

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: 2012-HICIL-54
Proof of Claim Number: CLMN713953-01
Claimant Name: Gregory M. Wills
Claimant Number: 112L564866-155

LIQUIDATOR'S OBJECTION TO CLAIMANT WILLS' MOTION REQUEST

Roger A. Sevigny, Insurance Commissioner of the State of New Hampshire, as Liquidator ("Liquidator") of The Home Insurance Company ("Home"), hereby objects to the "Motion Request" submitted on behalf of claimant Gregory M. Wills ("Claimant"). As noted in the Liquidator's Preliminary Response to Claimant's Motion Request dated November 9, 2012, the Liquidator only became aware of the Motion Request on November 8, 2012. The Liquidator has now considered the Motion Request. The Motion Request should be denied because (1) the dental expenses aspect of the claim has been resolved by the allowance for dental expenses in an amended notice of determination to which Claimant agreed, and (2) the compensatory damages aspect of the proof of claim is barred by the statute of limitations.

A. The Dental Expenses Have Been Resolved By The Liquidator's Amended Notice Of Determination.

1. Claimant (acting by his father, William Wills) submitted a proof of claim in this matter on July 11, 2011. The proof of claim sought \$200,000 for final settlement and on-going treatment of Gregory Wills' teeth. Exhibit 1 (Proof of Claim) at 1. Claimant's claim is a third-party claim against Home under a homeowners' policy issued to John and Ann Schaefer in Liverpool, New York. *Id.* Claimant was born on September 21, 1969. He was injured on

December 30, 1977. See Exhibit 2 at 2 (Dentist's letter). He contends that the claim is a "Life Long Claim" under which "no sum of monetary damage was paid out" but Home allegedly agreed to cover Claimant's dental treatment for the teeth for life. See Exhibit 3.

2. On December 19, 2011, the Liquidator denied the claim on the ground that the payments of dental bills made by Home under the Medical Payments coverage of the homeowners' policy were voluntary, that Home did not concede that its insureds were liable, and that the statute of limitations had run. Exhibit 4 (Notice of Determination).

3. Claimant objected to the Notice of Determination on January 19, 2012, and this disputed claim proceeding was commenced.

4. On March 9, 2012, the Liquidator issued an Amendment to Notice of Determination (the "Amended Notice"). Exhibit 5. The Amended Notice noted the parties' disagreement but concluded that, in an effort to bring the matter to closure and in the spirit of compromise, the Liquidator would allow the claim in the amount of \$2,150 (the amount of dental expenses Claimant had presented with his proof of claim):

In the course of preparing the case file, liquidation staff have again reviewed this matter. It appears that there is disagreement over whether Home agreed to pay for dental expenses with respect to the two front teeth until the permanent crowns were put in place when Greg Wills reached adulthood or for a longer period. The letters from 1982 and 1986 fairly read did not make an open-ended commitment to pay dental expenses with respect to the two front teeth for life. However, it appears that [Claimant] had a different understanding. In light of the unpaid amounts involved (\$350 for the treatment billed June 2, 2011 and the \$1,800 on July 31, 2002), and in an effort to bring this matter to closure without the need for protracted proceedings, the Liquidator will allow the claim for the fully documented amount of \$2,150. The Liquidator issues this Amended Notice of Determination in the spirit of compromise given the amounts at issue.

Id. at 1. The Amended Notice also provided for Claimant to submit future dental expenses in a separate proof of claim:

[The Amended Notice] will not bar [Claimant] from filing a proof of claim seeking future dental expenses concerning the two front teeth, and the Liquidator would anticipate allowing such expenses so long as they are documented and causally related to the injury.

Id. at 1-2. It also clarified that non-dental expenses were not allowed:

The Liquidator will not allow the claim with respect to amounts other than demonstrated dental expenses because, among other reasons, the statute of limitations with respect to any such claims expired long ago.

Id. at 2. It closed by requesting that the Claimant advise if the Amended Notice resolves the matter. Id.

5. The Claimant responded with a letter dated March 19, 2012 asking questions about the Amended Notice. Exhibit 6. The Liquidator answered the questions in a letter dated March 23, 2012. Exhibit 7. The Liquidator's letter concluded by stating:

In sum, the Amended Notice allows dental expenses in the amount of \$2,150 at Class II and preserves Mr. Wills' right to file a proof of claim for future dental expenses regarding the two teeth. To the extent Mr. Wills may seek to recover (1) amounts that are not dental expenses or (2) interest, those amounts are denied. If you wish to pursue those, you will need to raise the issues with the Referee in this disputed claim proceeding.

6. In a letter dated June 5, 2012, the Claimant advised that the Amended Notice resolved the matter. Exhibit 8. Specifically, Claimant's father stated that "Gregory [Wills] has agreed that the Amendment Notice of Determination Resolves the Problem."¹ Id.

7. The Liquidator responded in a letter dated July 6, 2012. Exhibit 9. That letter noted Claimant's agreement, advised that the Liquidator would include the \$2,150 allowance of the Amended Notice in a claims report to the Court, and stated that: "Once the Court approves the allowance by approving the claims report, the Liquidator will request that the Referee dismiss this disputed claim proceeding (2012-HICIL-54)." Id. at 1.

¹ The letter also noted that Claimant was submitting a separate proof of claim with respect to subsequent expenses. The Liquidator has allowed the expenses (totaling \$2,885), and that allowance will be included in the next report of claims and recommendations.

8. The Claimant's claim was included in the Liquidator's Report of Claims and Recommendations as of August 29, 2012. Page 7 of Schedule 1 to that report recommends an allowance of \$2,150 at Priority Class II. The pertinent pages of the Report are attached as Exhibit 10.

9. On October 11, 2012, the Court issued an Order Approving Liquidator's Report of Claims and Recommendations as of August 29, 2012. Exhibit 11.

10. The Liquidator had understood that the Claimant agreed that the Amended Notice providing for allowance of \$2,150 and for future dental expenses to be addressed under the separate proof of claim resolved the matter. See Exhibit 8. The Court approved that allowance. Exhibit 11. Accordingly, acting pursuant to the process described in the Liquidator's July 6, 2012 letter (Exhibit 9), the Liquidator filed a Motion to Dismiss Disputed Claim Proceeding on October 26, 2012. (As noted in the motion, Claimant had not responded to the Liquidator's requests for assent.)

11. It now appears that the Claimant does not agree that the Amended Notice resolved his claim. In the Motion Request, the Claimant's father states that his agreement in the correspondence described above was "NOT in my best interest in representation of Gregory Wills," and he again asserts a claim for pain and suffering on behalf of Gregory Wills. Motion Request at 3. In the Addendum to the Motion Request, Claimant's father asserts that he would not have agreed if he had understood that the undersigned counsel was not representing him.² But whether or not Claimant agreed, the Amended Notice resolves at least the portion of

² There is no ground for this asserted confusion. The notice of appearance of undersigned counsel in this matter dated March 9, 2012 and mailed to Mr. Wills identified counsel as appearing for the Liquidator. The letter to Mr. Wills dated March 9, 2012 (Exhibit 5) begins with the statement that counsel represents the Liquidator, and the letter to Mr. Wills dated March 23, 2012 (Exhibit 7) begins with the statement that counsel writes on behalf of the Liquidator.

Claimant's claim that asserts an agreement to provide dental treatment. To the extent that the Motion Request seeks expenses of dental treatment, it should be denied. (Neither the Court's approval of the allowance of the Claimant's claim in the order approving the August 29, 2012 claims report (Exhibit 11) nor the Claimant's claim for future dental expenses in the new proof of claim will be affected by denial of the Motion Request.)

B. Claimant's Claim For Pain And Suffering Is Barred By The Statute of Limitations.

12. The Liquidator had understood that the Amended Notice resolved this matter by agreement. The Motion request, however, again asserts a claim for pain and suffering. Motion Request at 3. Regardless of the Amended Notice, any claims for pain and suffering are barred by the statute of limitations.

13. This matter arises from an accident injuring Gregory Wills' two front teeth that occurred on December 30, 1977 in New York. Any claim for pain and suffering arising from that accident was part of Claimant's potential personal injury action against Home's insured. It is separate from the question of dental expenses that was addressed in correspondence between Home and the Wills and included in the case file.

14. The limitations period for personal injury actions in New York is three years. "The following actions must be commenced within three years: . . . (5). An action to recover damages for a personal injury except as provided in sections 214-b, 214-c and 215." N.Y. Civil Practice Law and Rules § 214. (The exceptions do not apply here, as they concern actions based on herbicides, involving the discovery rule, or subject to a one-year limitations period.) The limitations period is extended when a plaintiff is under a "disability because of infancy" at the time the cause of action accrues. N.Y. C.P.L.R. § 208. "Infancy" is defined as meaning the state of being an "infant" – a person "who has not attained the age of eighteen years." N.Y.

C.P.L.R. § 105(j). In such cases, “the time within which the action must be commenced shall be extended to three years after the disability ceases” N.Y. C.P.L.R. § 208.

15. The statute of limitations on Claimant’s claim against Home’s insureds ran long ago. Gregory Wills was born on September 21, 1969 (Exhibit 2 at 2), and was eight years old at the time of the accident on December 30, 1977. See Exhibit 2 at 2; Motion Request at 1; Exhibit 4. Accordingly, the three-year limitations period began to run on September 21, 1987, when Claimant turned eighteen. The limitations period ran three years later, on September 21, 1990. This was many years before the Home liquidation began in 2003 and even more years before the proof of claim was filed in 2011.

16. The claim for pain and suffering asserted in the proof of claim and in the Motion Request is thus barred by the statute of limitations.

17. The Claimant’s Motion Request accordingly should be denied. The Liquidator has already allowed Claimant’s claim for dental expenses (and Claimant can submit claims for future dental expenses), while Claimant’s claim for other amounts is barred by the statute of limitations.

Conclusion

For the foregoing reasons, the Referee should deny Claimant's Motion Request and dismiss this disputed claim proceeding.

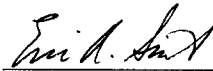
Respectfully submitted,

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

By his attorney,

MICHAEL A. DELANEY,
ATTORNEY GENERAL,

J. Christopher Marshall
NH Bar ID No. 1619
Civil Bureau
New Hampshire Department of Justice
33 Capitol Street
Concord, NH 03301-6397
(603) 271-3650



Eric A. Smith
NH Bar ID No. 16952
Rackemann, Sawyer & Brewster, P.C.
160 Federal Street
Boston, MA 02110
(617) 542-2300

November 19, 2012

Certificate of Service

I hereby certify that the foregoing Liquidator's Objection to Claimant's "Motion Request" was sent to the Claimant by email and via first class mail, postage prepaid to Gregory Wills c/o William F. Wills, 4084 Silverado Drive, Liverpool, NY 13090-1620, this 19th day of November, 2012.



Eric A. Smith

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

RECEIVED
 JUL 11 2011
 HOH

POC#: CLAIM713953

GREGORY WILLS
 4084 SILVERADO DRIVE
 LIVERPOOL, NY - 13090

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: GREGORY M. WILLS
2. Claimant's Address: 4084 SILVERADO DRIVE
LIVERPOOL, NY, 13090-1620
3. Claimant's Telephone Number: (315) 399-3886 (cell) (see attached letter)
 Fax Number: ()
 Email address: gregwills@hotmail.com
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: [REDACTED]

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.

5. Claim is submitted by (check one): CLAIMANT/GREGORY M. WILLS
 - a) Policyholder or former policyholder JOHN & ANN SCHAEFER, 4086 SILVERADO DR. LIVERPOOL, NY 13090-1620
 - b) Third Party Claimant making a claim against a person insured by The Home (injured person Gregory M. Wills)
 - c) Employee or former employee
 - d) Broker or Agent
 - e) General Creditor, Reinsurer, or Reinsured
 - f) State or Local Government Entity
 - g) Other; describe: CLAIMANT JUST DISCOVERED IN JUNE 2011 ABOUT THE LIQUIDATION.

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.

see exhibits 1, 2, 3, 4, 5 attached all claim records with The Home Insurance Co.
The Home Insurance Co. Policy holders are: JOHN & ANN SCHAEFER 4076 SILVERADO DR. LIVERPOOL, NY, 13090-1620 claim on file with The Home Insurance Co. & Dentists.

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. \$200,000.00 for the final settlement and the on-going treatments, which may not be covered in the future now, that the company is in liquidation. \$ 200,000.00 (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. DONT QUITE UNDERSTAND THIS QUESTION, THE CLAIM IS WITH THE HOME INSURANCE COMPANY UNDER CL#1121564866-155 & THE TREATING DENTIST IN LIVERPOOL, NY. (Dr. Joseph Tutor DDS & Dr. Thomas Nolan, DDS) see enclosed letter

8. If The Home has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: PAYMENTS DATE OF INJURY 12/1/1997 see attached exhibits records of Dr. Nolan & Dr. Tutor unable to get the complete records on file with their office.

9. Is there any setoff, counterclaim, or other defense which should be deducted by The Home from your claim? DONT UNDERSTAND THIS QUESTION. (no attorneys were involved if that can help)

10. Do you claim a priority for your claim? If so, why: On going treatment, Permanent Crown Banding ~~and future crowns & treatments~~ (gum around the crowns have been treated in the past. & perodic oral evaluation around the two front teeth which are on going treatments)

11. Print the name, address and telephone number of the person who has completed this form. Treatments
 Name: WILLIAM F. WILLS (FATHER) due to Gregory being stationed out of State
 Address: 4084 SILVERADO DRIVE (see letter enclosed)
LIVERPOOL, NY, 13090-1620

12. If represented by legal counsel, please supply the following information:
- a. Name of attorney: NONE INVOLVED
 - 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: SEEKING \$200,000.00 future treatment pain & future treatment & exams.
- 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(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, _____ (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 \$200,000.00 for future treatments. dollars (\$ 200,000.00) 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.

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Claimant's signature _____

July 7, 2011

Date

WILLIAM F. WILLS FATHER FOR GREGORY WILLS

(SEE LETTER ENCLOSED W/DENTAL RECORDS.

16. Send this completed Proof of Claim Form, postmarked by JUNE 13, 2011, to:

The Home Insurance Company in Liquidation
P.O. Box 1720
Manchester, New Hampshire 03105-1720

CLAIMANT DID NOT DISCOVER LIQUIDATION STATUS UNTIL JUNE 2011 .

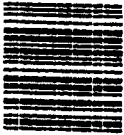
You should complete and send this form if you believe you have an actual or potential claim against The Home even if the amount of the claim is presently uncertain.

CERTIFIED MAIL™

7009 2250 0000 9742 8791



1000



03105

U.S. POSTAGE
PAID
BALTIMORE, MD
11
AMOUNT
\$5.79
00028845

THE HOME INSURANCE COMPANY
IN LIQUIDATION P.O. BOX# 1720
MANCHESTER, NEW HAMPSHIRE 03105-1720

JULY 7,2011

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

REF: THE HOME INSURANCE CO. IN LIQUIDATION POC#; CLMN713953 .Liquidation not discovered until June 2011.

THE HOME INSURANCE CO. CLAIM#: 112L564866-155

INJURED PERSON: GREGORY M.WILLS.

DEAR THE HOME INSURANCE COMPANY
IN LIQUIDATION:

ENCLOSED AND ATTACHED FIND: PROOF OF CLAIM FORM COMPLETED ON THE FRONT AND BACK DATED JULY 7,2011, SIGNED BY: WILLIAM F.WILLS, (father) AS A RESULT OF GREGORY BEING STATIONED OUT OF STATE SINCE MAY 2011.

ALSO ENCLOSED FIND THE FOLLOWING DENTAL EXHIBITS WHICH ARE THE ONLY ONES GREG. COULD GET FROM OFFICE OF: DR. JOSEPH TUTOR, DDS & DR. THOMAS NOLAN, DDS. 4820 WEST TAFT ROAD LIVERPOOL, NY, 13088 PHONE# 315/451-4900

EXHIBITS: 2,3,4 & 5 FOR DENTISTS: FROM: DR. TUTOR, DDS & DR. NOLAN, DDS. (THEY ARE IN PRACTICE NOW TOGETHER)

EXHIBIT 1. IS FOR DR. JESSICA N. TORRE, DDS FOR THE EMERGENCY VISIT AND GREGORY WILL NEED A PERMANENT CROWN, HE PAID \$350.00 FOR THE PROVISIONAL CROWN WHICH IS THE EMERGENCY VISIT ON 6/2/2011.

BECAUSE GREGORY WAS IN TRAINING IN THE CITY OF BOSTON, MASSACHUSETTS SINCE MID JUNE 2011, HE HAS NOT HAD THE OPPORTUNITY TO GET A POST OFFICE BOX AT THE POST OFFICE IN THE AREA WHERE HE IS STATIONED IN THE ISLAND OF NANTUCKET, MASSACHUSETTS,

PLEASE ADDRESS ALL CORRESPONDENCE TO MY ADDRESS WHICH IS THE ADDRESS GREGORY IS USING FOR GUARANTEE OF HIS MAIL DELIVERY UNTIL HE NOTIFY YOU OF HIS MAILING ADDRESS WHERE TO SEND HIS MAIL, AFTER HE GET THE POST OFFICE BOX:

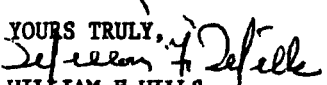
IF YOU HAVE TO SEND MAIL FOR HIM PLEASE ADDRESS IT AS FOLLOWS.

GREGORY M.WILLS,
C/O WILLIAM F.WILLS
4084 SILVERADO DRIVE
LIVERPOOL, NY, 13090-1620

MY PHONE#: 315-399-9391 cell.

MY HOME PHONE#: 315-622-0850 N/P N/L you can leave message on the answering machine if needed. & I will get the message/information to Gregory.

ENCLOSED/ATTACHED:

YOURS TRULY,

WILLIAM F.WILLS
FATHER OF GREGORY M.WILLS

4084 SILVERADO DR.
LIVERPOOL NY 13090-1620

STATEMENT OF SERVICES RENDERED

Jessica N. Torre, D.D.S., P.C.
 43 Old South Road
 Nantucket, MA 02554
 (508)228-2699

CHART NO. W10046	PAGE NO. 1
---------------------	---------------

BILLING DATE
06/02/2011

PROVIDERS: (ID, Name, Number)
 1017-Jessica Torre, DDS #26-2874666

GUARANTOR NAME AND MAILING ADDRESS
 Gregory M Wills
 46 B Okorwaw
 Nantucket, MA 02554-4307

JULY 7, 2011 via certified mail ret.rec.req.
 To; The Home Insurance Company In Liquidation.
 POC# CLMN713953.
 The Home Insurance Co, Claim#: 112L564866-155
EXHIBIT-1. enc. with letter dated 7/7/2011
 and copy of the POC form filled out on
 front & back, dated 7/7/2011

PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT
Gregory Gregory	9		1017:Provisional crown VISA/MC Payment - Thank You	350.00	-350.00

PREVIOUS BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE	PLEASE PAY
0.00	-350.00	350.00	= 0.00	0.00	= 0.00

PATIENT	DATE	TIME	REASON

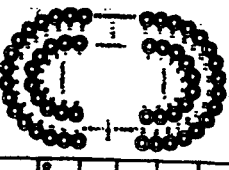
July 7, 2011, The Home Insurance Company In Liquidation POC# CLMN713953 EXHIBIT-2
 The Home Insurance Co. Claim# 112L564866-155

DATE	EXPLANATION OF CHARGES	PATIENT NAME	TOTAL CHARGE	CREDITS	BALANCE	PREVIOUS BALANCE
6-3-11	6-3-11	Sheep	60		60	
A. DIAGNOSTIC SERVICES 1. Examination a. Initial 00110 5 b. Periodic 00120 5 c. Emergency 00130 5 d. X-Rays 1. Full Mouth 00210 5 b. Panorax 00220 5 c. Periapical 00230 5 d. Bite Wing 00270 5 e. Diagnostic Models 00470 5 f. Treatment Plan/Inl. 00590 5 g. Consultation 00310 5 B. PREVENTIVE/PERIODONTICS 1. Adult Prophyl 01110 5 2. Child Prophyl 01200 5 3. Fluoride Treatment 01230 5 4. Oral Hygiene Instruction 01250 5 5. Trauma Medication 00810 5 6. Periodontal Scaling 00410 5 C. PEDIODONTIC/ORTHODONTIC 1. Supervisory 41220 5 2. Stainless Steel Crown 02330 5 3. Splice Mainliner 00320 5 4. Corrective Appliance 04... 5 D. ENDOODONTIC - Teeth 1. Pulp Treatment 03110 5 2. Root Canal Treatment 032... 5						
E. EMERGENCY/SURGERY TOOTH 1. X-Rays 00210 5 2. Pulpative 00110 5 3. Extraction 00110 5 4. Surgical Extraction 072... 5 5. Tissue Removal 01510 5 6. Medication 07210 5 F. MISCELLANEOUS 1. Office Visit 00110 5						
G. RESTORATIVE/PROSTHETICS 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7. ... 8. ... 9. ... 10. ... 11. ... 12. ... 13. ... 14. ...						
H. REMARKS 1. ... 2. ... 3. ... 4. ... 5. ... 6. ... 7. ... 8. ... 9. ... 10. ... 11. ... 12. ... 13. ... 14. ...						
					TOTAL	60
					FEES	

NAME OF RESPONSIBLE PARTY *Wesley Williams*

RETAIN FOR YOUR TAX RECORDS PATIENTS WITH INSURANCE PLEASE SEE REVERSE SIDE PINK COPY

WITH VISIT DATE Current Date



THIS IS A PRE-TREATMENT ESTIMATE. Services have been provided on a CASH basis. Accounts are due and payable at work progress unless other arrangements have been made.

THOMAS B. BOLAK, D.D.S.
 S.S. No. 074-34-0469 Lic. No. 027837

B. MEL McCOUGAL, D.D.S.
 S.S. No. 103-30-3131 Lic. No. 027829

JOHN J. MALBRITTE, D.M.D.
 S.S. No. 109-44-2827 Lic. No. 034255

PROFESSIONAL CORPORATION
 10 No. 16-112284

408 FOURTH STREET
 LIVERPOOL, N.Y. 13088
 Telephone 481-1070

YOUR NEXT VISIT WILL BE AT

250213

The Home Insurance Co.
 Claim#: 112L564866-155
 Injured person:
 Gregory M. Wills

DATE	EXPLANATION OF CHARGES	PATIENT NAME	TOTAL CHARGE	CREDITS	BALANCE	PREVIOUS BALANCE	NAME OF RESPONSIBLE PARTY
	A. DIAGNOSTIC SERVICES 1. Examination a. Initial 00110 \$ b. Periodic 00120 \$ c. Emergency 00130 \$ 2. X-Rays a. Full Mouth 00210 \$ b. Panorax 00330 \$ c. Periapical 00220 \$ d. Bite Wing 00270 \$ 3. Diagnostic Models 00470 \$ 4. Treatment Plan/Ins. 00550 \$ 5. Consultation 00310 \$ B. PREVENTIVE/PERIODONTICS 1. Adult Prophyl 01110 \$ 2. Child Prophyl 01120 \$ 3. Fluoride Treatment 01230 \$ 4. Oral Hygiene Instruction 01330 \$ 5. Tissue Medication 00910 \$ 6. Periodontal Scaling 00440 \$ C. PEDIODONTIC/ORTHODONTIC 1. Pulpotomy 02720 \$ 2. Stainless Steel Crown 02830 \$ 3. Space Maintainer 00320 \$ 4. Corrective Appliance 00... \$ D. ENDODONTIC Tooth 1. Pulp Treatment 03110 \$ 2. Root Canal Treatment 031... \$						RETAIN FOR YOUR TAX RECORDS PATIENTS WITH INSURANCE PLEASE SEE REVERSE SIDE PINK COPY
	E. EMERG./SURGERY TOOTH 1. X-Rays 00210 \$ 2. Pulpative 00110 \$ 3. Extraction 00110 \$ 4. Surgical Extraction 012... \$ 5. Tissue Removal 00750 \$ 6. Medication 00510 \$ MISCELLANEOUS 1. Office Visit 00410 \$						First Visit Date Current Term Is Treatment Result of Injury/ Occupational illness or Accident? Are Any Services Covered By Another Plan? If Prosthesis, Is This Initial Placement? Is Treatment For Orthodontics? This is a Pre-Treatment Estimate Services have been performed <input type="checkbox"/> Office CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Accounts are due and payable as work progresses unless other arrangements have been made. <input type="checkbox"/> THOMAS B. NOLAN, D.D.S. S.S. No. 072-34-8669 Lic. No. 027837 <input type="checkbox"/> D. NEIL MCDONOUGH, D.D.S. S.S. No. 103-30-3131 Lic. No. 027829 <input type="checkbox"/> GLENN HALBRITTER, D.M.D. S.S. No. 108-48-2627 Lic. No. 035286 S.S. No. _____ Lic. No. _____ PROFESSIONAL CORPORATION I.D. No. 16-1122864
	G. RESTORATIVE/PROSTHETICS 1. <u>18</u> <u>172</u> 2. <u>14</u> 3. <u>14</u> 4. <u>14</u> 5. <u>14</u> 6. <u>14</u> 7. <u>14</u> 8. <u>14</u> 9. <u>14</u> 10. <u>14</u> 11. <u>14</u> 12. <u>14</u> 13. <u>14</u> 14. <u>14</u> Remits						Patient Name Group # Name of Group Dental Program Employer (Company) Name and Address Is Treatment Result of Injury/ Occupational illness or Accident? Are Any Services Covered By Another Plan? If Prosthesis, Is This Initial Placement? Is Treatment For Orthodontics? This is a Pre-Treatment Estimate Services have been performed <input type="checkbox"/> Office CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> Accounts are due and payable as work progresses unless other arrangements have been made. <input type="checkbox"/> THOMAS B. NOLAN, D.D.S. S.S. No. 072-34-8669 Lic. No. 027837 <input type="checkbox"/> D. NEIL MCDONOUGH, D.D.S. S.S. No. 103-30-3131 Lic. No. 027829 <input type="checkbox"/> GLENN HALBRITTER, D.M.D. S.S. No. 108-48-2627 Lic. No. 035286 S.S. No. _____ Lic. No. _____ PROFESSIONAL CORPORATION I.D. No. 16-1122864
							408 FOURTH STREET LIVERPOOL, N.Y. 13088 Telephone 461-1070 YOUR NEXT VISIT WILL BE _____ AT _____

NOTICE TO INSURANCE CO. - This form has been adopted in an effort to keep our cost and paperwork down. If for any reason you require your own form or itemized bill, we will be happy to complete the same upon receipt of \$10.00.

Attn: Carol Hinciano

READING DENTIST'S STATEMENT
 DENTAL TREATMENT ESTIMATE
 DENTAL TREATMENT OF ACTUAL SERVICES

Risk Enterprise Mgmt.
 P.O. Box 494
 Hickam Park, N.J. 07932

Greg Ullis
 4684 Silverado Dr.
 Liverpool, N.Y. 13058

04 21 69

7/7/2011

The Home Ins. Co.
 in Liquidation
 FOC#CLMN713953
 The Home Ins. Co.
 CLAIM#;
 112L564866-155

Claim #
 1128564866-155

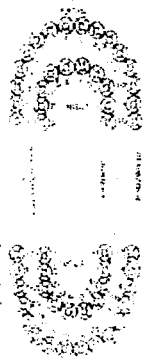
EXHIBIT-4

THOMAS B. HINCIANO D.D.S.

468 WEST 107TH ST. 2ND FL.

LIVERPOOL NEW YORK 13058

(716) 491-0000 (716) 491-0000 (716) 491-0000



TOOTH NO.	DESCRIPTION OF SERVICE (INCLUDES DENTAL PROCEDURE, MATERIAL USED, ETC.)	DATE SERVICE PERFORMED	APPROXIMATE DURATION	YIELD	FOR ADMINISTRATIVE USE ONLY
8	Porc - High Noble Crown	08 31 98	2750	750.00	
9	Porc - High Noble Crown	08 31 98	2750	750.00	
<p>*p. #9 are teeth involved in accident case # 112L564866-155. Crowns need to be replaced due to decay + fractures.</p>					
TOTAL FEE CHARGED					
MAX. ALLOWABLE					
DEDUCTIBLE					
CARRIER PAYS					
PATIENT PAYS					

Thomas B. Hinciano D.D.S.

4/31/98

FORM APPROVED BY THE
 BOARD OF DENTAL EXAMINERS
 STATE OF NEW YORK

7/7/2011 THE HOME INSURANCE COMPANY IN LIQUIDATION POC# CLMN713953
 THE HOME INSURANCE COMPANY CL#;112L564866-155 EXHIBIT 5.

TIME 7:29 AM

Joseph Tutor DDS

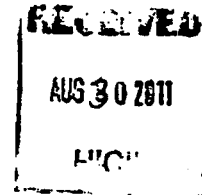
DATE 6/20/2011

PATIENT HISTORY

FOR

1180 - Greg Wills

Date	Walkout Number	Provider ID	Service Code	Description	Tooth	Surface	Fee Charged
7/10/2002	4830	3	02330	RESIN-ONE SURFACE, ANTERIOR	9	I	\$0.00
7/31/2002	5540	3	02750	CROWN-PORCELAIN FUSED TO HIGH NOBLE META	9		\$900.00
7/31/2002			02750	CROWN-PORCELAIN FUSED TO HIGH NOBLE META	8		\$900.00
8/14/2002	6115	3	00140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED			\$0.00
8/30/2002	6811	3	09999	UNSPECIFIED ADJUNCTIVE PROCEDURE			\$0.00
10/8/2002	8460	3	00003	BLEACHING-LOWER ARCH	LA		\$250.00
10/8/2002			00002	BLEACHING - UPPER ARCH	UA		\$250.00
10/11/2002	8613	3	00140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED			\$0.00
1/2/2003	12008	3	00140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED			\$0.00
1/10/2003	12347	3	00140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED			\$0.00
1/10/2003			09435	CROWNBRIDGE INSERTION	9		\$0.00
1/10/2003			09435	CROWNBRIDGE INSERTION	8		\$0.00
1/17/2003	12668	MS	01110	PROPHYLAXIS-ADULT			\$80.00
1/17/2003			00120	PERIODIC ORAL EVALUATION			\$30.00
3/15/2005	47797	EC	01110	PROPHYLAXIS-ADULT			\$85.00
3/15/2005			00120	PERIODIC ORAL EVALUATION			\$33.00
3/15/2005			00274	BITEWINGS-FOUR FILMS			\$45.00
12/12/2006	77702	EC	01110	PROPHYLAXIS-ADULT			\$72.00
12/12/2006		3	00120	PERIODIC ORAL EVALUATION			\$40.00
12/12/2006		EC	00220	INTRAORAL-PERIAPICAL FIRST FILM			\$23.00
12/12/2006			00274	BITEWINGS-FOUR FILMS			\$51.00
12/18/2006	77901	1	01351	SEALANT-PER TOOTH	31		\$47.00
12/18/2006			02391	RESIN-ONE SURFACE POSTERIOR	18	O	\$140.00
6/14/2007	88554	MS	01110	PROPHYLAXIS-ADULT			\$84.00
6/14/2007		3	00120	PERIODIC ORAL EVALUATION			\$45.00
6/14/2007		MS	00220	INTRAORAL-PERIAPICAL FIRST FILM	18		\$26.00
1/10/2008	96684	MS	01110	PROPHYLAXIS-ADULT			\$84.00
1/10/2008		SM	00120	PERIODIC ORAL EVALUATION			\$45.00
1/10/2008		MS	00274	BITEWINGS-FOUR FILMS			\$56.00
1/28/2009	114198	JB	01110	PROPHYLAXIS-ADULT			\$90.00
1/28/2009		1	00120	PERIODIC ORAL EVALUATION			\$48.00
1/28/2009		JB	00274	BITEWINGS-FOUR FILMS			\$60.00
5/29/2009	119834	BON	01110	PROPHYLAXIS-ADULT			\$90.00
5/29/2009			00120	PERIODIC ORAL EVALUATION			\$48.00
11/4/2009	126847	JB	01110	PROPHYLAXIS-ADULT			\$90.00
11/4/2009		3	00120	PERIODIC ORAL EVALUATION			\$0.00



August 26, 2011.

The Home Insurance CompanyVIA CERTIFICATE OF MAILING
In Liquidation,
P.O.Box 1720
Manchester, New Hampshire 03105-1720

Re: Gregory Wills Claim 112L564866-155


The Home Insurance Company in Liquidation POC# CLMN713953

Dear The Home Insurance Company
in Liquidation:

Enclosed and attached find the ORIGINAL LETTER DATED 8/23/2011 From; Dr, Joseph Tutor.DDS,

Until further notice to you send all mail for Gregory involving this case to my address listed below
Thank you for your cooperation in this matter.

ENCLOSED & ATTACHED.;

Yours Truly,

William F Wills
Father of Gregory Wills
4084 Silverado Dr.
Liverpool, NY 13090-1620.

my phone number is; 315-399-8381



Joseph Tutor, DDS
Family & Cosmetic Dentistry
4820 West Taft Rd., Suite 101
Liverpool, NY 13088
Telephone: (315) 451-4900
Fax: (315) 451-6192
Jstutor4820@centralny.twcbc.com

8/23/2011

Patient: Gregory Wills
DOB: 9/21/1969
Date of Accident: 12/30/1977

To Whom It May Concern:

Greg has been a patient in this office since January 1976. At the age of eight years old he was involved in an accident and injured teeth 8 and 9 (upper front). At that time due to his age, resin restorations were done. Permanent crowns were not recommended until the age of 18 due to continued growth and facial development.

Crowns are considered permanent restorations; however they do not last forever. Normal wear and tear as well as conditions due to the aging process will require that they be replaced over a patient's lifetime. How many times is unknown as injuries may not manifest into other conditions such as root canals until years after the initial injury.

Please feel free to contact our office with any questions or concerns regarding this correspondence.

Sincerely,

Cindy L. Barna
Treatment Coordinator

ON PC

City of Concord, Town of Merrimack, County of Merrimack, State of New Hampshire.

Office of the Clerk, Merrimack County ^{SUPERIOR COURT} Supreme Court, 163 N, Main Street, P.O. Box 2880
Concord, New Hampshire, 03301-2880.

GREGORY M. WILLS

POC NUMBER: CLMN713953 -01

CLAIM NUMBER: 112L564866-155 life long claim

DOCKET NUMBER: 03-E-0106

VS:

THE HOME INSURANCE COMPANY IN LIQUIDATION

SWORN AFFIDAVIT

11/19/11
A 931

THIS IS A REQUEST FOR REVIEW BY THE COURT JUSTICE IN THIS CASE.
INVOLVING DENIAL OF LIFE LONG CLAIM AGREED ON BY THE HOME INSURANCE.
COMPANY & NOW DENIED BY :THE HOME INSURANCE COMPANY IN
LIQUIDATION.

When The Home Insurance Company Office In Syracuse, NY, lost all the billing/payments when they moved into another building in Syracuse, NY, (WE) I & my spouse contacted Ms. Rachael Kretser, New York Assistant, Attorney General, after the investigation by that office it was referred to: New Jersey Governor Consumer Protection Office Mr. Alfred Slocum, Commissioner, Justice Complex, Trenton, NJ. / & Andrea Filkowitz, Assistant, Attorney General Division of Law, Office of Attorney General, Newark NJ. The Home Insurance Company settled under " LIFE LONG CLAIM" no sum of monetary damage was paid out, however we accepted the Life Long Claim Agreement by them which would cover Gregory M. Wills for Life under the agreement.

Now, The Home Insurance Company In Liquidation is again involved in the same kind of action involving denial of the claim which was not discovered they were in Liquidation until JUNE 2011.

I have submitted several letters and billing statements to The Home Insurance Company In Liquidation & REQUESTS for them to correct information on the record from responses I have received from them over the past year (2011) I am requesting they release all the

documentation to this court justice including my complaint letter to the attention of Mr. Tom Kober, Esq, Chief Claims Officer, New York, NY.

Because of the unethical past history with The Home Insurance Company, & now with The Home Insurance Company In Liquidation I am requesting a review from this court justice in this case which The Home Insurance Company In Liquidation had now Denied, I will not release their insured from the liability until this court Justice had made a decision due to the past " Bad Faith Practices" by the Home Insurance Company, I have absolutely NO trust & NO confidence in any thing they say now after the prior bad faith practice by The Home Insurance Company.

I am not an attorney & I don't have any kind of legal knowledge of the court or law, I express my apology to this court and request consideration from this court in this filing because of my lack of legal knowledge, & past distress caused by The Home Insurance Company in their bad faith practice which is a caution for me to never trust them again for anything they do or say. (Cross ref; U.S.Postal Service,confirmation case# CA106515149,CA106479714 CA106479755)

COPY:

MR. PETER BENGELSDORF

Special Deputy Liquidation For: via certified mail return receipt requested .

Roger A,Sevigny,Liquidator

Of The Home Insurance Company

In Liquidation

P.O.Box# 1720

Manchester,New Hampshire.03105-1720

enclosed/attached copy of acknowledgement of receipt.POC CLM N713953-01

1.I William F,Wills am over 18 years old.

2. I am of sound mind.

3.I have authorization from Gregory M.Wills to represent him in this case.

From; William F.Wills/Representative For; Gregory M.Wills,Claimant in this case.

Gregory M.Wills % William F.Wills

4084 Silverado Drive

Liverpool.NY.13090-1620

enclosed/attached copy of acknowledgement of receipt.POC CLMN713953-01

William F. Wills

Signature: *William F. Wills* Date: 16th January 2012.

Sworn before me 16th this date; January 2012

Notary Signature: *[Signature]*
COUNTY OF ONONDAGA, STATE OF NEW YORK
Broome



THE HOME INSURANCE COMPANY IN LIQUIDATION

P.O. Box 1720

Manchester, New Hampshire 03105-1720

Tel: (800) 347-0014

POC #: CLMN713953-01

Amount Allowed: \$ 0

Gregory Wills
C/O William F. Wills
4084 Silverado Drive
Liverpool, NY 13090

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Determination as a Class II Creditor claim and confirm that I understand the content thereof. I further acknowledge and confirm that I understand the Instructions regarding the Notice of Determination of my Claim against The Home Insurance Company in Liquidation and in that regard advise as follows:

(Check off all applicable items.)

I agree to the determination.

I reject the determination and want to file a Request for Review (specific reasons must be included along with return of the signed Acknowledgment).

I reject the determination and intend to file a separate Objection with the Court, without filing a Request for Review. I am enclosing my copy of Objection filing/sworn affidavit for the court with copy of this notice to you.
 I have not assigned any part of this claim.

I have not made any other recoveries with respect to this claim.
this was a life long claim settled by Home Insurance Company years ago.
see copy of affidavit attached.
 I have not sought and do not intend to seek any other recoveries with respect to this claim. pending response from the court due to the Bad Faith Practice by Home Insurance Company, see copy of affidavit attached.
 I have made recovery from others with respect to this claim (full details must be included with this Acknowledgement).

I have sought or intend to seek recovery from others with respect to this claim (full details must be included with this Acknowledgement).

thru this court & The Home Insurance Company In Liquidation.

I request that The Home mail further correspondence to: THE COURT JUSTICE IN THIS CASE IN ATTEMPT TO RESOLVE THIS CASE WHICH ORIGINALLY INVOLVED THE HOME INSURANCE "BAD FAITH PRACTICE " involving the case & billing involving the case & agreement to LIFE LONG CASE. (see copy of affidavit attached)

Same name as above.
New name _____

Same address as above
New address _____

This Acknowledgment of Receipt must be completed, signed and returned to The Home in order to be eligible for distributions from The Home estate as directed by the Court.

Signature: _____

Printed Name: _____

Title: REPRESENTATIVE FOR CLAIMANT.

Date: JANUARY 16, 2012.

COPY OF OBJECTION AFFIDAVIT ATTACHED.

THE HOME INSURANCE COMPANY IN LIQUIDATION

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

Date: 12/19/2011

Class: II

Gregory Wills
C/O William F. Wills
4084 Silverado Drive
Liverpool, NY 13090

RE: NOTICE OF DETERMINATION
Proof of Claim No.: CLMN713953-01

Determination Summary

Gross Amount of Claim	: \$ 200,000.00
Amount Allowed by Liquidation	: \$ 0

Explanation: You filed a Proof Of Claim (POC) seeking compensation of \$200,000 and payment of on-going dental treatment expenses for damage to two teeth from an accident nearly thirty-four (34) years ago, on 12/30/77 when you were 8 years of age. Various dental bills were paid under the Medical Payments coverage of a Homeowners Policy issued to John & Ann Schaefer through The Home Insurance Company (Home). This was done without conceding or intending to infer that the Home insureds were legally liable. Said payments were voluntarily made and there was no documented intention to toll the applicable statute of limitations in New York, CPLR Sec.214 which limits bringing suit for Personal Injury to three (3) years from the date of accident potentially tolled during an infant's age of minority. Your claim was denied on 12/12/01 due to the expired statute of limitations. The filing of this POC in the Home liquidation does not revive an otherwise expired statute of limitations as is in this situation.

Also, in filing your POC, you failed to complete Question 14 identifying and conditionally releasing the Home insured as required under N.H. Rev. Stat. Ann. Sec. 402-C:38, I(a)(7). That section provides that a POC shall consist of a verified statement that includes in the case of any third party claim based on a liability policy issued by the insurer, a conditional release of the insured pursuant to RSA 402-C:40. The New Hampshire Supreme Court affirmed the constitutionality of Sec. 402-C:40 in *Gonya v New Hampshire Insurance Department* 153 N.J. 521 (2006).

For the reasons above, you have not submitted sufficient support of your claim to justify an allowance and so your claim is disallowed.

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.

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.

*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

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

POC #: CLMN713953-01

Amount Allowed: \$ 0

Gregory Wills
C/O William F. Wills
4084 Silverado Drive
Liverpool, NY 13090

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of the Notice of Determination as a Class II Creditor claim and confirm that I understand the content thereof. I further acknowledge and confirm that I understand the Instructions regarding the Notice of Determination of my Claim against The Home Insurance Company in Liquidation and in that regard advise as follows:

(Check off all applicable items.)

I agree to the determination.

I reject the determination and want to file a Request for Review (specific reasons must be included along with return of the signed Acknowledgment).

I reject the determination and intend to file a separate Objection with the Court, without filing a Request for Review.

I have not assigned any part of this claim.

I have not made any other recoveries with respect to this claim.

I have not sought and do not intend to seek any other recoveries with respect to this claim.

I have made recovery from others with respect to this claim (full details must be included with this Acknowledgement).

I have sought or intend to seek recovery from others with respect to this claim (full details must be included with this Acknowledgement).

I request that The Home mail further correspondence to:

_____ Same name as above.
New name _____

_____ Same address as above
New address _____

This Acknowledgment of Receipt must be completed, signed and returned to The Home in order to be eligible for distributions from The Home estate as directed by the Court.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

**RACKEMANN
SAWYER & BREWSTER**
PROFESSIONAL CORPORATION
COUNSELLORS AT LAW

Established 1886

Eric A. Smith
617-951-1127
esmith@rackemann.com

March 9, 2012

Mr. William F. Wills
4084 Silverado Drive
Liverpool, NY 13090-1620

In the Matter of the Liquidation of The Home Insurance Company
Disputed Claim Proceeding: 2012-HICIL-54
Proof of Claim Number: CLMN713953-01
Claimant: Gregory M. Wills

Amendment to Notice of Determination

Dear Mr. Wills:

As you know, I represent Roger A. Sevigny, New Hampshire Insurance Commissioner, as the Liquidator (Liquidator) of The Home Insurance Company (Home). We have received your letter of March 1, 2012. I understand that you want to be sure that the signature page of the Acknowledgement of Receipt is included in the case file. I will circulate a supplement to the case file including the signature page by the end of next week. The supplement will also include this letter, which is an Amendment to the Notice of Determination included in the case file.

In the course of preparing the case file, liquidation staff have again reviewed this matter. It appears that there is disagreement over whether Home agreed to pay for dental expenses with respect to the two front teeth until the permanent crowns were put in place when Greg Wills reached adulthood or for a longer period. The letters from 1982 and 1986 fairly read did not make an open-ended commitment to pay dental expenses with respect to the two front teeth for life. However, it appears that you had a different understanding. In light of the unpaid amounts involved (\$350 for the treatment billed June 2, 2011 and the \$1,800 on July 31, 2002), and in an effort to bring this matter to closure without the need for protracted proceedings, the Liquidator will allow the claim for the fully documented amount of \$2,150. The Liquidator issues this Amended Notice of Determination in the spirit of compromise given the amounts at issue.

Should future dental expenses be incurred with respect to the two front teeth (prior to any subsequent deadline established with respect to claims against Home) so as to warrant the filing of a new proof of claim, your son, Greg Wills, should do so at that time, referring to this proof of claim and fully explaining the new expenses. A new proof of claim form may be obtained at the web site of the liquidation clerk, www.hicilclerk.org. This Amended Notice of Determination

160 Federal Street
Boston, MA 02110-1700
TEL 617 542 2300
FAX 617 542 7437

www.rackemann.com

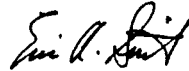
will not bar your son from filing a proof of claim seeking future dental expenses concerning the two front teeth, and the Liquidator would anticipate allowing such expenses so long as they are documented and causally related to the injury.

The Liquidator will not allow the claim with respect to amounts other than demonstrated dental expenses because, among other reasons, the statute of limitations with respect to any such claims expired long ago.

Therefore, the Liquidator hereby amends the Notice of Determination dated December 19, 2011 regarding Proof of Claim No. CLMN713953-01 to state that the Amount Allowed by Liquidation is \$2,150. Except as specified above, the other provisions of the Notice of Determination, including those with respect to distributions, continue to apply.

Please let me know if you have any questions regarding this matter. Please also advise if this Amended Notice of Determination resolves this matter.

Very truly yours,



Eric A. Smith

cc: Christopher Marshall
Thomas Kober
George Ertle

RECEIVED

MAR 19 2012

19, March 2012
certificate of mailing.

RACKEMANN
Sawyer & Brewster
Professional Corporation
Attorneys At Law.
Attn; Mr. Eric A. Smith, Esq.
160 Federal Street
Boston, MA. 02110-2300

RE; The Home Insurance Company In Liquidation.

Disputed Claim Proceeding; 2012-HICIL-54
Proof of Claim No. CLMN713953-01
Claim Number: 112L564866-155- Life Long Claim
Docket Number: 03-E-0106
Claimant; Gregory M. Wills.

Subject: Amendment to Notice of Determination.

Dear Mr. Smith, Esq.

Thank you for your letter to me dated 9, March 2012 which you state The Liquidator Issues this Amended Notice of Determination in the spirit of compromise given the amount at issue.

Your letter state you represent Mr. Roger A. Sevingly, New Hampshire Insurance Commissioner, No I did not know that until I received your letter dated 9, March 2012.

My apology to you regarding my email to you dated 2, March 2012 with copy to : help@hicialclerk.org when I requested from you to advise your client Mr. George Ertle stop calling our home to discuss the case that is in the court system re; his call to my home on 2 March 2012.)

I believe it is the right thing to do to amend the determination, I want to be sure that I fully understand the legal terms, Future expenses are pending at this time involving two (2) crowns on the two front teeth. (a) Should he include that now in this case being the court is aware future treatment from the POC filing. ? (b) Should he do a new proof of claim form NOW for the two front teeth. ? I just want to be clear on that involving any questions that may be raised again being all the " Bad Faith Action's " in the past caused by The Home Insurance Co. (c will the Amendment to Notice of Determination stay valid for as long as he has to have work done on the two front teeth, ? (Again, my apology to you for my not having any knowledge of legal terms.) It is my concern to raise these issues now while the case is still in the court system & not having somebody come back later & say I did not question it. I am basing this on the past history of

of The Home Insurance Company/The Home Insurance Company In Liquidation. I am now raising the issue of "Rolling Interest" to the amount of \$2,150.00 that the Liquidator has allowed, I strongly believe it is only proper in " Good Faith" to allow the rolling interest.

Questions I am Raising to you now are:

- (a) If the Rolling Interest is denied can I appeal it thru the court Justice .?
- (b) Will the Rolling Interest be added to the amount the Liquidator allowed .?
- (c) Will Greg need a written statement from the dentist for the future treatments of the two front teeth prior to him having the work done ,or can he just complete the Proof of Claim without the estimate from the dentist ? (d) Will Greg submit the bills to the Liquidator or can the dentist send them in.? Will the liquidator pay the dentist or will Greg have to pay first & get reimbursed from the Liquidator,?.

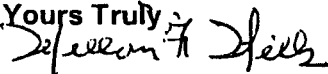
Regarding your confirmation of my 1, March 2012 (with Ex-A proof of my mailing/ your tab-D filing w/copy to Office of the Clerk % Merrimack County Court) Thank you for your acknowledgement that you will circulate it to the case file.

I will look forward to hear back from you.

Thank you for your cooperation in this matter.

Copy, Office Of The Clerk
% Merrimack County Superior Court

certificate of mailing

Yours Truly


William F.Wills/Representative for Gregory M.Wills
Gregory M.Wills, % William F.Wills
4084 Silverado Drive
Liverpool,NY,13090-1620

page 2

RACKEMANN
SAWYER & BREWSTER
PROFESSIONAL CORPORATION
COUNSELLORS AT LAW

Established 1886

Eric A. Smith
617-951-1127
esmith@rackemann.com

March 23, 2012

Mr. William F. Wills
4084 Silverado Drive
Liverpool, NY 13090-1620

In the Matter of the Liquidation of The Home Insurance Company
Disputed Claim Proceeding: 2012-HICIL-54
Proof of Claim Number: CLMN713953-01
Claimant: Gregory M. Wills

Re: Your letter of March 19, 2012

Dear Mr. Wills:

Thank you for your letter to me of March 19, 2012. I write on behalf of Roger A. Sevigny, New Hampshire Insurance Commissioner, as the Liquidator (Liquidator) of The Home Insurance Company (Home) and respond to your questions as follows:

1. You first ask whether your son should now file for future expenses. In the Amended Notice of Determination dated March 9, 2012 (Amended Notice), the Liquidator allowed Gregory Will's claim for dental expenses presented to date in the amount of \$2,150. That will close the present proof of claim. As stated in the Amended Notice, if Mr. Wills pays dental expenses with respect to the two front teeth in the future, he will need to file a new proof of claim. A reference in that proof of claim to the Amended Notice will suffice to explain the circumstances for the new filing for dental expenses. As stated in the Amended Notice: "This Amended Notice of Determination will not bar your son from filing a proof of claim seeking future dental expenses concerning the two front teeth, and the Liquidator would anticipate allowing such expenses so long as they are documented and causally related to the injury."
2. You ask whether the Amended Notice will stay valid. It will, but as stated in the Amended Notice, filings with respect to future dental expenses are subject to any future deadline established with respect to claims against Home. At some point in the future, the Court will likely enter a deadline pursuant to which all claims not submitted and proven will be barred. That deadline will apply to this claim like all others. Notice of that deadline, when set, will be given to Mr. Wills.
3. You ask about interest. Interest will not be added to the allowed claim amount. Under the New Hampshire insurer liquidation statutes, interest on claims from the date of

160 Federal Street
Boston, MA 02110-1700
TEL 617 542 2300
FAX 617 542 7437

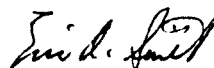
www.rackemann.com

liquidation (here, June 13, 2003) is placed in Priority Class VII and can only be paid after all claims are paid in full. See N.H. RSA 402-C:44, VII. The Liquidator does not expect to pay any claims below Class II, so no interest will be paid on any claim.

4. You ask about submitting estimates. The dental care is a matter between Mr. Wills and his dentist. Any future proof of claim should include the invoices that Mr. Will's has paid, but there is no need to provide estimates in advance.
5. You ask who should submit the proof of claim. It will need to be Mr. Wills, not the dentist.
6. Your letter implies that you anticipate either that Home will pay the dentist (not possible, see No. 5 above) or that a check will follow shortly after allowance of a claim. This is not possible. Home is insolvent and being liquidated because its assets are insufficient to meet its obligations. Under the New Hampshire insurer liquidation statutes, claims are allowed and placed in priority classes. This is a lengthy process. As described in the initial Notice of Determination, claims allowed in Class II are not expected to be paid in full or immediately. At some point in the future, a percentage distribution will be paid to claimants with allowed Class II claims pursuant to Court order. Mr. Wills' claim will be treated like other Class II claims as respects the timing and percentage of payment.

In sum, the Amended Notice allows dental expenses in the amount of \$2,150 at Class II and preserves Mr. Wills' right to file a proof of claim for future dental expenses regarding the two teeth. To the extent Mr. Wills may seek to recover (1) amounts that are not dental expenses or (2) interest, those amounts are denied. If you wish to pursue those, you will need to raise the issues with the Referee in this disputed claim proceeding.

Very truly yours,



Eric A. Smith

cc: Christopher Marshall
Thomas Kober
George Ertle

RACKEMANN
Sawyer & Brewster
Professional Corporation
Counselors at Law
Attn;Mr.Eric A.Smith,Esq.
160 Federal Street
Boston,MA, 02110-1700

5,June 2012



Certificate of Mailing

Regarding; Amendment to Notice of Determination dated 19,December 2011.

In the Matter of the Liquidation of The Home Insurance Company
Proof of Claim Number: CLMN713953-01
Disputed Claim Proceeding; 2012-HICIL-54
Claimant Claim#: 112L564866-155
Claimant; Gregory M.Wills

Dear Mr.Smith

This letter is generated due to the computer problems with the email I just sent to you,

This letter is in response to your letter to me dated; 9,March 2012.

Gregory has agreed that the Amendment Notice of Determination Resolves the Problem.

A new Proof of Claim Form has now been completed,(will be mailed to the court today)
for the replacement of the two front teeth crowns, The permanent two front teeth crown's work
is scheduled.

Please acknowledge.Thank you for your cooperation.

Yours Truly,

A handwritten signature in cursive script, appearing to read "William F. Wills".

William F Wills/Representative for:

Gregory M Wills

4084 Silverado Drive
Liverpool,NY. 13090-1620

Smith, Eric A. EAS

From: Bill Wills <williamwills99@gmail.com>
Sent: Tuesday, June 05, 2012 11:37 AM
To: Smith, Eric A. EAS
Subject: Fwd: Amendment to notice of Determination

----- Forwarded message -----

From: Bill Wills <williamwills99@gmail.com>
Date: Tue, Jun 5, 2012 at 11:28 AM
Subject: Amendment to notice of Determination
To: esmith@rackemann.com

**RACKEMANN
Sawyer & Brewster
Professional Corporation
Counselors At Law
Attn; Mr. Eric A.Smith,Esq.
160 Federal Street
Boston,MA. 02110-1700**

Regarding: Amendment to Notice of Determination dated 19,December 2011

**In the Matter of the Liquidation of The Home Insurance Company
Proof of Claim Number: CLMN713953-01
Disputed Claim Proceeding: 2012-HICIL-54
Claimant Claim#: 112L564866-155
Claimant; Gregory M.Wills.**

Dear Mr,Smith:

This email is in response to your letter to me dated 9,March 2012.

Gregory has agreed that the Amendment Notice of Determination Resolves the Problem,

A new Proof of Claim Form has now been completed & will be mailed today to the court for the replacement of the two front teeth crowns, The permanent two front teeth crown's work is scheduled.

Please acknowledge receipt of this email . (computer problems involved in attempt to send it to you)

Thank you for your cooperation.

Yours Truly

**William F Wills/Representative For;
Gregory M Wills**

4084 Silverado Drive
Liverpool, NY 13090-1620

Gregory has agreed that the AMENDMENT NOTICE OF DETERMINATION

RACKEMANN
SAWYER & BREWSTER
PROFESSIONAL CORPORATION
COUNSELLORS AT LAW

Established 1886

Eric A. Smith
617-951-1127
esmith@rackemann.com

July 6, 2012

Mr. William F. Wills
4084 Silverado Drive
Liverpool, NY 13090-1620

In the Matter of the Liquidation of The Home Insurance Company
Disputed Claim Proceeding: 2012-HICIL-54
Proof of Claim Number: CLMN713953-01
Claimant: Gregory M. Wills

Re: Your email and letter of June 5, 2012

Dear Mr. Wills:

Thank you for your email and letter to me of June 5, 2012. The email and letter advise that Gregory Wills has agreed that the Amendment to Notice of Determination set forth in my letter of March 9, 2012 (further explained in my letter of March 23, 2012) resolves this matter. Since the Amendment to Notice of Determination resolves the matter, the Liquidator will take the following steps:

1. The Liquidator will include the \$2,150 Class II amended allowance for the claim on the Liquidator's next report of claims and recommendations to the Court. Approval of the recommended allowance by the Court is the official action recognizing the allowance and making it eligible to participate in Class II percentage distributions as they are made.
2. Once the Court approves the allowance by approving the claims report, the Liquidator will request that the Referee dismiss this disputed claim proceeding (2012-HICIL-54).
3. In the meantime, the Liquidator will file a supplement to the Case File with the Referee. The supplement will contain our recent correspondence so that the Referee will continue to hold the matter in abeyance pending the Court's approval of the allowance.

160 Federal Street
Boston, MA 02110-1700
TEL 617 542 2300
FAX 617 542 7437

www.rackemann.com

This will also confirm that the Liquidator has received the new proof of claim for future dental expenses dated June 5, 2012. That proof of claim has been assigned the number CLMN714296. Please refer to that number in future correspondence regarding the claim.

Very truly yours,



Eric A. Smith

cc: Christopher Marshall
Thomas Kober
George Ertle

THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

Docket No. 03-E-0106

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

**LIQUIDATOR'S REPORT OF CLAIMS AND
RECOMMENDATIONS AS OF AUGUST 29, 2012**

Pursuant to Paragraph 4 of the Order Approving Liquidator's Report of Claims and Recommendations entered December 16, 2004, Roger A. Sevigny, Insurance Commissioner of the State of New Hampshire, as Liquidator ("Liquidator") of The Home Insurance Company ("Home"), hereby submits this report of claims and recommendations for allowance. The claims are identified and the Liquidator's recommendations are set forth on the attached Schedule 1. The Liquidator recommends that the Court approve the treatment of the claims as set forth on the Schedule pursuant to RSA 402-C:45 and RSA 402-C:38.

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

3. Several claims described on Schedule 1 reflect determinations that the third-party claimant proofs of claim were incomplete because the insured was not identified and the conditional release required by RSA 402-C:38, I(a)(7), and set forth at item 14 of the proof of claim, was not executed. See RSA 402-C:38, I(b) (“No claim need be considered or allowed if it does not contain all the information under subparagraph (a) which may be applicable.”). The Liquidator sent letters to such claimants or their law firms requesting that they complete the proofs of claim within thirty days in light of the Supreme Court’s decision in Gonya v. Commissioner, New Hampshire Ins. Dept., 153 N.H. 521 (2006). In the absence of a response, the Liquidator issued notices of determination. More than sixty days have passed from the mailing of the notices of determination without any objection being filed with the Court. The claimants accordingly may not object further to these determinations.

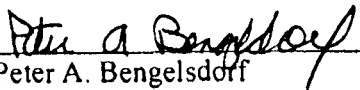
4. Certain of the claims on Schedule 1 arise under AFIA Treaties. The determinations of these AFIA claims have been agreed by Century Indemnity Company.

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

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

Respectfully submitted,

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


By: Peter A. Bengelsdorf
Special Deputy Liquidator

Date: September 6th, 2012

THE HOME INSURANCE CO. IN LIQUIDATION
Liquidator's Report of Claims and Recommendations Dated August 29, 2012 - Pursuant to RSA 402-C:45
(Notice of Determination Acknowledged as Agreed or Not Timely Objected To)

Distribution will be subject to set off.

NOD Number	Claimant Name	Address			Brief Description	NOD Amount Recommended	NOD Class
CLMN700965-01	EZRA MARTIN	2216 LINDA DR WESTLAKE LA	70669		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700980-01	FRED P VICTORIAN	1813 ELEANOR ST LAKE CHARLES LA	70615		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700947-01	FREDDIE J DOMINIQUE III	1607 MOELING ST LAKE CHARLES LA	70601		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700978-01	GARY M TRAHAN	1078 WOODLAND HILLS DR LAKE CHARLES LA	70611		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN713953-01	GREGORY WILLS C/O WILLIAM WILLS	4084 SILVERADO DR LIVERPOOL NY	13090-1620		Claimant's father, as authorized agent for Claimant, submitted the instant POC as well as an additional proof of claim seeking allowances for reasonable and necessary dental work claimed under a Home insurance policy. This allowance resolves the initial proof.	2,150.00	II
CLMN700952-01	HARLAN J DUHON	1801 JOHN STINE RD WESTLAKE LA	70669		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700872-01	HAROLD L ROUGEAU	142 HOLLAD DR LAKE CHARLES LA	70607		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700935-01	HARRY J BROUSSARD	19151 CLIFFTON RD HWY IOWA LA	70647		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
CLMN700973-01	HAYWARD SAVOY	606 W HANDY ST CHURCH POINT LA	70525		Claimant's counsel confirmed the underlying claims were settled or dismissed and they are no longer proceeding against the insured. Hence the POC was denied. No further claim asserted against The Home.	0.00	II
INSU701626-01	HINCKLEY, ALLEN & SNYDER, LLP	ATT. ERIC EISENBERG, ESO . 28 STATE STREET BOSTON MA	02109-1775		The underlying suit had been settled in 2005. The Massachusetts Insurers Insolvency Fund had paid \$130,000.00 to settle the claim on behalf of The Home. Hence the POC was denied. No further claim asserted against The Home.	0.00	II



THE STATE OF NEW HAMPSHIRE

MERRIMACK, SS.

SUPERIOR COURT

Docket No. 03-E-0106

In the Matter of the Liquidation of
The Home Insurance Company

[PROPOSED]

ORDER APPROVING LIQUIDATOR'S REPORT OF CLAIMS
AND RECOMMENDATIONS AS OF AUGUST 29, 2012

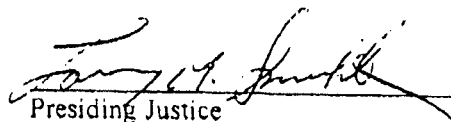
On consideration of the Liquidator's Report of Claims and Recommendations as of August 29, 2012 ("Claims Report"), submitted by Roger A. Sevigny, Insurance Commissioner of the State of New Hampshire, as Liquidator of The Home Insurance Company, it is hereby ORDERED as follows:

1. The Claims Report is hereby APPROVED; and
2. The claims identified on Schedule 1 to the Claims Report are hereby

ALLOWED in the amounts and at the priorities set forth in the schedules.

Approved
So Ordered.

Dated: 10/11/12


Presiding Justice