you that would have been covered by a Home Insurance Company insurance policy and so you are not making a claim against The Home Insurance Company. Therefore, there will be no allowance.

Dear Claimant:

The purpose of this letter is to provide you with a determination set forth above of claims you have presented to The Home Insurance Company in Liquidation ("The Home"), under the Proof(s) of Claim specified above. The Home expects to present notice of this determination to the Superior Court for Merrimack County, New Hampshire (the "Court") for approval in accordance with New Hampshire Revised Statute, RSA 402-C:45. Read this Notice of Determination carefully as it sets forth your rights and obligations in detail.

The Home has now made a Determination on the claims as set forth above in accordance with The Home Claim Procedures (the "Procedures")* approved by the Court. If the claim has been allowed, in whole or in part, it has been assigned a Class II priority as a "policy related claim" pursuant to the Order of Distribution set forth in RSA 402-C:44 and will be placed in line for payment as directed by the Court from the assets of The Home. The first \$50 of the amount allowed on each claim in this class shall be deducted from the amount distributed as specified in RSA 402-C:44.

*A copy of the January 19, 2005 Restated and Revised Order Establishing Procedures Regarding Claims Filed With The Home Insurance Company in Liquidation may be obtained from the website of the Office of the Liquidation Clerk for The Home Insurance Company in Liquidation and US International Reinsurance Company in Liquidation, www.hicilclerk.org

You may have other claims against The Home for which you may receive other Notices of Determination. You will have a separate right to dispute each Notice of Determination. If your claim has been allowed in whole or in part, this Notice of Determination does not mean that your claim will immediately be paid, or that it will be paid in full or at all. Pursuant to order of the Court, The Home may make distributions of its assets as a percentage of all allowed claims in a particular priority class in The Home estate as approved by the Court. The amount of the final payment for allowed claims will be determined by the final ratio of assets to liabilities and the applicable priority. Please be advised that the final percentage of payment you receive from The Home, at the time The Home estate is finally closed, is the total payment amount that you will be entitled to for this claim.

The Liquidator does not expect there to be assets sufficient to make a distribution to creditors in classes below Class II.

Any and all distributions of assets may be affected and/or reduced by any payments you have received on this claim from any other sources not listed on the Notice of Distribution. Any such distributions by The Home are based on The Home's knowledge and/or understanding of the amounts you have received in settlement and/or reimbursement of this claim from all other sources at the time of the allowance or thereafter. Should The Home subsequently become aware of prior recoveries from other sources The Home has the right to reduce its future distribution payments to you to the extent of such other recoveries or to seek and obtain repayment from you with respect to any previous distributions that were made to you.

Further, if you seek or receive any future payment from any other source on this claim after you receive a distribution payment from The Home you must notify The Home at the address below and The Home has the right to recover from you the distribution payments in whole or in part, to the extent of any such other future recoveries.

As a condition to receipt of any distributions, The Home shall be entitled to any rights to subrogation you may have against any third party and you shall be deemed to have assigned to The Home such rights upon receipt of any distributions. You shall also be obliged to reimburse The Home for any legal fees or other costs associated with The Home recovering from you any distribution payments to which you are not entitled.

The following instructions apply to this Notice of Determination:

Claim Allowed

1. If this claim has been allowed in whole or in part and you agree with the determination, sign and date the enclosed Acknowledgment of Receipt of the Notice of Determination and mail the completed Acknowledgment to The Home.

Claim Disallowed

2. A. If all or part of your claim has been disallowed or you wish to dispute the determination or creditor classification for any reason, you may file a Request for Review with the Liquidator. The Request for Review is the first of two steps in the process of disputing a claim determination. The Request for Review must be received by The Home within thirty (30) days from the date of this Notice of Determination.

REQUEST FOR REVIEW FILING REQUIREMENTS:

- (a) Sign and return the attached Acknowledgment of Receipt form.
- (b) On a separate page, state specifically the reasons(s) you believe that the determination is in error and how it should be modified. Please note the Proof of Claim number on that page and sign the page.
- (c) Mail the Request for Review to:
The Home Insurance Company in Liquidation
P.O. Box 1720
Manchester, NH 03105-1720

You should keep a copy of this Notice of Determination, Acknowledgment of Receipt and Request for Review, then mail the Original Request for Review to us by U.S. Certified Mail.

- (d) The Request for Review must be received by The Home within thirty (30) days from the date of this Notice of Determination. The Request for Review must be in writing.
- (e) The Liquidator will inform you of the outcome of the review and issue to you a Notice of Redetermination.

IF A REQUEST FOR REVIEW IS NOT FILED WITH THE HOME WITHIN THE THIRTY (30) DAY PERIOD, YOU MAY NONETHELESS DIRECTLY FILE AN OBJECTION WITH THE COURT WITHIN SIXTY (60) DAYS FROM THE MAILING OF THIS NOTICE. You do not have to file the Request for Review as a prerequisite to dispute the Notice of Determination. Please see Section 2B (below) for the Objections to Denial of Claims.

- B. If your claim is disallowed in whole or in part, you may file an Objection with the Court at
Office of the Clerk, Merrimack County Superior Court
163 N. Main Street, P.O. Box 2880
Concord, New Hampshire 03301-2880
Attention: The Home Docket No. 03-E-0106

within sixty (60) days from the mailing of the Notice of Determination and bypass the Request for Review procedures as noted in Section 2A (above). If the Request for Review is timely filed, as outlined in Section 2A, the Liquidator will inform you of the outcome of the review and issue to you a Notice of Redetermination. If the redetermination is to disallow the claim, you may still file an Objection with the Court. You have sixty (60) days from the mailing of the Notice of Redetermination to file your Objection. Please also sign and return the Acknowledgment of Receipt form and mail a copy of the Objection to the Liquidator.

IF YOU DO NOT FILE AN OBJECTION WITH THE COURT WITHIN EITHER SIXTY (60) DAYS FROM THE MAILING OF THIS NOTICE OF DETERMINATION OR SIXTY (60) DAYS FROM THE MAILING OF ANY NOTICE OF REDETERMINATION, YOU MAY NOT FURTHER OBJECT TO THE DETERMINATION.

A timely filed Objection will be treated as a Disputed Claim and will be referred to the Liquidation Clerk's Office for adjudication by a Referee in accordance with the Procedures.

3. You must notify The Home of any changes in your mailing address. This will ensure your participation in future distributions, as applicable. For purposes of keeping The Home informed of your current address, please notify us at the address given on the letterhead above.

Sincerely yours,

Peter Bengelsdorf, Special Deputy Liquidator
For Roger A. Sevigny, Liquidator
of The Home Insurance Company in Liquidation

If you wish to speak to someone regarding this Notice of Determination, please contact:

George Ertle
Senior Manager
Home Insurance Company in Liquidation
Phone: 212-530-4340

THE HOME INSURANCE COMPANY IN LIQUIDATION
P.O. Box 1720
Manchester, New Hampshire 03105-1720
Tel: (800) 347-0014

January 26, 2006

Class: II

Fred J. Gelb
2253 Bridge Avenue
Point Pleasant, NJ 08742

RE: NOTICE OF DETERMINATION
Proof of Claim No.: INSU46064-01

Determination Summary

| | |
|-------------------------------|--------------|
| Gross Amount of Claim | : \$ Unknown |
| Amount Allowed by Liquidation | : \$ 0 |

Explanation: We confirmed with you that you have no claims outstanding against you that would have been covered by a Home Insurance Company insurance policy and so you are not making a claim against The Home Insurance Company. Therefore, there will be no allowance.

Dear Claimant:

The purpose of this letter is to provide you with a determination set forth above of claims you have presented to The Home Insurance Company in Liquidation ("The Home"), under the Proof(s) of Claim specified above. The Home expects to present notice of this determination to the Superior Court for Merrimack County, New Hampshire (the "Court") for approval in accordance with New Hampshire Revised Statute, RSA 402-C:45. Read this Notice of Determination carefully as it sets forth your rights and obligations in detail.

The Home has now made a Determination on the claims as set forth above in accordance with The Home Claim Procedures (the "Procedures")* approved by the Court. If the claim has been allowed, in whole or in part, it has been assigned a Class II priority as a "policy related claim" pursuant to the Order of Distribution set forth in RSA 402-C:44 and will be placed in line for payment as directed by the Court from the assets of The Home. The first \$50 of the amount allowed on each claim in this class shall be deducted from the amount distributed as specified in RSA 402-C:44.

*A copy of the January 19, 2005 Restated and Revised Order Establishing Procedures Regarding Claims Filed With The Home Insurance Company in Liquidation may be obtained from the website of the Office of the Liquidation Clerk for The Home Insurance Company in Liquidation and US International Reinsurance Company in Liquidation, www.hicilclerk.org

You may have other claims against The Home for which you may receive other Notices of Determination. You will have a separate right to dispute each Notice of Determination. If your claim has been allowed in whole or in part, this Notice of Determination does not mean that your claim will immediately be paid, or that it will be paid in full or at all. Pursuant to order of the Court, The Home may make distributions of its assets as a percentage of all allowed claims in a particular priority class in The Home estate as approved by the Court. The amount of the final payment for allowed claims will be determined by the final ratio of assets to liabilities and the applicable priority. Please be advised that the final percentage of payment you receive from The Home, at the time The Home estate is finally closed, is the total payment amount that you will be entitled to for this claim.

The Liquidator does not expect there to be assets sufficient to make a distribution to creditors in classes below Class II.

Any and all distributions of assets may be affected and/or reduced by any payments you have received on this claim from any other sources not listed on the Notice of Distribution. Any such distributions by The Home are based on The Home's knowledge and/or understanding of the amounts you have received in settlement and/or reimbursement of this claim from all other sources at the time of the allowance or thereafter. Should The Home subsequently become aware of prior recoveries from other sources The Home has the right to reduce its future distribution payments to you to the extent of such other recoveries or to seek and obtain repayment from you with respect to any previous distributions that were made to you.

Further, if you seek or receive any future payment from any other source on this claim after you receive a distribution payment from The Home you must notify The Home at the address below and The Home has the right to recover from you the distribution payments in whole or in part, to the extent of any such other future recoveries.

As a condition to receipt of any distributions, The Home shall be entitled to any rights to subrogation you may have against any third party and you shall be deemed to have assigned to The Home such rights upon receipt of any distributions. You shall also be obliged to reimburse The Home for any legal fees or other costs associated with The Home recovering from you any distribution payments to which you are not entitled.

The following instructions apply to this Notice of Determination:

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1. If this claim has been allowed in whole or in part and you agree with the determination, sign and date the enclosed Acknowledgment of Receipt of the Notice of Determination and mail the completed Acknowledgment to The Home.

Claim Disallowed

2. A. If all or part of your claim has been disallowed or you wish to dispute the determination or creditor classification for any reason, you may file a Request for Review with the Liquidator. The Request for Review is the first of two steps in the process of disputing a claim determination. The Request for Review must be received by The Home within thirty (30) days from the date of this Notice of Determination.

REQUEST FOR REVIEW FILING REQUIREMENTS:

- (a) Sign and return the attached Acknowledgment of Receipt form.
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The Home Insurance Company in Liquidation
P.O. Box 1720
Manchester, NH 03105-1720

You should keep a copy of this Notice of Determination, Acknowledgment of Receipt and Request for Review, then mail the Original Request for Review to us by U.S. Certified Mail.

- (d) The Request for Review must be received by The Home within thirty (30) days from the date of this Notice of Determination. The Request for Review must be in writing.
- (e) The Liquidator will inform you of the outcome of the review and issue to you a Notice of Redetermination.

IF A REQUEST FOR REVIEW IS NOT FILED WITH THE HOME WITHIN THE THIRTY (30) DAY PERIOD, YOU MAY NONETHELESS DIRECTLY FILE AN OBJECTION WITH THE COURT WITHIN SIXTY (60) DAYS FROM THE MAILING OF THIS NOTICE. You do not have to file the Request for Review as a prerequisite to dispute the Notice of Determination. Please see Section 2B (below) for the Objections to Denial of Claims.

- B. If your claim is disallowed in whole or in part, you may file an Objection with the Court at
Office of the Clerk, Merrimack County Superior Court
163 N. Main Street, P.O. Box 2880
Concord, New Hampshire 03301-2880
Attention: The Home Docket No. 03-E-0106

within sixty (60) days from the mailing of the Notice of Determination and bypass the Request for Review procedures as noted in Section 2A (above). If the Request for Review is timely filed, as outlined in Section 2A, the Liquidator will inform you of the outcome of the review and issue to you a Notice of Redetermination. If the redetermination is to disallow the claim, you may still file an Objection with the Court. You have sixty (60) days from the mailing of the Notice of Redetermination to file your Objection. Please also sign and return the Acknowledgment of Receipt form and mail a copy of the Objection to the Liquidator.

IF YOU DO NOT FILE AN OBJECTION WITH THE COURT WITHIN EITHER SIXTY (60) DAYS FROM THE MAILING OF THIS NOTICE OF DETERMINATION OR SIXTY (60) DAYS FROM THE MAILING OF ANY NOTICE OF REDETERMINATION, YOU MAY NOT FURTHER OBJECT TO THE DETERMINATION.

A timely filed Objection will be treated as a Disputed Claim and will be referred to the Liquidation Clerk's Office for adjudication by a Referee in accordance with the Procedures.

3. You must notify The Home of any changes in your mailing address. This will ensure your participation in future distributions, as applicable. For purposes of keeping The Home informed of your current address, please notify us at the address given on the letterhead above.

Sincerely yours,

Peter Bengelsdorf, Special Deputy Liquidator
For Roger A. Sevigny, Liquidator
of The Home Insurance Company in Liquidation

If you wish to speak to someone regarding this Notice of Determination, please contact:

George Ertle
Senior Manager
Home Insurance Company in Liquidation
Phone: 212-530-4340