## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: )
INDEMNITY INSURANCE CORPORATION, RRG, IN LIQUIDATION


# RECEIVER'S MOTION FOR AN ORDER TO SHOW CAUSE TO SET A DEADLINE FOR CLAIMANTS TO OBJECT TO THE RECEIVER'S FOURTH CLAIMS RECOMMENDATION REPORT AND TO SET A CONTESTED HEARING DATE 

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"), moves this Honorable Court to enter an Order to Show Cause to Set a Deadline for Claimants to Object to the Receiver's Fourth Claims Recommendation Report and to Set a Contested Hearing Date, pursuant to 18 Del. C. §5917(c) and the Plan for the Receiver's Claim Recommendation Report and Final Determination of Claims By the Court, which was approved on August 17, 2020 [D.I. 811] and subsequently modified for clarity and efficiency [D.I. 896] and approved by the Court by letter dated October 6, 2022 [D.I. 896] (the "Claim Final Determination Plan"). ${ }^{1}$

1. On December 20, 2021, the Receiver filed a Motion for an Order to Show Cause Setting a Deadline for Claimants to Object to the Receiver's First
[^0]Claims Recommendation Hearing Date and for an Order Setting a Contested Recommendation Hearing Date After Letter Notice from the Receiver [D.I. 876] ("First Claims Recommendation Motion").
2. The Introduction to the First Claims Recommendation Motion explained the purpose of the Proof of Claims (POC) Process, the Receiver's Notice of Determination ("NOD") and the final determination of claims by the Court.
3. Further, the First Claims Recommendation Motion set forth the procedural history of the liquidation proceedings and the approval of the Claim Final Determination Plan and Service Plan.
4. The information stated in the Introduction to the First Claims Determination Motion and paragraphs 1 through 10 of the Background will not be repeated here nor in subsequent motions for the Court to make final determinations of claims.
5. Since the filing of the First Claims Recommendation Motion, an electronic filing system has been developed by the Court that promotes judicial efficiency and access to the Court by claimants with respect to final claims determinations made pursuant to 18 Del. C. § 5917(c) and the Claim Final Determination Plan.
6. The Claim Final Determination Plan sets forth the process by which the priority and value of the claims of policyholders, creditors, and other claimants are determined and confirmed. (Definitions $\boldsymbol{\top} \mathbb{T} 2,10$; Procedures $\boldsymbol{T} \mathbb{T} 1,2$ ).
7. The Claim Final Determination Plan provides that the Receiver will make the initial determination of claims (the "Claims Recommendation") and include them in a report filed with the Court concerning claims in which the POC/NOD process has become final (the "Report"). (Procedures ब 8; 18 Del. C. 1953 § 5917(c)).
8. Because of the volume of claims, the Receiver has divided the Claim Recommendations into six groups. Within each group there will be recommendations for multiple claims and the Report will specify the Receiver's Claim Recommendation for each claim identified in the Report. This Motion pertains to Group 4.
9. The Claim Final Determination Plan provides for a procedure to allow a hearing for any claimant who desires to have the Court review the Receiver's Claim Recommendation with respect to that claimant's claim. (Procedures ब 17).
10. Objections that have been previously filed to an NOD will not be considered in compliance for purposes of meeting the Objection Deadline. (Procedures $\mathbb{1 T 1} 12,13$ ). By way of illustration:
a. If a claimant filed a previous objection to the Receiver's NOD, the claimant must still file an objection to the Receiver's Claim Recommendation that complies with the information requested in the OSC.
b. If the claimant filed a previous objection to the Receiver's NOD, and wishes to withdraw its objection, the claimant need do nothing.
c. If the claimant did not file a previous objection, but the claimant now wishes to object to the Receiver's Claim Recommendation, the Claimant must file an objection to the Receiver's Claim Recommendation that complies with the information requested in the OSC.
d. If the claimant has not filed a previous objection and does not object to the Receiver's Claim Recommendation, the claimant need do nothing.
11. The Claim Final Determination Plan provides that untimely filed objections to the Receiver's Claim Recommendation are deemed "uncontested" and subject to the procedure for the Uncontested Recommendation Hearing. (Procedures - 10 ).
12. The Claim Final Determination Plan provides the following schedule for the Contested Recommendation Hearing:
a. No later than twenty-one (21) days prior to the Contested Recommendation Hearing, Claimant(s) and interested party(ies), if any, shall make available to the Court, and the Receiver, complete copies of all documents that the Claimant(s) or interested party(ies) seek to rely upon in support of the objection(s);
b. No later than fourteen (14) days prior to the Contested Recommendation Hearing, the Receiver shall make available to the Court, the Claimant(s) and interested party(ies), if any, a complete copy of the POC File together with the Notice of Determination Claim Review Summary for that Claim. The documents hereunder shall be considered admitted into evidence and part of the record of the Contested Recommendation Hearing
(Procedures ${ }^{\boldsymbol{\|}} 18$ ).
13. The Court will schedule a hearing on objections to the Receiver's Fourth Claim Recommendations Report after which the Court will enter an order allowing, allowing in part, or disallowing the claim. (Procedures $\mathbb{\|} 19$ ).
14. The Claim Final Determination Plan provides that after all claims have received a final determination and all general assets of the Estate are known and
liquidated, the Receiver shall, at a time within the discretion of the Receiver, file a petition with the Court for the final distribution of Estate assets and the closing of the IICRRG Estate. (Procedures \| 24).
15. Concurrent with filing this motion, the Receiver has filed his Fourth Report of Claims Recommendations ("Fourth Claim Recommendations Report" or "Fourth Report"). A true and correct copy of the Fourth Report is also attached hereto as Exhibit "A".
16. The Fourth Report can be summarized as follows:
a. The Fourth Claims Recommendations Report addresses four hundred and eighty-three (483) claims.
b. Fifty-eight (58) of the claims are for the return of unearned premium. Ten (10) of them are connected claims. ${ }^{2}$ For Eighteen (18) of them, the Receiver recommends a value of $\$ 0$. The Receiver recommends varying values for the other forty (40) claims in the aggregate amount of $\$ 542,946.91$.
c. Four hundred twenty-five (425) claims are liability claims. Within these claims, there are eighty-nine (89) connected

2 This occurs where more than one claim for a return of unearned premium is submitted against the same policy.
groups. ${ }^{3}$ The Receiver recommends varying values for the four hundred twenty-five (425) liability claims in varying amounts in the aggregate of $\$ 48,067,022.80 .{ }^{4}$
17. The Priority Classes that are relevant to this motion are identified in the Fourth Claims Recommendation Report as follows:
a. 18 Del. C. § 5918(e)(3) Class III - Claims of policy holders and injured persons against a policyholder (Liability Claims) or claims for return of unearned premiums (Unearned Premium Claims). The Receiver recommends that four hundred fifty-eight (458) of these claims be assigned Class III.
b. 18 Del. C. § 5918(e)(7) Class VII - Claims which would otherwise qualify for one of the preceding classes (Class I through Class VI) but which was not filed with the receiver on

[^1]or before the bar date and which are not excused from such bar date by the liquidation court. The Fourth Claims Recommendation Report identifies twenty-five (25) liability claims that fall within Priority Class VII. For the reasons stated in the Fourth Claims Recommendation Report, which are incorporated herein by reference, the Receiver recommends that six (6) of these twenty-five (25) late-filed claims be excused and that the Court assign them to Priority Class III.
18. The reasons and basis for each of the Receiver's recommendations set forth in the Fourth Claims Recommendation Report are stated in the Notice of Determination Claim Review Summary associated with each claim which will be supplied to the Court for review and consideration in accordance with the Claim Final Determination Plan.
19. Additionally, POCs \# $1023 \& 2519$ are claims referencing policies issued to the same insured, bearing policy numbers 5000173 \& 6000112, respectively, on the attached Schedule 2. IICRRG's records indicate that in mid2011, both policies were ostensibly cancelled back to the date of their inception "at the request of the insured." (POC 1023 initially referenced IICRRG policy \#9000112, which was the "renewal" of policy \#5000173 following the ostensible cancellation of the original policy in effect at the date of loss). Following review of
the mid-2011 transactions involving the supposed cancellation back to inception, the Receiver finds that the purpose of the cancellation of the policies was to improperly evade liability and the Receiver recommends that the cancellation be disregarded and that POCs \# 1023 and 2519 be processed under policies \#5000173 and \#6000112, respectively, treated as effective as of the date of loss.
20. By Order dated August 17, 2020 (D.I. 811) this Court approved, along with the Claim Final Determination Plan, the Receiver's Plan Regarding Service of the Receiver's Public Court Filings Concerning the Proof of Claims Process (the "Service Plan").
21. The Receiver requests that the procedures in the Service Plan be used to notify claimants whose claims are the subject of the Receiver's Recommendations in the Fourth Claim Recommendations Report of the dates set by the Court for the Objection Deadline and Contested Recommendation Hearing, and to provide those claimants with copies of the OSC, this motion, and the Receiver's Fourth Claim Recommendations Report in the manner set forth in the Service Plan.

WHEREFORE, pursuant to the Claims Final Determination Plan and 4Order to Show Cause to Set a Deadline for Claimants to Object to the Receiver's Fourth Claims Recommendation Report and to Set a Contested Hearing Date.

Dated: July 14, 2023

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# IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE 

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

## RECEIVER'S FOURTH 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 Fourth Report of Claims Recommendations (the "Fourth 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] and subsequently modified for clarity and efficiency [D.I. 896] and approved by the Court by letter dated October 6, 2022 [D.I. 896] 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 Fourth Claims Recommendation Report, which is comprised of multiple Claims and for each Claim identified, specifies the Receiver's Claim Recommendation.

## II. Receiver's Fourth Report of Claims Recommendations Summary

3. Submitted in this Fourth Report are four hundred eighty-three (483) claims.
4. The Receiver recommends four hundred fifty-eight (458) of the Claims should be accorded Priority Class III, and twenty-five (25) of the Claims should be treated as Priority Class VII. As discussed below, the Receiver recommends that the late filing be excused for six (6) of the twenty-five (25) Class VII claims.
5. 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 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).
6. Priority Class VII Claims include:

Claims which would otherwise qualify for classification under the classes enumerated above [i.e. in 18 Del. C. § 5918(e)(1) - (6)], but which are not filed with the receiver on or before the bar date and which are not excused from such bar date by the liquidation court.
7. 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 fifty-eight (58) claims for refund of unearned premium.

Schedule " 2 " contains four hundred twenty-five (425) 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.
8. 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);
d. For each of the Class VII claims on Schedule $2^{1}$, if the Court excuses the late filing, the Receiver's recommendation is that they be assigned Class III; and
e. 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

9. Each of the fifty-eight (58) claims listed on Schedule 1 are claims for the refund of unearned premium. There are ten (10) connected claim groups.
10. 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).

[^2]11. Each of the rows on Schedule 1 represents a single claim for unearned premium.
12. 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. ${ }^{2}$ It is communicated to the claimant through the Notice of Determination ("NOD"), as described below.
b. Connected Claim Group. For Refund of Unearned Premium Claims, where separate entities have made a claim for return of the unearned premium under the same policy they are treated as a Connected Claim. The number in this column corresponds to one of the Proofs of Claim within the group of connected claims (e.g. the Connected Claim Group 1472 consists of POCs 0826 and 1472).
c. Policy Number. This is the number assigned to the policy of insurance by IICRRG when the policy was issued.
d. Amount Claimed on Proof of Claim Form. This is the amount which the claimant indicated was due to it on the POC form submitted by the claimant. Where blank, the claimant did not request a specific dollar amount.
e. Receiver's Recommended Priority Class. This is the priority class under 18 Del. C. § 5918(e) recommended by the Receiver. ${ }^{3}$
f. Receiver's Recommended Value. This is the value for the claim for return premium recommended by the Receiver.

[^3]13. Of the fifty-eight (58) claims for refund of unearned premium on Schedule 1, for eighteen (18) of those claims the Receiver recommends a value of \$0. For the remaining forty (40), the Receiver recommends varying values, totaling \$542,946.91.

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

14. Each of the four hundred twenty-five (425) claims listed on Schedule 2 states a claim for liability from policyholders, beneficiaries, or insureds under policies with IICRRG.
15. Twenty-five (25) of the claims listed on Schedule 2 were filed after the Bar Date, and thus would have a Priority Class of VII, pursuant to 18 Del. C. §5918(e)(3). Should the late filing of these claims be excused by the Court pursuant to § 59118(e)(3), they would be Class III claims.
16. The remaining four hundred (400) claims have a recommended Priority Class of III pursuant to §5918(e)(3).
17. For six of the claims referenced in paragraph 15 which were filed after the Bar Date (POC Nos. 2724, 2729, 2792, 2802, 2825, 2858), ${ }^{4}$ the Receiver after communications with the claimant, has determined that good cause existed for the late filing (e.g. the claimant was an injured party who had not received notice of the

[^4]liquidation and bar date). For these claims, the Receiver recommends that the Court excuse the late filing of these claims pursuant to 18 Del. C. §5918(e)(7). For these six claims, the Receiver's recommendation is in varying amounts in the aggregate of $\$ 2,150,000$.
18. For three of the claims referenced in paragraph 15 which were filed after the Bar Date (POCs 2769 CC, 2847, and 2753) the late-filed claims were submitted by an insured, and in each case a claimant timely submitted a claim. In these cases, unless the Court excuses the late filing of the insured's Proof of Claim upon objection, the insured will not receive any amount in distribution, and the claimants will receive (subject to offset by prior payment by the insured) the prorata distribution for the indemnity portion.
19. In order to facilitate the determination of claims subject to the applicable policy limits and sub-limits, Schedule 2 is organized by policy.
20. 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 Fourth 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): $\$ 1 \mathrm{M} / \$ 2 \mathrm{M}$ " refers to policy limits of $\$ 1,000,000$ per each occurrence
and $\$ 2,000,000$ in aggregate. ${ }^{5}$ 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 5).
21. 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. ${ }^{6}$
c. Claimant Type. This is the type of claimant, listed as either an "Insured", denoting an entity which was either a policyholder, an

5 "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-firstserved" basis.
${ }^{6}$ Certain POCs contained more than one claim. In that case, letters have been added after the POC Number to designate the individual claims contained on the POC form.
insured and/or an additional named 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. For liability claims, Connected Claims are claims arising from the same occurrence. For this report, they generally consist of one or more injured party and one insured 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 in Schedule 2 contained only an insured (POC 0720) and a duplicate of the insured (POC 0721) and did not contain an injured party, and the Connected Claim Group number is 0720 for both claims; the second Connected Claim Group consists of POCs 1852 (for the insured) and 1134 (for the injured party), and the Connected Claim Group number is 1852 for all of these 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 ( $\$ 100 \mathrm{~K} / \$ 1 \mathrm{M}$ ) 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 was due to it 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. ${ }^{7}$
i. Receiver's Recommended Value, Receiver's Recommended Defense Value, and Receiver's Recommended Total Value. These columns are the value for the claim for liability recommended by the Receiver. They are broken out into (1) Receiver's Recommended Indemnity Value, which is the value of claim asserted by a claimant, against an insured (with the payment to the insured or the claimant as discussed below); (2) Receiver's Recommended Defense Value, which is the value for the cost of defense incurred by the insured (not the claimant); and (3) Receiver's Recommended Total Value, which is the sum of the two prior values. 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. NOD Summary File Part. This is a number for the use of the Court to locate the NOD Summary for a given claim.
k. Asterisk - Certain limits and sub-limits of insurance show an asterisk (e.g. $\$ 1 \mathrm{M} / \$ 2 \mathrm{M}^{*}$ ). 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

[^5]impact the limits of insurance for an injured party (i.e., under the same 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 $\$ 1,000,000)$.
22. For policies subject to an aggregate limit, at the time of distribution and to the extent applicable, the Receiver will apply the aggregate on a pro-rata basis.
23. By way of illustration, if there are four claimants awarded $\$ 1,000,000$ by the Court on a policy with an aggregate limit of $\$ 2,000,000$ and there has not been a prior payment under the policy term, the payment to each claimant would be based upon a value of $\$ 500,000$ (i.e. the recommended value $(\mathrm{R})$ multiplied by the quotient of the aggregate (A) divided by the total of recommended values subject to aggregate ( T ) ( $\mathrm{R} \times(\mathrm{A} / \mathrm{T})$ ).
24. In this Fourth Report of Claims Recommendation, based upon the Receiver's recommended value, 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.
25. Schedule 2 contains four hundred and twenty-five (425) claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. There are eighty-nine (89) Connected Claim Groups. ${ }^{8}$

[^6]26. For Connected Claims Groups, 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, as shown in the columns on Schedule "2."
27. For four separate sets of connected claims in this Fourth Report of Claims Recommendation, there are multiple injured-person claimants (i.e. not policyholders) (Connected Claims Nos. 2561, 1385, 2157, \& 1234). As such, allocation of the Receiver's total indemnity claim among those claimants is necessary and is shown in the applicable NOD Summary.
a. For Connected Claim No. 2561, the Receiver recommends that the $\$ 55,000$ indemnity recommendation be allocated as follows:

POC 1359-\$35,000
POC 1360 - \$20,000
b. For Connected Claim No. 1385, the Receiver recommends that the $\$ 100,000$ indemnity recommendation be allocated as follows:

$$
\begin{aligned}
& \text { POC } 0285-\$ 25,000 \\
& \text { POC } 0286-\$ 75,000
\end{aligned}
$$

relating to the same occurrence. Duplicate claims all have a recommended value of zero. The full value of the claim, if any, is placed on the non-duplicative POC(s).
c. For Connected Claim No. 2157, the Receiver recommends that the \$250,000 indemnity recommendation be allocated as follows:

POC 2157-\$125,000
POC 2158-\$125,000
d. For Connected Claim No. 1234, the Receiver recommends that the $\$ 600,000$ indemnity recommendation be allocated as follows:

POC 1234-\$150,000
POC 1235 - \$450,000
28. Additionally, as set forth in greater detail in Paragraph 19 of the Motion filed contemporaneously with this Report, the Receiver recommends that the Court determines that coverage exists under policies \#5000173 and \#6000112 covering POCs \# 1023 \& 2519, respectively, despite records indicating that those policies had been cancelled by IICRRG.
29. 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.

Receiver's recommendation is in varying amounts in the aggregate of 40,

Date: July 14. 2023

9. This amount inciludes $\$ 6,837,125.00$ for clairms recommended as Ciass V11. It is not anticipated that sufficient funds will remain in the Estate after payments to Class III claimant to make any payments to lower priority claimants. Thus, unless the Court excuses the late filing, none of the claimants listed as Class VII, other than those listed in Paragraph 17, is expected to receive a payment for their claim.

SCHEDULE "1"

Indemnity Insurance Corporation, RRG in Liquidation Receiver's Fourth Claim Recommendation Report Schedule 1
Unearned Premium Claims

| Proof of Claim Number | Connected Claims | Policy Number | Amount Claimed On Proof of Claim Form |  | Receiver's Recommended Value |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 0452 |  | 6003404 | 21,390.99 | 3 | 4,661.38 |
| 1937 |  | 6003424 | 2,585.89 | 3 | 2,585.89 |
| 1186 |  | 6003428 | 45,528.92 | 3 | 0.00 |
| 1468 |  | 6003676 | 3,425.00 | 3 | 0.00 |
| 1468B |  | 6003677 |  | 3 | 0.00 |
| 0826 | 1472 | 6003818 | 4,500.00 | 3 | 0.00 |
| 1472 | 1472 | 6003818 | 4,550.68 | 3 | 0.00 |
| 1894 |  | 6003854 | 9,308.69 | 3 | 9,308.69 |
| 1370 |  | 6003855 |  | 3 | 0.00 |
| 1371 |  | 6003856 |  | 3 | 0.00 |
| 1263 |  | 6003892 | 3,243.34 | 3 | 3,243.34 |
| 0395 |  | 6003907 | 38,759.15 | 3 | 38,759.15 |
| 0395B |  | 6003908 |  | 3 | 2,205.48 |
| 1520 |  | 6004085 | 1,843.77 | 3 | 0.00 |
| 0854 | 1979 | 6004114 | 11,612.00 | 3 | 0.00 |
| 1979 | 1979 | 6004114 | 5,123.32 | 3 | 4,482.64 |
| 0854B | 1979B | 6004115 |  | 3 | 0.00 |
| 1979B | 1979B | 6004115 |  | 3 | 246.58 |
| 1184 |  | 6004124 | 3,805.48 | 3 | 3,805.48 |
| 1523 |  | 6004139 | 22,848.67 | 3 | 1,844.93 |
| 1523B |  | 6004140 |  | 3 | 106.85 |
| 1218 |  | 6004141 | 10,821.69 | 3 | 1,949.87 |
| 1893 |  | 6004160 | 33,482.53 | 3 | 33,482.53 |
| 1940 |  | 6004234 | 5,899.54 | 3 | 5,899.54 |
| 1900 |  | 6004235 | 21,379.83 | 3 | 21,199.89 |
| 1953 |  | 6004239 | 114,385.00 | 3 | 114,385.00 |
| 1954 |  | 6004240 | 34,167.00 | 3 | 34,167.00 |
| 1989 |  | 6004266 | 6,921.03 | 3 | 6,921.03 |
| 1990 |  | 6004267 | 608.22 | 3 | 608.22 |
| 0107 |  | 6004280 | 15,342.95 | 3 | 15,342.95 |
| 1217 |  | 6004294 | 10,928.91 | 3 | 10,928.91 |
| 1369 |  | 6004295 |  | 3 | 3,162.27 |
| 1992 |  | 6004313 | 47,693.30 | 3 | 47,693.30 |
| 1991 |  | 6004314 | 9,452.05 | 3 | 9,452.05 |
| 0443 |  | 6004320 | 14,994.00 | 3 | 13,365.07 |
| 1244 |  | 6004330 | 31,696.19 | 3 | 31,696.19 |
| 1948 |  | 6004331 | 4,984.11 | 3 | 4,984.11 |
| 0735 | 0116 | 6004357 |  | 3 | 0.00 |


| Proof of Claim <br> Number | Connected <br> Claims | Policy Number | Amount Claimed On <br> Proof of Claim Form | Receiver's <br> Recommended <br> Priority Class | Receiver's <br> Recommended <br> Value |
| ---: | ---: | ---: | ---: | ---: | ---: |
| 0116 | 0116 | 6004357 | $14,038.96$ | 3 | $12,508.44$ |
| 0734 | 0116 B | 6004358 |  | 3 | 0.00 |
| 0116 B | 0116 B | 6004358 |  | 3 | $3,090.41$ |
| 1942 | 0121 | 6004370 | $26,557.14$ | 3 | $26,557.14$ |
| 0121 | 0121 | 6004370 | $44,226.00$ | 3 | 0.00 |
| 1260 | 1260 | 6004403 | $5,401.07$ | 3 | $5,401.07$ |
| 0047 | 1260 | 6004403 | $20,389.39$ | 3 | 0.00 |
| 1486 |  | 6004409 | $11,149.82$ | 3 | $11,149.82$ |
| 1486 B |  | 6004410 |  | 3 | $9,088.77$ |
| 1247 | 1247 | 6004429 | $18,437.28$ | 3 | $18,437.28$ |
| 1248 | 1247 | 6004429 | $18,437.28$ | 3 | 0.00 |
| 1247 B | 1247 B | 6004430 |  | 3 | $2,282.19$ |
| 1248 B | 1247 B | 6004430 |  | 3 | 0.00 |
| 2225 | 0760 | 6004451 | 6004451 | $18,180.00$ | 3 |
| 0760 | 0760 | 6004456 | $4,689.10$ | 3 | 0.00 |
| 1915 |  | 6004457 | 87.00 | 3 | $4,689.10$ |
| 1914 |  | 6004476 | 7.56 | 3 | 87.00 |
| 1245 |  | 6004477 |  | $21,417.33$ | 3 |

Grand Total

## SCHEDULE "2"

## Indemnity Insurance Corporation, RRG in Liquidation

Receiver's Fourth Claim Recommendation Report

## Schedule 2

Liability Claims - Grouped by Policy Number



| Policy Information | Proof of Claim Number | Claimant Type | Connected Claims | Primary Policy Number | Sub-Limit \& Type <br>  <br> less than standard <br> policy limits) | Amount Claimed On Proof of Claim Form | Receiver's Recommended Priority Class | Receiver's Recommended Indemnity Value | Receiver's Recommended Defense Value | Receiver's Recommended Total Value | NOD Summary File Part |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2078 | Insured |  | 6001339 | \$1M/\$1M Liquor Liability per location | 1,000,000.00 | 3 | 800,000.00 | 25,000.00 | 825,000.00 |  |
|  | 2088 | Insured |  | 6001339 |  | 1,000,000.00 | 3 | 40,000.00 | 10,000.00 | 50,000.00 |  |
|  | 2107 | Insured |  | 6001339 | \$100K/\$1M* Assault and Battery | 1,000,000.00 | 3 | 77,661.00 | 10,000.00 | 87,661.00 |  |
|  | 2081 | Insured |  | 6001339 |  |  | 3 | 35,000.00 | 10,000.00 | 45,000.00 |  |
|  |  |  |  | 6001339 Total |  |  |  | 1,535,657.00 | 78,362.00 | 1,614,019.00 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Policy No: 6001344 Limits (Occ/Agg): \$1M/\$2M Prior Payments \$7,909.67 | 2592 | Insured |  | 6001344 | $\begin{gathered} \$ 1 \mathrm{M} / \$ 1 \mathrm{M} \\ \text { Liquor Liability } \end{gathered}$ | 9,340.00 | 3 | 200,000.00 | 25,000.00 | 225,000.00 |  |
|  |  |  |  | 6001344 Total |  |  |  | 200,000.00 | 25,000.00 | 225,000.00 | 1 |
| Policy No: 6001406 Limits (Occ/Agg): \$1M/\$2M Prior Payments $\$ 33,943.02$ |  |  |  |  |  |  |  |  |  |  |  |
|  | 1386 | Injured Party |  | 6001406 | $\begin{gathered} \hline \$ 100 \mathrm{~K} / \$ 100 \mathrm{~K}^{*} \\ \text { Assault and Battery } \\ \hline \end{gathered}$ | 10,000.00 | 3 | 65,000.00 |  | 65,000.00 |  |
|  |  |  |  | 6001406 Total |  |  |  | 65,000.00 | 0.00 | 65,000.00 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Policy No: 6001448 <br> Limits (Occ/Agg): \$1M/\$2M <br> Excess Limits \$4M/\$4M <br> Prior Payments \$122,334.57 | 1678 | Insured | 0794 | 6001448 | \$1M/\$1M* Assault and Battery | 75,000.00 | 3 | 40,000.00 | 20,000.00 | 60,000.00 |  |
|  | 0794 | Injured Party | 0794 | 6001448 |  | 300,000.00 | 3 |  |  | 0.00 |  |
|  | 1694 | Insured Additional | 1694 | 6001448 |  | 1,330,000.00 | 3 | 150,000.00 | 20,000.00 | 170,000.00 |  |
|  | 1695 | Insured | 1694 | 6001448 |  | 1,330,000.00 | 3 | 145,000.00 | 55,000.00 | 200,000.00 |  |
|  | 1139 | Injured Party | 1694 | 6001448 |  |  | 3 |  |  | 0.00 |  |
|  | 1140 | Injured Party Duplicate | 1694 | 6001448 |  | 3,000,000.00 | 3 | 0.00 |  | 0.00 |  |
|  | 1825 | Insured | 1825 | 6001448 | \$1M/\$1M* <br> Assault and Battery | 2,545,000.00 | 3 | 400,000.00 | 100,000.00 | 500,000.00 |  |
|  | 1092 | Injured Party | 1825 | 6001448 |  | 5,000,000.00 | 3 |  |  | 0.00 |  |
|  | 1855 | Insured | 1855 | 6001448 | \$1M/\$1M* <br> Assault and Battery | 80,000.00 | 3 | 5,000.00 | 5,000.00 | 10,000.00 |  |
|  | 2535 | Injured Party | 1855 | 6001448 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  |  |  |  | 6001448 Total |  |  |  | 740,000.00 | 200,000.00 | 940,000.00 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Policy No: 6001516 Limits (Occ/Agg): $\$ 1 \mathrm{M} / \$ 2 \mathrm{M}$ Prior Payments \$11,597.89 | 0592 | Insured Duplicate | 1719 | 6001516 | \$1M/\$1M* Liquor Liability |  | 3 | 0.00 | 0.00 | 0.00 |  |
|  | 0939 | Insured - <br> Duplicate | 1719 | 6001516 |  |  | 3 | 0.00 | 0.00 | 0.00 |  |
|  | 1719 | Insured | 1719 | 6001516 |  | 790,000.00 | 3 | 25,000.00 | 25,000.00 | 50,000.00 |  |
|  | 0389 | Injured Party | 1723 | 6001516 | \$1M/\$1M* <br> Assault and Battery | 1,250,000.00 | 3 |  |  | 0.00 |  |
|  | 0390 | Injured Party Duplicate | 1723 | 6001516 |  |  | 3 |  |  | 0.00 |  |
|  | 1723 | Insured | 1723 | 6001516 |  | 255,000.00 | 3 | 175,000.00 | 20,000.00 | 195,000.00 |  |
|  | 0938 | Insured Duplicate | 1723 | 6001516 |  |  | 3 | 0.00 | 0.00 | 0.00 |  |
|  | 1427 | Injured Party |  | 6001516 |  | 500,000.00 | 3 | 37,500.00 |  | 37,500.00 |  |
|  |  |  |  | 6001516 Total |  |  |  | 237,500.00 | 45,000.00 | 282,500.00 | 1 |
| - |  |  |  |  |  |  |  |  |  |  |  |
| $\begin{gathered} \text { Policy No: } 6001536 \\ \text { Limits (Occ/Agg): \$1M/\$2M } \end{gathered}$ | 2194 | Insured |  | 6001536 | \$1M/\$1M* Assault and Battery |  | 3 | 375,000.00 | 75,000.00 | 450,000.00 |  |
|  |  |  |  | 6001536 Total |  |  |  | 375,000.00 | 75,000.00 | 450,000.00 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Policy No: 6001621 Limits (Occ/Agg): $\$ 1 \mathrm{M} / \$ 2 \mathrm{M}$ Prior Payments \$35,931.56 | 0546 | Injured Party | 0547 | 6001621 | \$1M/\$1M Liquor Liability | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 0547 | Injured Party | 0547 | 6001621 |  | 1,000,000.00 | , |  |  | 0.00 |  |
|  | 1382 | Insured | 0547 | 6001621 |  | 500,000.00 | 3 | 350,000.00 | 25,000.00 | 375,000.00 |  |
|  | 0693 | Injured Party | 0693 | 6001621 | \$1M/\$1M <br> Liquor Liability | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 0694 | Injured Party Duplicate | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 0695 | Injured Party | 0693 | 6001621 |  | 1,000,000.00 |  |  |  | 0.00 |  |
|  | 1383 | Insured | 0693 | 6001621 |  | 100,000.00 | 3 | 650,000.00 | 25,000.00 | 675,000.00 |  |
|  | 1309 | Injured Party Duplicate | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 1310 | Injured Party | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 1311 | Injured Party Duplicate | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 1312 | Injured Party Duplicate | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 1313 | Injured Party Duplicate | 0693 | 6001621 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  |  |  |  | 6001621 Total |  | 1,00,000.00 |  | 1,000,000.00 | 50,000.00 | 1,050,000.00 | 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | 0494 | Injured Party | 0494 | 6001627 | \$2M/\$2M* Assault and Battery per location | 375,000.00 | 3 |  |  | 0.00 |  |





|  | 1168 | Insured | 1170 | 6002526 | \$1M/\$1M Liquor Liability |  | 3 | 187,500.00 | 8,750.00 | 196,250.00 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1170 | Insured | 1170 | 6002526 |  |  | 3 | 187,500.00 | 8,750.00 | 196,250.00 |  |
|  | 1172 | Insured | 1170 | 6002526 |  |  | 3 | 187,500.00 | 8,750.00 | 196,250.00 |  |
| Policy No: 6002526 | 1173 | Insured | 1170 | 6002526 |  |  | 3 | 187,500.00 | 8,750.00 | 196,250.00 |  |
| Limits (Occ/Agg): \$1M/\$2M | 1413 | Injured Party | 1170 | 6002526 |  | 10,000,000.00 | 3 |  |  | 0.00 |  |
| Prior Payments \$18,000.00 | 1167 | Insured |  | 6002526 |  |  | 3 | 35,000.00 | 25,000.00 | 60,000.00 |  |
|  | 1171 | Insured |  | 6002526 | \$1M/\$1M Liquor Liability |  | 3 | 250,000.00 | 60,000.00 | 310,000.00 |  |
|  | 1169 | Insured |  | 6002526 |  | 50,287.00 | 3 | 0.00 | 0.00 | 0.00 |  |
|  |  |  |  | 6002526 Total |  |  |  | 1,035,000.00 | 120,000.00 | 1,155,000.00 |  |


|  | 2562 | Insured | 1234 | 6002531 |  | 587,825.00 | 3 | 600,000.00 | 30,000.00 | 630,000.00 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 1234 | Injured Party | 1234 | 6002531 |  | 250,000.00 | 3 |  |  | 0.00 |  |
|  | 1235 | Injured Party | 1234 | 6002531 |  | 500,000.00 | 3 |  |  | 0.00 |  |
|  | 1993 | Injured Party | 1993 | 6002531 |  | 1,000,000.00 | 3 |  |  | 0.00 |  |
|  | 2563 | Insured | 1993 | 6002531 |  | 63,659.50 | 3 | 17,500.00 | 15,000.00 | 32,500.00 |  |
|  | 0931 | Injured Party | 2544 | 6002531 | \$2M/\$2M* <br> Assault and Battery per location | 180,000.00 | 3 |  |  | 0.00 |  |
|  | 2544 | Insured | 2544 | 6002531 |  | 283,100.00 | 3 | 140,000.00 | 25,000.00 | 165,000.00 |  |
|  | 2549 | Insured | 2549 | 6002531 |  | 11,132,300.00 | 3 | 650,000.00 | 50,000.00 | 700,000.00 |  |
|  | 1055 | Injured Party | 2549 | 6002531 |  | 750,000.00 | 3 |  |  | 0.00 |  |
|  | 2169 | Injured Party | 2581 | 6002531 | $\qquad$ | 10,000,000.00 | 3 |  |  | 0.00 |  |
|  | 2170 | Injured Party Duplicate | 2581 | 6002531 |  |  | 3 |  |  | 0.00 |  |
|  | 2171 | Injured Party Duplicate | 2581 | 6002531 |  |  | 3 |  |  | 0.00 |  |
| Limits (Occ/Agg): \$1M/\$2M per location \$10M Pol Agg Excess Limits $\$ 5 \mathrm{M} / \$ 5 \mathrm{M}$ Prior Payments $\$ 83,290.43$ | 2581 | Injured Party | 2581 | 6002531 |  | 2,030,075.72 | 3 | 1,000,000.00 | 50,000.00 | 1,050,000.00 |  |
|  | 1324 | Injured Party |  | 6002531 | \$2M/\$2M* <br> Assault and Battery per location | 750,000.00 | 3 | 50,000.00 |  | 50,000.00 |  |
|  | 2546 | Insured |  | 6002531 |  | 272,799.56 | 3 | 350,000.00 | 25,000.00 | 375,000.00 |  |
|  | 2547 | Insured |  | 6002531 | \$2M/\$2M* Assault and Battery per location | 1,089,850.00 | 3 | 100,000.00 | 50,000.00 | 150,000.00 |  |
|  | 2556 | Insured |  | 6002531 |  | 115,278.00 | 3 | 25,000.00 | 15,000.00 | 40,000.00 |  |
|  | 2566 | Insured |  | 6002531 | \$2M/\$2M* <br> Assault and Battery per location | 7,599,200.00 | 3 | 800,000.00 | 175,000.00 | 975,000.00 |  |
|  | 2568 | Insured |  | 6002531 | $\qquad$ | 592,300.00 | 3 | 200,000.00 | 35,000.00 | 235,000.00 |  |
|  | 2575 | Insured |  | 6002531 | \$2M/\$2M* <br> Assault and Battery per location | 553,000.00 | 3 | 75,000.00 | 25,000.00 | 100,000.00 |  |
|  | 2576 | Insured |  | 6002531 | \$2M/\$2M* Assault and Battery per location | 370,450.00 | 3 | 43,500.00 | 30,000.00 | 73,500.00 |  |
|  |  |  |  | 6002531 Total |  |  |  | 4,051,000.00 | 525,000.00 | 4,576,000.00 | 2 |


| Policy No: 6002576 Limits (Occ/Agg): \$1M/\$2M Prior Payments \$10,491.11 | 2185_E | Insured | 6002576 |  | 3 | 0.00 | 0.00 | 0.00 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2185_G | Insured | 6002576 | \$1M/\$1M Liquor Liability per location | 3 | 700,000.00 | 50,000.00 | 750,000.00 |  |
|  |  |  | 6002576 Total |  |  | 700,000.00 | 50,000.00 | 750,000.00 | 2 |


| Policy No: 6002596Limits (Occ/Agg): $\$ 1 \mathrm{M} / \$ 2 \mathrm{M}$Prior Payments $\$ 300.00$ | 0531 | Injured Party | 6002596 | \$100K/\$100K* Assault and Battery | 1,000,000.00 | 3 | 35,000.00 |  | 35,000.00 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 6002596 Total |  |  |  | 35,000.00 | 0.00 | 35,000.00 | 2 |
|  |  |  |  |  |  |  |  |  |  |  |
| Policy No: 6002673 <br> Limits (Occ/Agg): \$1M/\$2M <br> Prior Payments $\$ 3,436.00$ | 1554 | Injured Party | 6002673 | \$1M/\$1M* Assault and Battery | 50,000.00 | 3 | 50,000.00 |  | 50,000.00 |  |
|  |  |  | 6002673 Total |  |  |  | 50,000.00 | 0.00 | 50,000.00 | 2 |











[^0]:    ${ }^{1}$ A copy of the Claim Final Determination Plan is available for review at https://insurance.delaware.gov/divisions/rehab_bureau/rehab_bureau_iicrrg/.

[^1]:    ${ }^{3}$ Claims that are within a connected group are claims that are related by a discrete event from which the claim arose (i.e., claims arising from slip-and-fall at insured establishment bar on $x$ date may have more than one POC. For example, in the slip-and-fall scenario, there may be separate POCs for the injured party, the insured establishment, and a law firm seeking attorney's fees after representing the insured). The Receiver recommends a value for only one claim within a connected group.
    ${ }^{4}$ This amount includes $\$ 6,837,125.00$ for claims recommended as Class VII. It is not anticipated that sufficient funds will remain in the Estate after payments to Class III claimant to make any payments to Class VII claimants. Thus, unless the Court excuses the late filing, none of the claimants listed as Class VII is expected to receive a payment for their claim.

[^2]:    ${ }^{1}$ There are no Class VII claims on Schedule 1.

[^3]:    ${ }^{2}$ Certain POCs contained more than one claim. In that case, letters have been added after the POC Number to designate the individual claims contained on the POC form.
    ${ }^{3}$ 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).

[^4]:    ${ }^{4}$ These claims are highlighted in yellow on Schedule 2.

[^5]:    ${ }^{7}$ As discussed above, each of the claims on Schedule 2 are claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. With the exception of the twenty-five (25) late-filed claims these claims fall within Class III under the terms of 18 Del. C. § 5918(e)(3). The twenty-five (25) late-filed claims fall within Class VII, unless the late-filing is excused by the Court, in which case they would be Class III claims. 18 Del. C. § 5918(e)(3).

[^6]:    ${ }^{8}$ In certain Connected Claim Groups one or more insureds or injured parties may bear an additional label in the "Claimant Type" column of "Duplicate." This denotes that that POC \# was a duplicate claim by the same insured or injured party

