THE STATE OF NEW HAMPSHIRE

RECEIVED

MERRIMACK, SS. SUPERIOR COURT

NH INSURANCE DEPARTMENT

Docket No. 03-E-0106

In the Matter of the Rehabilitation of
The Home Insurance Company

Docket No. 03-E-0112

In the Matter of the Rehabilitation of
US International Reinsurance Company

## ORDER APPROVING NOTICE

After having heard and considered the motion for order approving notice of liquidation orders and claim filing deadline filed by the Commissioner of Insurance ("Commissioner"), as Rehabilitator ("Rehabilitator") of The Home Insurance Company ("The Home") and US International Reinsurance Company ("USI Re"), the Court hereby finds and orders as follows:

Findings of Fact and Conclusions of Law

1. The notices of the liquidation orders and forms of proof of claim (including instructions) proposed by the Rehabilitator are reasonable and provide appropriate information concerning the liquidations of The Home and USI Re, including the proper means of asserting claims by filing a proof of claim and the claim filing deadline.

2. The notice of cancellation proposed by the Rehabilitator is reasonable and proper and provides appropriate information concerning the cancellation of in-force policies and bonds.

3. The mailings proposed by the Rehabilitator are reasonable and adequate and based on appropriate review of the books and records of The Home and USI Re.

4. The mailings and publication notice proposed by the Rehabilitator provide reasonable and appropriate notice of the liquidation orders and claim filing deadline and are reasonably calculated to advise potential claimants of the liquidation orders and claim filing deadline and constitute adequate notice as a matter of law pursuant to RSA 402-C:26.

5. The mailings and publication proposed by the Rehabilitator are in the best interests of the estates, the policyholders and creditors.

Orders

1. The Motion for Order Approving Notice of Liquidation Orders and Claim Filing Deadline is granted.

2. The forms of notices of the liquidation orders and the claim filing deadline pursuant to RSA 402-C:26 attached as Exhibits 1-2, the forms of proof of claim (and instructions) pursuant to RSA 402-C:38 attached as Exhibits 3-4, and the form notice of cancellation pursuant to RSA 402-C:22 attached as Exhibit 5, are each approved.

3. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the liquidation orders for The Home and USI Re pursuant to RSA 402-C:26, I to the chief insurance regulatory officials of the states and territories of the United States by sending copies of the liquidation orders by e-mail through the National Association of Insurance Commissioners and to the chief insurance regulatory officials of Canada, the United Kingdom, Bermuda and Hong Kong by sending copies of the liquidation orders by e-mail or facsimile within 24 hours of the entry of the liquidation orders.

4. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the liquidation orders for The Home and USI Re pursuant to RSA 404-B:10 to the New Hampshire Insurance Guaranty Association and the insurance guaranty funds of the other states and territories of the United States by e-mail or facsimile to the National Conference of Insurance Guaranty Funds and the National Organization of Life and Health Guaranty Associations and the executive director of each such fund within 24 hours of the entry of the liquidation orders.

5. The Commissioner, as Liquidator of The Home and USI Re, need not provide notice of the liquidation orders to independent agents of The Home or USI Re directing the agents to give notice in light of the notice to be provided to in-force policyholders and bondholders by the Liquidator in accordance with paragraph 7, below, although the applicable notice of liquidation order and claim filing deadline and proof of claim form shall be mailed by first class mail to producers at the names and addresses on the computer systems.

6. The Commissioner, as Liquidator of The Home and USI Re, shall provide notice of the applicable liquidation order and claim filing deadline to potential claimants pursuant to RSA 402-C:26 by mailing the applicable notice of liquidation order and claim filing deadline for The Home or USI Re, together with the applicable proof of claim for The Home or USI Re, by first class mail to the following:

a. policyholders whose policies are the subject of open claims

b. claimants or, in the case of asbestos or other mass tort claims, the claimants' attorneys at the names and addresses listed on the computer system;

b. present and historic policyholders of The Home at the names and addresses available on the computer systems;

c. reinsureds ceding to The Home or USI Re and brokers through whom reinsurance was ceded to The Home or USI Re as listed on The Home's computer systems;

d. reinsurers to whom The Home or USI Re ceded and brokers through whom The Home or USI Re ceded reinsurance as listed on The Home's computer systems;

e. AFIA reinsureds and brokers based on the names and addresses provided by ACE/INA;

f. City brokers and reinsureds based on the names and addresses provided by CMGL;

g. former employees of The Home receiving medical or insurance benefits pursuant to plans funded by The Home;

h. Vendors and service providers, including third-party administrators and defense counsel for insureds retained by The Home, at the names and addresses on 1099 lists for the past two years (2001 and 2002); and

g. Governments, including (i) the United States Government (the Department of Justice, The Internal Revenue Service, the Department of Labor, and the Pension Benefit Guaranty Corporation), and (ii) State governments (state departments of revenue and other state agencies as appropriate).

7. The Commissioner, as Liquidator of The Home and USI Re, shall also provide in-force policyholders and bondholders of The Home with notice of the cancellation of their policies or bonds by mailing, by first class mail, a notice of cancellation to those policyholders or bondholders at the names and addresses on the computer systems.

8. In light of the contemplated Canadian transaction, the Commissioner, as Liquidator of The Home and USI Re, need not mail notice of the liquidation orders or claim filing deadlines or proof of claim forms to Canadian policyholders or potential claimants.

9. The Commissioner, as Liquidator of The Home and USI Re, shall cause notice of the liquidation orders and claim filing deadline and how to obtain proof of claim forms to be published:

a. in a newspaper in the capital and, if different, the largest city of each state and territory of the United States in which The Home or USI Re was authorized to do business;

b. in a newspaper of nationwide circulation in the United States (the Wall Street Journal);

c. in a leading insurance trade publication (Business Insurance); and

d. in a newspaper of general circulation in the United Kingdom, Bermuda and Hong Kong.

10. Notice provided in accordance with this Order shall be deemed to satisfy the requirements of RSA 402-C:26.

11. The Commissioner, as Liquidator of The Home and USI Re, shall report to the Court on the notice provided pursuant to this Order when notice has been given in accordance with this Order or within twenty-one days of the entry of the liquidation orders, which ever is earlier.

Date: 6/11/03
Time: _____

By: Kathleen A. McGuire
Presiding Justice

[New Hampshire Insurance Department Letterhead]

June ___, 2003

# IMPORTANT NOTICE REGARDING THE HOME INSURANCE COMPANY IN LIQUIDATION

Dear Policyholders, Producers, Reinsurers, Attorneys, Employees, Vendors and Other Potential Claimants of The Home Insurance Company:

This letter contains important information about The Home Insurance Company ("The Home"). On June ___, 2003, an Order of Liquidation was entered by the Superior Court for Merrimack County, New Hampshire, placing The Home in liquidation.

The liquidation of The Home includes the liquidation of other companies that were previously merged into The Home: 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. If your insurance was with one of these companies, the liquidation of The Home will also affect you.

Equally, if you are a cedant or policyholder whose reinsurance or insurance was written out of The Home's UK Branch or if you are otherwise a creditor of The Home as a result of transactions or other dealings with its UK Branch ("UK Creditor"), the liquidation of The Home will affect you and you should read this notice carefully.

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST THE HOME IS JUNE __, 2004.**

*Policyholders with open claims and Third Party Claimants asserting claims against policyholders*

If you have an open workers' compensation claim with The Home, your claim is currently being transferred to the guaranty association in the state where the workers' compensation claimant resided at the time of the event that gave rise to the claim. If you have another type of open claim, your claim is being transferred to the guaranty association in the state where the policyholder resided, or, in the case of corporations, had its principal place of business, at the time of the event that gave rise to the claim. A **guaranty association** is a fund created by law to cover certain claims in the event that an insurance company becomes insolvent. Each state has a guaranty association for the benefit of residents of that state. If the guaranty association determines that your claim is a covered claim it will continue to process, and if applicable, to pay and defend, the claim. Generally, a **covered claim** is a claim under a workers' compensation, general liability, homeowner's, or automobile policy issued by a licensed insurer. The maximum amount paid by a guaranty association varies by state but is usually limited to $300,000 ($1,000,000 in New York) or the policy limits, whichever is less, subject to a deductible in some states. Workers' compensation claims are generally not subject to these limits. Please wait a few weeks before contacting the guaranty association, unless the inquiry is extremely time-sensitive.

**To protect your rights as a policyholder or as third party claimant, you should file a Proof of Claim, whether or not you believe a guaranty association will pay your claim.**

If you are a policyholder who was being defended by The Home in a lawsuit against you, and the guaranty association informs you that your claim is not a covered claim, you should contact an attorney immediately because The Home will not defend or pay for the defense of the claim. **You should file a Proof of Claim.**

*Surplus Lines Policyholders*

If your policy was a policy written (1) by The Home Insurance Company of Illinois and you resided in any state except New York or Illinois when the policy was issued, or (2) by The Home Insurance Company of Wisconsin and you resided in New York or Illinois when the policy was issued, then the policy is a surplus lines policy and a claim under your policy is not likely to be covered by a guaranty association. (If you lived in New Jersey, your claim may be covered by the New Jersey Surplus Lines Insurance Guaranty Fund.) **You will need to file a Proof of Claim in any event**. If you are currently being defended by The Home in a lawsuit against you, you should contact an attorney because The Home will not defend or pay for the defense of the claim. **You should also submit a Proof of Claim.**

*Plaintiff's Attorneys*

If you represent plaintiffs in asbestos or other mass tort litigation, you are hereby notified that individual notices of The Home liquidation are not being sent to each plaintiff in the litigation. **You must submit a Proof of Claim on behalf of each client claimant in the litigation.**

*Producers, Brokers, Reinsurers, Vendors, and other General Creditors*

**Producers, brokers, reinsurers, vendors, and other general creditors must file a Proof of Claim in order to preserve their claim**. These claims would include, for example, earned commissions, unearned reinsurance premium, reinsurance recoverable on paid losses, and goods and services provided by vendors and trade creditors. Payment of these claims may be made in the future, but only in the event that sufficient assets are available to pay all higher priority claimants, including policyholders, in accordance with law.

Vendors who provided products or services after the entry of the rehabilitation order on March 5, 2003, will be paid in the ordinary course of business and need not file a proof of claim.

*Uncertain or Potential Claims*

**If you believe you might have a claim against The Home, or the amount of your claim is presently uncertain, you should file a Proof of Claim.**

*UK Creditors*

On 8 May 2003 - the date on which a petition was filed with the Superior Court for Merrimack County, New Hampshire to place The Home into liquidation - Gareth Hughes and Maggie

Mills, partners in Ernst & Young LLP, were appointed joint provisional liquidators of The Home - UK Branch ("Provisional Liquidators").

The business of The Home's UK Branch principally consists of two portfolios both of which are in run-off:

(a) assumed reinsurance business underwritten through the American Foreign Insurance Association ("AFIA"). UK Creditors should note that The Home only retains legal responsibility for the assumed reinsurance treaty business written on its behalf through AFIA prior to 1983. The direct and marine and aviation business written on behalf of The Home through AFIA was transferred by way of statutory portfolio transfer to an ACE INA subsidiary company in 1986; and

(b) business underwritten by City Insurance Company - UK Branch ("City") through the agency of H. S. Weavers (Underwriting) Agencies Limited ("Weavers") between 1970 and 1977 on the Weavers stamp and also through the agency of C.R.Driver & Company prior to the merger of City with Home in 1995.

**City International Insurance Company limited, an English-incorporated subsidiary of Home and an authorized UK insurer, is not affected by these proceedings and will continue to operate as a general insurance and reinsurance business in the UK.**

It would be in the interests of all The Home's creditors if it were possible for all the assets of The Home worldwide, including those assets situated in England ("**UK Assets**"), to be administered and distributed under a single legal system. Given that The Home is a New Hampshire incorporated and domiciled insurance company subject to primary insolvency proceedings in New Hampshire, the administration and distribution of the estate under a single legal system will necessarily entail the application of New Hampshire insurer insolvency law and practice.

Accordingly, the Provisional Liquidators and I are in the process of conducting a review of the comparative advantages and disadvantages of, on the one hand, a single administration of The Home's assets worldwide in accordance with New Hampshire insurer insolvency law and practice and, on the other hand, a dual New Hampshire and English based administration under which the UK Assets would be dealt with under an English based scheme of arrangement or an English liquidation. The purpose of this review is to ascertain whether or not creditors as a whole are likely to suffer any material substantive disadvantage by reason of the UK Assets being remitted to New Hampshire and being administered under New Hampshire insurer insolvency law and practice, after taking into account any cost savings made from administering The Home's estate on a unified basis.

Once this review has been completed, the Provisional Liquidators and I will write to UK Creditors again in order to inform you of our findings.

**However, whether or not the UK Assets are remitted ultimately to New Hampshire to be administered and distributed under New Hampshire insurer insolvency law and practice, UK Creditors will be entitled to submit a Proof of Claim in the New Hampshire liquidation and should, therefore, do so. For the avoidance of doubt, UK Creditors should not file any Proof of Claim with the Provisional Liquidators in England unless the Provisional Liquidators or I** subsequently write to UK Creditors to advise you differently.

Paula T. Rogers, New Hampshire Commissioner of Insurance,
as Liquidator of The Home Insurance Company

EXHIBIT 2

PROOF OF CLAIM

**The Home Insurance Company,**

Merrimack County Superior Court, State of New Hampshire 03-E-0106

Read Carefully Before Completing This Form

**Please print or type**

*FOR LIQUIDATOR'S USE ONLY*

*DATE PROOF OF CLAIM RECEIVED*

## The Deadline for Filing this Form is June , 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 , 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: _____
2. Claimant's Address: _____
   _____
3. Claimant's Telephone Number: (_____) _____
   Fax Number: (_____) _____
   Email address: _____
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: _____
5. Claim is submitted by (check one):
   a) ____Policyholder or former policyholder
   b) ____Third Party Claimant making a claim against a person insured by The Home
   c) ____Employee or former employee
   d) ____Broker or Agent
   e) ____General Creditor, Reinsurer, or Reinsured
   f) ____State or Local Government Entity
   g) ____Other; describe: _____

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.

_____
_____
_____
_____

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.

   $_____ (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.

* 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.

_____

_____

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

_____

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: _____

_____

11. Print the name, address and telephone number of the person who has completed this form.
    Name: _____
    Address: _____
    _____
    Phone Number (_____) _____
    Email address _____

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, _____ (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 _____ 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.

*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 Date

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

## INSTRUCTIONS FOR FILING A PROOF OF CLAIM FORM

If you have a claim against The Home Insurance Company or any of its former subsidiaries* ("The Home"), or believe that you might have a claim against The Home now or in the future, or if you have a claim but the amount is presently uncertain, **you must complete and submit the attached Proof of Claim form**. Filing a Proof of Claim is the only way you can preserve your right to payment.

Claims must be submitted by the date established by the Court (the "claim filing deadline"). After the claim filing deadline, the Liquidator will review and determine the priority of each timely filed Proof of Claim. If additional information is needed to determine the amount and priority of your claim, the Liquidator will contact the claimant. The Liquidator will then determine the extent to which the claims can be paid from the assets of The Home. Under New Hampshire law, all claims in a higher priority status must be paid in full before any claims in a lower priority status may be paid. Late filed claims may be paid, but they will receive a lower priority. ***It is very important to submit your claim before the claim filing deadline. If you do not file your Proof of Claim before the claim filing deadline, your claim will likely not be paid.***

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST THE HOME IS JUNE __, 2004.**

Please complete the Proof of Claim Form in its entirety based on all available information. The enclosed Proof of Claim form can be photocopied or downloaded from the New Hampshire Insurance Department website: www.state.nh.us/insurance. If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences or policies should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Although you should submit your Proof of Claim for the full amount, please note that New Hampshire law generally requires that the first $50 of the amount allowed on each Proof of Claim must be deducted from the claim. The Liquidator will apply this deductible when she approves a Proof of Claim.

Mail your complete Proof of Claim form, together with the required documentation, to:

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

Do not send the Proof of Claim to the Court.

If you have any questions about this process or about how to fill out the Proof of Claim Form, please call 1-800-347-0014 during regular business hours (Monday-Friday, 8-5).

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* 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.

EXHIBIT 3

[New Hampshire Insurance Department Letterhead]

June ___, 2003

# IMPORTANT NOTICE REGARDING US INTERNATIONAL REINSURANCE COMPANY IN LIQUIDATION

Dear Reinsureds, Producers, Reinsurers, Attorneys, Vendors and Other Potential Claimants of US International Reinsurance Company:

This letter contains important information about US International Reinsurance Company ("USI Re"). On June ___, 2003, an Order of Liquidation was entered by the Superior Court for Merrimack County, New Hampshire, placing USI Re in liquidation.

**THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST USI RE IS JUNE __, 2004.**

**Reinsureds, producers, brokers, reinsurers, vendors, and other creditors must file a Proof of Claim in order to preserve their claim.** These claims would include, for example, earned commissions, unearned reinsurance premium, reinsurance recoverable on paid losses, and goods and services provided by vendors and trade creditors. Payment of claims may be made in the future, but only in the event that sufficient assets are available to pay all higher priority claimants in accordance with law.

Vendors who provided products or services after the entry of the rehabilitation order on March 12, 2003, will be paid in the ordinary course of business and need not file a proof of claim.

**If you believe you might have a claim against USI Re, or the amount of your claim is presently uncertain, you should file a Proof of Claim.**

**Paula T. Rogers, New Hampshire Commissioner of Insurance,**
**as Liquidator of USI Re Insurance Company**

EXHIBIT 4

PROOF OF CLAIM

# US International Reinsurance Company,

Merrimack County Superior Court, State of New Hampshire 03-E-0112

Read Carefully Before Completing This Form

**Please print or type**

*FOR LIQUIDATOR'S USE ONLY*

*DATE PROOF OF CLAIM RECEIVED*

## The Deadline for Filing this Form is June , 2004.

**You should file this Proof of Claim form if you have an *actual or potential claim* against US International Reinsurance Company ("USI Re") *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 , 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: _____
2. Claimant's Address: _____
   _____
3. Claimant's Telephone Number: (_____) _____
   Fax Number: (_____) _____
   Email address: _____
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: _____
5. Claim is submitted by (check one):
   a) ____Producer (Broker, Agent, or Intermediary)
   b) ____Reinsurer or Reinsured
   c) ____State or Local Government Entity
   d) ____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.

_____
_____
_____
_____

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.

   $_____ (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.

_____
_____

8. If USI Re has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: _____

_____

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

_____

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

_____

11. Print the name, address and telephone number of the person who has completed this form.
    Name: _____
    Address: _____
    _____
    Phone Number (_____) _____
    Email address _____

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 USI Re 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. **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 _____ dollars ($_____) against USI Re 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 Date

15. Send this completed Proof of Claim Form, postmarked by **June , 2004,** to:

    US International Reinsurance Company in Liquidation
    P.O. Box ____
    Manchester, New Hampshire 03105-____

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

## INSTRUCTIONS FOR FILING A PROOF OF CLAIM FORM

If you have a claim against US International Reinsurance Company ("USI Re"), or believe that you might have a claim against USI Re now or in the future, or if you have a claim but the amount is presently uncertain, **you must complete and submit the attached Proof of Claim form**. Filing a Proof of Claim is the only way you can preserve your right to payment.

Claims must be submitted by the date established by the Court (the "claim filing deadline"). After the claim filing deadline, the Liquidator will review and determine the priority of each timely filed Proof of Claim. If additional information is needed to determine the amount and priority of your claim, the Liquidator will contact the claimant. The Liquidator will then determine the extent to which the claims can be paid from the assets of USI Re. Under New Hampshire law, all claims in a higher priority status must be paid in full before any claims in a lower priority status may be paid. Late filed claims may be paid, but they will receive a lower priority. ***It is very important to submit your claim before the claim filing deadline. If you do not file your Proof of Claim before the claim filing deadline, your claim will likely not be paid.***

THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST USI RE IS JUNE __, 2004.

Please complete the Proof of Claim Form in its entirety based on all available information. The enclosed Proof of Claim form can be photocopied or downloaded from the New Hampshire Insurance Department website: www.state.nh.us/insurance. If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences or contracts should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Although you should submit your Proof of Claim for the full amount, please note that New Hampshire law generally requires that the first $50 of the amount allowed on each Proof of Claim must be deducted from the claim. The Liquidator will apply this deductible when she approves a Proof of Claim.

Mail your complete Proof of Claim form, together with the required documentation, to:

US International Reinsurance Company In Liquidation
P.O. Box ___
Manchester, New Hampshire 03105-___

Do not send the Proof of Claim to the Court.

If you have any questions about this process or about how to fill out the Proof of Claim form, please call 1-800-347-0914 during regular business hours (Mon-Fri, 8-5).

EXHIBIT 5

[The Home Insurance Company in Liquidation letterhead]

# Notice of Policy or Bond Cancellation

June __, 2003

[Name]
[Address]

Dear Policyholder:

On June ___, 2003, The Home Insurance Company ("The Home") was ordered liquidated by the Superior Court for Merrimack County, New Hampshire, and I was appointed Liquidator of The Home. At the same time, the Court also authorized the cancellation of all in-force insurance policies or bonds issued by The Home.

**THIS LETTER WILL SERVE AS NOTICE THAT**

**INSURANCE POLICY OR BOND NUMBER [insert number]**

**IS HEREBY CANCELLED EFFECTIVE AS OF 12:01 A.M. ON _____, 2003. YOU SHOULD CONTACT YOUR INSURANCE AGENT OR BROKER AS SOON AS POSSIBLE TO REPLACE YOUR INSURANCE COVERAGE.**

You may be entitled to an unearned premium refund as a result of the cancellation of your policy. You will receive shortly a notice from the Liquidator with important information concerning the liquidation (the "Notice"). As will be explained in that Notice, insurance guaranty associations cover certain claims, including unearned premium refunds, in the event that an insurance company becomes insolvent. Depending on the laws in your state, the guaranty association may refund unearned premium, in some cases subject to a deductible. **As will be explained in the Notice, you should also file a Proof of Claim to preserve your rights in case your guaranty association does not refund all of your unearned premium or in the event you have a claim under the policy or bond.**

If you have any questions, you may call 1-800-347-0014.

Sincerely,

Paula T. Rogers,
New Hampshire Commissioner of Insurance,
as Liquidator of The Home Insurance Company

cc: Lienholder (if any)