



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF:)
) C.A. No. 8601-VCZ
INDEMNITY INSURANCE CORPORATION,)
RRG, IN LIQUIDATION)

**RECEIVER’S FIRST REPORT OF CLAIMS RECOMMENDATIONS
PURSUANT TO PARAGRAPH 10 OF THE CLAIM FINAL
DETERMINATION PLAN**

Petitioner, the Honorable Trinidad Navarro, Insurance Commissioner of the State of Delaware, in his capacity as the Receiver (“Receiver”) of Indemnity Insurance Corporation, RRG, in Liquidation (“IICRRG”), presents to this Honorable Court the Receiver’s First Report of Claims Recommendations (the “First Claims Recommendation Report”) Pursuant to the Plan for the Receiver’s Claim Recommendation Report and Final Determination of Claim By The Court (the “Claim Final Determination Plan”).

I. Background

1. The Claim Final Determination Plan [D.I. 726, Ex. “A”] filed with the Court on September 10, 2019 and approved by the Court by Order of August 17, 2020 [D.I. 811] sets forth the process by which the priority and value of Claims of policyholders, creditors, and other Claimants are determined and confirmed.

2. The Claim Final Determination Plan provides that, *inter alia*, the Receiver will file a report with the Court concerning Claims in which the Proof of Claim/Notice of Determination process has become final (the “Claim Recommendation Report”). This is the Receiver’s First Claims Recommendation Report,¹ which is comprised of multiple Claims and for each Claim identified, specifies the Receiver’s Claim Recommendation.

II. Receiver’s First Report of Claims Recommendations Summary

3. Submitted in this First Report are 99 claims. The Receiver recommends that all of the Claims should be accorded Priority Class III.

4. Priority Class III claims include:

Claims by policyholders, beneficiaries and insureds, including the federal or any state or local government if such government is a named policyholder, beneficiary or insured under the policy, arising from and within the coverage of and not in excess of the applicable limits of insurance policies, insurance contracts and funding agreements issued by the company; liability claims, including liability claims of the federal or any state or local government, against insureds which claims are within the coverage of and not in excess of the applicable limits of insurance policies, insurance contracts and funding agreements issued by the company, including claims for

¹ This will be the first of multiple Claims Recommendations. As discussed in the Receiver’s First Motion for Rule to Show Cause to Set a Deadline for Claimants to Object to Receiver’s Claims Recommendation Report, Pursuant to Paragraph 10 of the Claim Final Determination Plan, because of the volume of Claims the Receiver has divided the Claim Recommendations into tranches and the Court will receive a new tranche approximately every quarter, or as directed by the Court. Within each tranche there will be recommendations for multiple Claims.

reasonable attorneys” fees incurred by the policyholder to defend against the liability claim if such attorneys” fees are covered under the policy, but only to the extent covered; policyholder’s claims for refunds of unearned premium;...provided, however, that this paragraph shall not apply to the following claims:

- a. Claims arising under reinsurance contracts, including any claims for reinsurance premium due;
- b. Claims of insurers, insurance pools or underwriting associations for contribution, indemnity or subrogation, equitable or otherwise.

18 *Del. C.* § 5918(e)(3).

5. The pertinent information for each claim, including the Receiver’s Recommendation as to class and amount, are shown in the attached Schedules. Schedule “1” contains twenty-one (21) claims for refund of unearned premium. Schedule “2” contains seventy-nine (79) claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. The Schedules and the information contained therein, are discussed more fully in Section III, below.

6. The claims on Schedules 1 and 2 are subject to several caveats:
- a. For Class III claims, “interest shall not be allowed or paid” other than for pre-liquidation judgments other than by default or collusion. 18 *Del. C.* § 5918(e)(3);
 - b. For Class III claims, all claims must be “within the coverage” of the insurance policy. 18 *Del. C.* § 5918(e)(3);

- c. For Class III claims, all claims must be within the applicable policy limit (including any excess policy issued by IICRRG). 18 *Del. C.* § 5918(e)(3); and
- d. The Court cannot consider a post-liquidation judgment as evidence of either liability or damages. 18 *Del. C.* §5928(c).

III. Receiver's Recommendations

A. Schedule 1 - Refund of Unearned Premium

7. Each of the claims listed on Schedule 1 are claims for the refund of unearned premium.

8. Thus, the Receiver recommends that the Court determine that each of the claims listed on Schedule 1 are Class III claims, pursuant to 18 *Del. C.* §5918(e)(3).

9. Each of the rows on Schedule 1 represents a single claim for unearned premium.

10. The columns in Schedule 1 provide the following information for each claim:

- a. Proof of Claim Number. This is the number assigned to the Proof of Claim ("POC") by the Receiver. It is communicated to the claimant through the Notice of Determination ("NOD"), as described below.
- b. Policy Number. This is the number assigned to the policy of insurance by IICRRG when the policy was issued.
- c. Amount Claimed on Proof of Claim Form. This is the amount which the claimant indicated it was due on the POC form submitted by the claimant. Where blank, the claimant did not request a specific dollar amount.

- d. Receiver's Recommended Priority Class. This is the priority class under 18 *Del. C.* § 5918(e) recommended by the Receiver.²
- e. Receiver's Recommended Value. This is the value for the claim for return premium recommended by the Receiver.
- f. NOD Number. This is the number assigned to the NOD by the Receiver. An NOD was provided to each claimant providing the POC Number, the Receiver's recommended priority class and the Receiver's recommended value.

11. Of the twenty-one (21) claims for refund of unearned premium claims on Schedule 1, for ten (10) of those claims the Receiver recommends a value of \$0. For the remaining eleven (11), the Receiver recommends varying values, totaling \$314,640.20.

B. Claims for Liability From Policyholders, Beneficiaries, or Insureds Under Policies with IICRRG

12. Each of the claims listed on Schedule 2 are claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG.

13. Thus, the Receiver recommends that the Court determine that each of the claims listed on Schedule 2 are Class III claims, pursuant to 18 *Del. C.* §5918(e)(3).

14. In order to facilitate the determination of claims subject to the applicable policy limits and sub-limits, Schedule 2 is organized by policy.

² As discussed above, each of the claims on Schedule 1 are for the refund of unearned premium, and thus fall within Class III under the terms of 18 *Del. C.* § 5918(e)(3).

15. The first column contains information specific to the policy of insurance issued to a policyholder including:

- a. The Policy Number. The number assigned to the policy of insurance by IICRRG when the policy was issued. All claims for liability from policyholders, beneficiaries, or insureds under the policy listed in this column are included in this First Report of Claims Recommendations.
- b. Limits. These are the limits of the insurance policy listed by the dollar amount of the limits of insurance by occurrence (“Occ”) and by aggregate (“Agg”). For example, a listing of “Limits (Occ/Agg): \$1M/\$2M” refers to policy limits of \$1,000,000 per each occurrence and \$2,000,000 in aggregate.³ Some policies also have a limit by location (“Loc”), which is noted where applicable.
- c. Excess Limits. For some policies, there was also an additional policy providing for excess coverage. Where this is the case, the first column contains an entry stating “Excess Limits (Occ/Agg)” which then has numerical values similar to the listing of the policy’s general limits.
- d. Prior Payments. This is a dollar amount for claims paid pre-liquidation on that policy. It is used in computing the proper amount under the aggregate. (*See* footnote 3).

³ “Aggregate” refers to a policy provision providing a limitation on total liability under each policy, such that once claims had been paid under a policy by IICRRG in an amount equaling the aggregate limit, no further payments would be due under the policy even if such claim were below the “occurrence” limit. In an operating insurance company, the aggregate is generally applied as paid on a “first-come-first-served” basis. At the time of distribution and to the extent applicable, the Receiver will apply the aggregate on a *pro-rata* basis. By way of illustration, if there are four claimants awarded \$1,000,000 by the Court on a policy with an aggregate limit of \$2,000,000 there has not been a prior payment under the policy term, the payment to each claimant would be based upon a value of \$500,000. In this First Report of Claims Recommendation, based upon the Receiver’s recommended values no aggregate limit or sub-limit for any policy is exceeded. This could change should the Court place a value for one or more claims higher than the Receiver’s recommended value.

16. Each of the rows containing a Proof of Claim number on Schedule 2 represents a single claim for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. The columns in Schedule 2 provide the following information for each claim:

- a. Policy Info. This contains the information for each policy for which claims have been made in Schedule 2, as described in paragraph 15, above.
- b. Proof of Claim Number. This is the number assigned to the Proof of Claim (“POC”) by the Receiver.
- c. Claimant Type. This is the type of claimant, listed as either an “Insured”, denoting an entity which was either a policyholder and/or an insured under the applicable IICRRG policy, or as an “Injured Party,” being a third party under the policy who is claiming an injury.
- d. Connected Claim Group. Connected Claims are claims arising from the same occurrence. For this report, they generally consist of one injured party and one insureds and/or policyholders (with or without a duplicate claim). Connected Claims are listed in consecutive rows and are shaded in the same grayscale. The number in this column corresponds to one of the Proofs of Claim within the group of connected claims (*e.g.* the first Connected Claim Group consists of POCs 1082 (for the injured party) and 2113 (for the insured); the Connected Claim Group number is 1082 for both those claims).
- e. Primary Policy Number. The number assigned to the policy of insurance by IICRRG when the policy was issued.
- f. Sub-Limit and Type (if applicable to claim & less than standard policy limits). Under certain IICRRG policies of insurance, particular types of claims were subject to a separate “sub-limit” which is used in place of the general policy limits. This would apply generally to coverage for assault and battery, and/or to coverage for liquor liability. Where this is the case, for a particular claim, the amount of the sublimit is

shown in the form of, for example (\$100K/\$1M) representing a \$100,000 per occurrence limit, and a \$1,000,000 aggregate limit for the applicable coverage, which is also shown. If there is no entry in this column for a claim, the claim is not subject to a sub-limit, and instead is governed by the policy limits set forth in the Policy Info set forth in column 1.

- g. Amount Claimed on Proof of Claim Form. This is the amount which the claimant indicated it was due on the POC form submitted by the claimant. Where blank, the claimant did not request a specific dollar amount.
- h. Receiver's Recommended Priority Class. This is the priority class under 18 *Del. C.* § 5918(e) recommended by the Receiver.⁴
- i. Receiver's Recommended Value. This is the value for the claim for liability recommended by the Receiver. As discussed below—for claims which are not Connected Claims, the recommendation is for that particular claimant. For claims which are Connected Claims, where there is an insured/policyholder who is a claimant, the recommended value is for the value of the indemnity claim and for the value of the cost of defense (if applicable). Actual payment of the *pro-rata* portion of the indemnity part of the claim is to be made to the insured/policyholder if it provides proof at the time of distribution that it made such payment to the injured party, otherwise it will be made directly to the injured party.
- j. Asterisk – Certain limits and sub-limits of insurance show an asterisk (*e.g.* \$1M/\$2M*). The asterisk denotes that the indemnity payments under this limit or sub-limit is reduced by the costs paid for defense, sometimes referred to as being “inside limits.” For example, if \$100,000 in defense costs were paid on a claim for an injured party which was valued at \$1,000,000 (on a \$1,000,000 per occurrence “inside limits” policy), the claimant's value would be only \$900,000. If no asterisk is marked on a limit or sub-limit, the defense costs do not impact the limits of insurance for an injured party (*i.e.*, under the same

⁴ As discussed above, each of the claims on Schedule 2 are claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG, and thus fall within Class III under the terms of 18 *Del. C.* § 5918(e)(3).

scenario as above, the \$100,000 defense payment would not affect the limit for the injured party, and the injured party's value would be \$1,000,000).

17. Schedule 2 contains seventy-nine (79) claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. There are nineteen (18) Connected Claim Groups. For this Recommendation, the Receiver is recommending a value for only one claim within a Connected Claims Group. Where there is an insured/policyholder, that entity receives the recommendation, with the value generally reflecting a component for costs of defense, and a component for the indemnity claim to the injured party. If the insured/policyholder presents proof at the time of distribution that it has paid some or all of the indemnity portion of the claim amount as valued by the Court to the injured person, the insured/policyholder receives the *pro-rata* distribution for the indemnity portion that it paid, with the remainder of any partial payment being distributed to the injured party. Otherwise, the injured party receives the full *pro-rata* distribution for the indemnity portion.

18. For the seventy-nine (79) claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG, the Receiver's recommendation is in varying amounts in the aggregate of \$6,453,512.00.

Date: 12/20/2021



MICHAEL J. JOHNSON
Deputy Receiver of Indemnity
Insurance Corporation, RRG in
Liquidation

SCHEDULE “1”

**Indemnity Insurance Corp, in Liquidation
Receiver's First Claim Recommendation Report
Schedule 1
Unearned Premium Claims**

Proof of Claim Number	Policy Number	Amount Claimed on Proof of Claim Form	Receiver's Recommended Priority Class	Receiver's Recommended Value	NOD Number
0940	6003502	\$30,000.00	3	\$0.00	3893
1751	3007417	\$50,950.00	3	\$0.00	3899
1752	3007418	\$31,500.00	3	\$0.00	3900
1753	3007694	\$69,500.00	3	\$0.00	3901
2180	6000710	\$68,286.90	3	\$0.00	3911
2375	6002921	\$34,346.00	3	\$0.00	3912
2376	6002922	\$4,000.00	3	\$0.00	3947
2377	6004072	\$34,300.00	3	\$0.00	3651
2378	6004073	\$4,000.00	3	\$0.00	3948
0061D	6003057		3	\$0.00	3682
0142	6004179	\$194,804.00	3	\$116,363.84	3602
0156	6004364	\$12,688.00	3	\$11,109.70	3603
0191	6004147	\$25,239.00	3	\$22,941.30	3606
0220	6004199	\$59,599.00	3	\$52,452.82	3607
0245	6004187	\$17,072.00	3	\$15,608.91	3610
0269	6004329	\$30,500.00	3	\$33,901.82	3611
0281	6004040	\$10,986.26	3	\$10,369.97	3612
0346	6004494	\$11,736.00	3	\$11,736.00	3616
0402	6004413	\$26,614.35	3	\$34,780.53	3617
0403	6004414	\$2,247.40	3	\$2,936.99	3618
0050	6004233	\$2,340.00	3	\$2,438.33	3597

GRAND TOTAL

\$720,708.91

\$314,640.20

SCHEDULE “2”

**Indemnity Insurance Corp, RRG in Liquidation
Receiver's First Claim Recommendation Report
Schedule 2
Liability Claims - Grouped by Policy Number**

Policy Info	Proof of Claim No.	Claimant Type	Connected Claims	Primary Policy No.	Sub-Limit & Type (If applicable to claim & less than standard policy limits)	Amount Claimed on Proof of Claim Form	Receiver's Recommended Policy Class	Receiver's Recommended Total Value
Policy No: 3007148 Limits (Occ/Agg): \$1M/\$2M* Prior Payments: \$42,312	2076	Insured		3007148		\$1,000,000.00	3	\$75,000.00
	2090	Insured		3007148		\$1,000,000.00	3	\$17,000.00
					3007148 Total			\$92,000.00
Policy No: 3007306 Limits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg): \$2M/\$2M Prior Payments: \$571,649	2111	Insured		3007306	\$100K/\$1M* Assault and Battery	\$1,000,000.00	3	\$0.00
	2112	Insured		3007306		\$1,000,000.00	3	\$0.00
	2120	Insured		3007306	\$100K/\$1M* Assault and Battery	\$1,000,000.00	3	\$77,400.00
					3007306 Total			\$77,400.00
Policy No: 6000485 Limits (Occ/Agg/Loc): \$1M/\$5M/\$2M Excess Limits (Occ/Agg.): \$2M/\$2M Prior Payments: \$404,894	1082	Injured party	1082	6000485	\$100K/\$1M* Assault and Battery	\$795,000.00	3	\$0.00
	2113	Insured	1082	6000485	\$100K/\$1M* Assault and Battery	\$1,000,000.00	3	\$100,000.00
	0493	Injured party	2079	6000485	\$1M/\$5M/\$1M Liquor Liability	\$1,000,000.00	3	\$0.00
	2079	Insured	2079	6000485	\$1M/\$5M/\$1M Liquor Liability		3	\$175,000.00
	2084	Insured		6000485	\$100K/\$1M* Assault and Battery	\$1,000,000.00	3	\$85,000.00
	0945	Injured party	2104	6000485	\$1M/\$5M/\$1M Liquor Liability	\$250,000.00	3	\$0.00
	2104	Insured	2104	6000485	\$1M/\$5M/\$1M Liquor Liability	\$1,000,000.00	3	\$0.00
	2052	Injured party		6000485	\$1M/\$5M/\$1M Liquor Liability	\$2,000,000.00	3	\$400,000.00
	2105	Insured		6000485	\$100K/\$1M* Assault and Battery	\$1,000,000.00	3	\$88,896.00
	2117	Insured		6000485		\$1,000,000.00	3	\$5,000.00
	2119	Insured		6000485		\$1,000,000.00	3	\$5,000.00
					6000485 Total			\$858,896.00
	Policy No: 6002095 Limits (Occ/Agg): \$1M/\$2M* Prior Claims: \$42,312	1685	Insured		6002095		\$65,000.00	3
1824		Insured		6002095		\$10,392.00	3	\$15,000.00
				6002095 Total			\$50,000.00	
Policy No: 6002104 POLICY CANCELLED TO INCEPTION	0795	Injured party		6002104		\$1,000,000.00	3	\$0.00
					6002104 Total			\$0.00

Policy Info	Proof of Claim No.	Claimant Type	Connected Claims	Primary Policy No.	Sub-Limit & Type (If applicable to claim & less than standard policy limits)	Amount Claimed on Proof of Claim Form	Receiver's Recommended Policy Class	Receiver's Recommended Total Value
Policy No. 6002225 Limits (Occ/Agg/Loc): \$1M/\$5M/\$2M Excess Limit (Occ/Agg): \$1M/\$1M Prio Payment: \$88,967			0019					
	0019	Injured party		6002225		\$31,500.00	3	\$0.00
	2121	Insured	0019	6002225		\$1,000,000.00	3	\$25,000.00
	0258	Injured party	0258	6002225		\$600,000.00	3	\$0.00
	2110	Insured	0258	6002225		\$1,000,000.00	3	\$30,000.00
	0387	Injured party		6002225	\$1M/\$1M * Assault and Battery	\$100,000.00	3	\$0.00
	2001	Injured party - duplicate		6002225	\$1M/\$1M * Assault and Battery	\$100,000.00	3	\$0.00
	2106	Insured		6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$30,000.00
	0420	Injured Party		6002225	\$1M/\$1M * Assault and Battery	\$750,000.00	3	\$0.00
	2075	Insured		6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$430,000.00
	0944	Injured Party		6002225	\$1M/\$1M * Assault and Battery	\$150,000.00	3	\$0.00
	2080	Insured		6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$155,000.00
	1049	Injured Party		6002225	\$1M/\$1M * Assault and Battery	\$50,000.00	3	\$0.00
	2077	Insured		6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$15,000.00
1355	Injured Party		6002225	\$1M/\$5M/\$1M - Liquor Liability	\$50,000.00	3	\$0.00	

Policy Info	Proof of Claim No.	Claimant Type	Connected Claims	Primary Policy No.	Sub-Limit & Type (If applicable to claim & less than standard policy limits)	Amount Claimed on Proof of Claim Form	Receiver's Recommended Policy Class	Receiver's Recommended Total Value
	2085	Insured	1355	6002225	\$1M/\$5M/\$1M - Liquor Liability	\$1,000,000.00	3	\$215,000.00
	1549	Injured Party	1549	6002225	\$1M/\$1M* Assault and Battery	\$100,000.00	3	\$0.00
	2083	Insured	1549	6002225	\$1M/\$1M* Assault and Battery	\$1,000,000.00	3	\$45,000.00
	0370	Injured Party	2089	6002225	\$1M/\$1M * Assault and Battery	\$50,000.00	3	\$0.00
	2089	Insured	2089	6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$25,000.00
	2091	Insured		6002225	\$1M/\$1M * Assault and Battery	\$350,000.00	3	\$40,000.00
	2093	Insured		6002225		\$1,000,000.00	3	\$0.00
	2115	Insured		6002225	\$1M/\$1M * Assault and Battery	\$1,000,000.00	3	\$62,500.00
				6002225 Total				\$1,072,500.00
	0078	Injured Party		6002513		\$2,260.00	3	\$2,260.00
				6002513 Total				\$2,260.00
Policy No.: 6002724 Limits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg): \$4M/\$4M Prior Payments: \$8,077	1425	Injured Party	1425	6002723		\$1,000,000.00	3	\$0.00
	2202	Insured	1425	6002723		\$135,000.00	3	\$93,000.00
	2200	Insured	2200	6002723		\$235,000.00	3	\$70,000.00
	2466	Injured Party	2200	6002723		\$1,000,000.00	3	\$0.00
				6002723 Total				\$163,000.00
Policy No.: 6002750 Limits (Occ/Agg): \$1M/\$2M	0096	Injured Party		6002750		\$8,500.00	3	\$8,500.00
				6002750 Total				\$8,500.00
Policy No. 6002769 Limits (Occ/Agg): \$1M/\$2M Prior Payments: \$43,816	0668	Insured		6002769	\$1M/\$1M * Assault and Battery		3	\$0.00
				6002769 Total				\$0.00
Policy No. 6002770 Limits (Occ/Agg): \$1M/\$2M	0323	Injured Party		6002770		\$150,000.00	3	\$45,000.00
				6002770 Total				\$45,000.00
Policy No. 6003246 Limits (Occ/Agg): \$1M/\$2M	0049	Insured		6003246	\$1M/\$1M * Assault and Battery	\$5,000.00	3	\$0.00
				6003246 Total				\$0.00

Policy Info	Proof of Claim No.	Claimant Type	Connected Claims	Primary Policy No.	Sub-Limit & Type (If applicable to claim & less than standard policy limits)	Amount Claimed on Proof of Claim Form	Receiver's Recommended Policy Class	Receiver's Recommended Total Value
Policy No. 6003253 Limits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg): \$1M/\$2M	0123	Injured party	0123	6003253		\$450,000.00	3	\$0.00
	1026	Injured party - duplicate	0123	6003253		\$900,000.00	3	\$0.00
	0373	Injured party		6003253		\$300,000.00	3	\$75,000.00
	0476	Injured party		6003253	\$1M/\$1M Liquor Liability	\$1,000,000.00	3	\$310,000.00
					6003253 Total			
Policy No. 6003434 Limits (Occ/Agg): \$1M/\$2M	1441	Insured		6003434	\$1M/\$1M Liquor Liability	\$15,000.00	3	\$0.00
					6003434 Total			
Policy No. 6003549 Limits (Occ/Agg): \$1M/\$2M* Excess Limits (Occ/Agg): \$4M/\$4M Prior Payments: \$14,376	0222	Insured	1074	6003549	\$1M/\$1M Liquor Liability	\$124,200.00	3	\$3,050,000.00
	1074	Injured party	1074	6003549		\$10,000,000.00	3	\$0.00
	1016	Injured party		6003549		\$150,000.00	3	\$25,000.00
					6003549 Total			
Policy No. ICA000028-13 Limits (Occ/Agg): \$1M/\$2M	0595	Injured party		ICA000028-13		\$500,000.00	3	\$0.00
	0669	Insured		ICA000028-13			3	\$0.00
					ICA000028-13 Total			
Policy No. ICA000628-13 Limits (Occ/Agg): \$1M/\$2M	0588	Injured party		ICA000628-13		\$1,000.00	3	\$1,089.00
					ICA000628-13 Total			
Policy No. ICA001199-13 Limits (Occ/Agg): \$1M/\$2M	0310	Insured		ICA001199-13			3	\$0.00
					ICA001199-13 Total			
Policy No. ICA001283-13 Limits (Occ/Agg): \$1M/\$2M	0490	Injured party	0490	ICA001283-13		\$1,000,000.00	3	\$400,000.00
	0656	Injured party - duplicate	0490	ICA001283-13		\$1,000,000.00	3	\$0.00
					ICA001283-13 Total			
Policy No. ICA002256-13 Limits (Occ/Agg): \$1M/\$2M	0473	Injured party		ICA002256-13		\$1,000,000.00	3	\$35,000.00
					ICA002256-13 Total			
Policy No. ICB100103-13 Limits (Occ/Agg): \$1M/\$2M	0423	Insured		ICB100103-13			3	\$0.00
					ICB100103-13 Total			
Policy No. ICB100338-13 Limits (Occ/Agg): \$1M/\$2M	0266	Injured party		ICB100338-13		\$14,300.30	3	\$30,000.00
					ICB100338-13 Total			
Policy No. ICC200012-13 Limits (Occ/Agg): \$1M/\$2M	0527	Injured party		ICC200012-13		\$5,000.00	3	\$3,500.00
					ICC200012-13 Total			
Policy No. ICC200027-13 Limits (Occ/Agg): \$1M/\$2M	2619	Insured		ICC200027-13			3	\$0.00
					ICC200027-13 Total			
Policy No. ICC200042-13 Limits (Occ/Agg): \$1M/\$2M	0058	Insured		ICC200042-13		\$8,117.00	3	\$8,117.00
					ICC200042-13 Total			
Policy No. ICC200058-13 Limits (Occ/Agg): \$1M/\$2M	0009	Injured party	0009	ICC200058-13		\$1,000,000.00	3	\$0.00
	1888	Insured	0009	ICC200058-13		\$150,000.00	3	\$75,000.00
	2123	Insured - Duplicate	0009	ICC200058-13			3	\$0.00
					ICC200058-13 Total			
Policy No. ICC200425-13	0042	Injured party		ICC200425-13		\$1,097.00	3	\$0.00

Policy Info	Proof of Claim No.	Claimant Type	Connected Claims	Primary Policy No.	Sub-Limit & Type (If applicable to claim & less than standard policy limits)	Amount Claimed on Proof of Claim Form	Receiver's Recommended Policy Class	Receiver's Recommended Total Value
Limits (Occ/Agg): \$1M/\$2M				ICC200425-13 Total				\$0.00
Policy No. ICC200724-13 Limits (Occ/Agg): \$1M/\$2M	0558	Injured party		ICC200724-13			3	\$0.00
				ICC200724-13 Total				\$0.00
Policy No. ICF500124-13 Limits (Occ/Agg): \$1M/\$2M	0418	Injured party		ICF500124-13		\$75,000.00	3	\$60,000.00
				ICF500124-13 Total				\$60,000.00
Policy No. ICF500230-13 Limits (Occ/Agg): \$1M/\$2M	0374	Insured		ICF500230-13		\$3,129.17	3	\$3,250.00
				ICF500230-13 Total				\$3,250.00
Policy No. ICF500468-13 Limits (Occ/Agg): \$1M/\$2M	2459	Injured party		ICF500468-13		\$4,500,000.00	3	\$0.00
				ICF500468-13 Total				\$0.00
Policy No. ICG600229-13 Limits (Occ/Agg): \$1M/\$2M	0090	Injured party		ICG600229-13		\$25,000.00	3	\$8,000.00
				ICG600229-13 Total				\$8,000.00
				Grand Total		\$54,209,495.47		\$6,453,512.00