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Case No. 8601-VCZ

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 MOTION FOR AN ORDER TO SHOW CAUSE TO SET A DEADLINE FOR CLAIMANTS TO OBJECT TO THE RECEIVER'S FIFTH 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 Fifth 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

¹ A copy of the Claim Final Determination Plan is available for review at https://insurance.delaware.gov/divisions/rehab_bureau/rehab_bureau_iicrrg/.

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 ¶ 2, 10; Procedures ¶ 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 ¶ 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 5.
- 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 ¶ 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 ¶¶ 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.
- 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 ¶ 18).
- 13. The Court will schedule a hearing on objections to the Receiver's Fifth Claim Recommendations Report after which the Court will enter an order allowing, allowing in part, or disallowing the claim. (Procedures ¶ 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 Fifth Report of Claims Recommendations ("Fifth Claim Recommendations Report" or "Fifth Report"). A true and correct copy of the Fifth Report is also attached hereto as Exhibit "A".
 - 16. The Fifth Report can be summarized as follows:
 - a. The Fifth Claims Recommendations Report addresses four hundred fifty-two (452) claims.
 - b. Sixty-six (66) of the claims are for the return of unearned premium. Seven (7) of them are connected claims.² For ten (10) of them, the Receiver recommends a value of \$0. The Receiver recommends varying values for the other fifty-six (56) claims in the aggregate amount of \$567,776.61.
 - c. Three hundred eighty-six (386) claims are liability claims.

 Within these claims, there are ninety-three (93) 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 three hundred eighty-six (386) liability claims in varying amounts in the aggregate of \$20,748,002.67.⁴

- 17. The Priority Classes that are relevant to this motion are identified in the Fifth 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 thirty-three (433) 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

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 \$540,000 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.

or before the bar date and which are not excused from such bar date by the liquidation court. The Fifth Claims Recommendation Report identifies nineteen (19) liability claims that fall within Priority Class VII. For the reasons stated in the Fifth Claims Recommendation Report, which are incorporated herein by reference, the Receiver recommends that one (1) of these nineteen (19) late-filed claims be excused and that the Court assign it to Priority Class III.

- 18. The reasons and basis for each of the Receiver's recommendations set forth in the Fifth 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. 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").
- 20. 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 Fifth 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 Fifth Claim Recommendations Report in the manner set forth in the Service Plan.

WHEREFORE, pursuant to the Claims Final Determination Plan and Service Plan, the Receiver respectfully requests that this Honorable Court enter an Order to Show Cause to Set a Deadline for Claimants to Object to the Receiver's Fifth Claims Recommendation Report and to Set a Contested Hearing Date.

Dated: November 14, 2023 CROSS & SIMON, LLC

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EXHIBIT "A"

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 FIFTH 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 Fifth Report of Claims Recommendations (the "Fifth 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. <u>Background</u>

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 Fifth Claims Recommendation Report, which is comprised of multiple Claims and for each Claim identified, specifies the Receiver's Claim Recommendation.

II. Receiver's Fifth Report of Claims Recommendations Summary

- 3. Submitted in this Fifth Report are four hundred fifty-two (452) claims.
- 4. The Receiver recommends four hundred thirty-three (433) of the Claims should be accorded Priority Class III, and nineteen (19) of the Claims should be treated as Priority Class VII.

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 sixty-six (66) claims for refund of unearned premium. Schedule "2" contains three hundred eighty-six (386) 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 2¹, 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 sixty-six (66) claims listed on Schedule 1 are claims for the refund of unearned premium. There are seven (7) 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).
- 11. Each of the rows on Schedule 1 represents a single claim for unearned premium.

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¹ There are no Class VII claims on Schedule 1.

- 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 1464 consists of POCs 1464 and 2472).
 - 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.

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. For example, under policy numbers 5000087 and 6004441 there is a claimant type "Insured Master" for POCs 2254 and 0144, respectively. These claimants filed a series of specific claims under one POC Form. Suffixes were created for each of those claims. No specific claim was evaluated, or a NOD issued, under the master POCs themselves. There will be a separate NOD summary for the Master POC and each of the suffixes.

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).

13. Of the sixty-six (66) claims for refund of unearned premium on Schedule 1, for ten (10) of those claims the Receiver recommends a value of \$0. For the remaining fifty-six (56), the Receiver recommends varying values, totaling \$567,776.61.

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

- 14. Each of the three hundred eighty-six (386) claims listed on Schedule 2 state a claim for liability from policyholders, beneficiaries, or insureds under policies with IICRRG.
- 15. Nineteen (19) of the claims listed on Schedule 2 were filed after the Bar Date, and thus have a recommended Priority Class of VII, pursuant to 18 *Del. C.* §5918(e)(3). If the late filing of these claims were to be excused by the Court pursuant to § 59118(e)(3), they would be Class III claims.
- 16. The remaining three hundred sixty-seven (367) claims have a recommended Priority Class of III pursuant to §5918(e)(3).
- 17. For one of the claims referenced in paragraph 15 which was filed after the Bar Date (POC No. 2736),⁴ the Receiver after communications with the claimant, has determined that good cause existed for the late filing (*i.e.* the claimant was an injured party who had not received notice of the liquidation and bar date). For this

⁴ This claim is highlighted in yellow on Schedule 2.

claim, the Receiver does not object to the Court excusing the late filing pursuant to 18 *Del. C.* §5918(e)(7).

- 18. For eight of the claims referenced in paragraph 15 which were filed after the Bar Date (POCs 2740, 2726, 2844, 2852⁵, 2840, 2830, 2746, and 2772) 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, the insured will not receive any amount in distribution, and the claimants will receive (subject to offset by prior payment by the insured) the *pro-rata* 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 Fifth 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

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⁵ POC 2852 is a duplicate of POC 2844. Both POCs have a recommended Priority Class of VII.

- and \$2,000,000 in aggregate.⁶ 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 6).
- 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. ⁷
 - c. Claimant Type. This is the type of claimant, listed as either an "Insured", denoting an entity which was either a policyholder, an

⁶ "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.

⁷ 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 or more insureds, additional 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 0265 (for the injured party), 1841 (for the insured) and 1839 & 1840 (for two additional insureds); the Connected Claim Group number is 0265 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 (\$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 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.⁸
- 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. \$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

⁸ 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 nineteen (19) late-filed claims these claims fall within Class III under the terms of 18 *Del. C.* § 5918(e)(3). The nineteen (19) 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).

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 (R) multiplied by the quotient of the aggregate (A) divided by the total of recommended values subject to aggregate (T) (R x (A/T)).
- 24. In this Fifth 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. There are six (6) POCs (POC Nos. 0973, 1428, 2041, 2042, 0908, and 2687) at the bottom of the liability report that do not have policy numbers. No Policy was identified in the company's records that match the information provided in the Proof of Claim form for these claimants.

- 26. Schedule 2 contains three hundred eighty-six (386) claims for liability from policyholders, beneficiaries, or insureds under policies with IICRRG. There are ninety-three (93) Connected Claim Groups.⁹
- 27. 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."
- 28. For six separate sets of connected claims in this Fifth Report of Claims Recommendation, there are multiple claimants (Connected Claims Nos. 1875, 2214, 0839, 0838, 1044, and 0618). 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. 1875, the Receiver recommends that the \$82,500 indemnity recommendation be allocated as follows:

POC 1875 - \$77,500

POC 1875 A - \$5,000

⁹ 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 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).

b. For Connected Claim No. 2214, the Receiver recommends that the \$145,000 indemnity recommendation be allocated as follows:

c. For Connected Claim No. 0839, the Receiver recommends that the \$750,000 indemnity recommendation be allocated as follows:

$$POC 0746 - $275,000$$

d. For Connected Claim No. 0838, the Receiver recommends that the \$100,000 indemnity recommendation be allocated as follows:

e. For Connected Claim No. 1044, the Receiver recommends that the \$100,000 indemnity recommendation be allocated as follows:

f. For Connected Claim No. 0618, the Receiver recommends that the \$75,000 indemnity recommendation be allocated as follows:

POC 1573 - \$25,000

POC 1574 - \$25,000

POC 1575 - \$25,000

- 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.
- 30. For the three hundred eighty-six (386) liability claims, the Receiver's recommendation is in varying amounts in the aggregate of \$20,748,002.67.¹⁰

Date: November 14, 2023

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

¹⁰ This amount includes \$540,000 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, other than POC 2736, as referred to in paragraph 17.

SCHEDULE "1"

Indemnity Insurance Corporation, RRG in Liquidation Receiver's Fifth 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 Priority Class	Receiver's Recommended Value
1528		6003097	7,657.11	3	0.00
1469		6003777	660.73	3	660.73
1471		6003801	3,747.44	3	0.00
2472	1464	6003920	23,814.00	3	0.00
1464	1464	6003920	17,915.29	3	17,915.29
1204		6003953	5,957.18	3	6,603.21
1896	1896	6003999	29,608.00	3	29,608.00
2056	1896	6003999	75,072.45	3	0.00
1897		6004000	7,871.00	3	7,871.00
1988		6004028	7,403.89	3	6,340.88
1988B		6004029		3	531.51
1907		6004051	13,996.05	3	13,996.05
1518		6004095	17,237.40	3	838.36
1518B		6004096		3	68.49
1890	1890	6004106	6,960.84	3	6,960.84
2247B	1890	6004106	11,760.00	3	0.00
1258		6004144	6,751.38	3	4,998.82
1259		6004145	6,751.38	3	1,356.16
1524		6004183	6,156.23	3	6,156.23
1213	1213	6004184	9,582.14	3	27,799.11
1214	1213	6004184	15,766.91	3	0.00
1578	1213	6004184	9,582.14	3	0.00
1891		6004206	2,366.66	3	2,366.66
1892		6004207	234.00	3	234.00
0448		6004219	50,792.00	3	43,156.94
0448B		6004220		3	6,980.82
1249		6004223	18,041.09	3	18,041.09
1261		6004224	4,868.09	3	4,868.09
1262		6004225	4,868.09	3	690.41
1216		6004270	17,620.45	3	5,190.45
1216B		6004271		3	569.86
0106		6004281	9,818.09	3	9,818.09
0109		6004284	3,745.31	3	3,745.31
1488		6004299	5,296.19	3	5,296.19
1254		6004315	8,366.62	3	8,366.62
1254B		6004316		3	608.22
1219		6004351	1,774.76	3	1,774.76
1499		6004352	3,767.02	3	3,767.02

Proof of Claim Number	Connected Claims	Policy Number	Amount Claimed On Proof of Claim Form	Receiver's Recommended Priority Class	Receiver's Recommended Value
1499B		6004353		3	964.38
1467		6004369	5,120.97	3	5,120.97
1975		6004371	8,576.24	3	6,718.68
1252		6004379	8,675.53	3	8,474.01
1253		6004380	8,675.33	3	641.10
1251		6004381	9,024.69	3	9,024.69
1959	1959	6004383	55,175.00	3	0.00
2324B	1959	6004383	224,766.95	3	57,375.34
1958	1958	6004384	12,112.00	3	0.00
2324C	1958	6004384		3	12,671.23
1478		6004387	10,448.66	3	10,448.66
1478B		6004388		3	2,198.63
1964		6004391	3,926.10	3	3,926.10
1963		6004392	745.89	3	745.89
1923		6004397	2,592.10	3	2,592.10
0179	1728	6004423	14,928.66	3	0.00
1728	1728	6004423	8,256.76	3	8,256.76
1956		6004448	4,030.05	3	4,030.05
1956B		6004449		3	679.45
0304		6004466	8,926.46	3	8,926.46
1951		6004467	63,678.00	3	63,678.00
1950		6004468	7,075.00	3	7,075.00
1707		6004468	60,000.00	3	60,000.00
1902		6004487	13,340.14	3	13,340.14
2397		6004489	11,008.21	3	11,008.21
2398		6004490	1,510.27	3	1,510.27
0503		6004491	18,543.60	3	18,543.60
0118		6004492	21,062.64	3	2,647.67

Grand Total 998,009.18 567,776.61

SCHEDULE "2"

Indemnity Insurance Corporation, RRG in Liquidation Receiver's Fifth 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 (If applicable to claim & less than standard 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
	1839	Insured - Additional	0265	3007488		185,000.00	3	0.00	0.00	0.00	
	1033	Insured -	0203	3007400		103,000.00	3	0.00	0.00	0.00	
Policy No: 3007488	1840	Additional	0265	3007488		185,000.00	3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg):	1841	Insured Injured Party	0265	3007488		185,000.00	3	50,000.00	25,000.00	75,000.00	
\$5M/\$5M	0265	injured Party	0265	3007488	\$1M/\$1M*	10,000,000.00	3			0.00	
Prior Payments \$59,918.32	2715	Insured	0755	3007488		80,000.00		25,000.00	20,000.00	45,000.00	
	0755	Injured Party	0755	3007488		500,000.00	3			0.00	
				3007488 Total				75,000.00	45,000.00	120,000.00	1
Policy No: 3007727	0867	Injured Party - Duplicate	0868	3007727	\$1M/\$1M Liquor Liability		3	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M	0868	Injured Party	0868	3007727		2,000,000.00	3	1,000,000.00		1,000,000.00	
				3007727 Total				1,000,000.00	0.00	1,000,000.00	1
	1875_A	Injured Party	1875	5000087		45,000.00	3			0.00	
	2254_D	Insured	1875	5000087			3	82,500.00	25,000.00	107,500.00	
	1875	Injured Party	1875	5000087		470,000.00	3			0.00	
Policy No: 5000087 Limits (Occ/Agg): \$1M/\$2M	2254_E	Insured		5000087	Assault and Battery Excluded		3	0.00	0.00	0.00	
, , , ,	2254_F	Insured		5000087	Assault and Battery Excluded		3	0.00	0.00	0.00	
	2254	Insured - Master		5000087			3	0.00	0.00	0.00	
				5000087 Total				82,500.00	25,000.00	107,500.00	1
					\$1M/\$1M*						
Policy No: 6000095	1581	Insured		6000095	Assault and Battery	351,549.47	3	250,000.00	50,000.00	300,000.00	
Limits (Occ/Agg): \$1M/\$2M	1591	Insured		6000095		473.00	3	25,000.00	15,000.00	40,000.00	
Prior Payments \$243,676.95	1592	Insured		6000095		99.00	3	35,000.00	17,500.00	52,500.00	
				6000095 Total				310,000.00	82,500.00	392,500.00	1
Policy No: 6000177 Limits (Occ/Agg): \$1M/\$2M					\$1M/\$1M						
Excess Limits (Occ/Agg): \$5M/\$5M	0992	Injured Party	1321	6000177	Liquor Liability	1,416,575.00	3			0.00	
Prior Payments \$1,059,309.09	1321	Insured	1321	6000177		9,000,000.00	3	942,758.00	0.00	942,758.00	
				6000177 Total				942,758.00	0.00	942,758.00	1
Policy No: 6000184	0343	Insured		6000184	\$1M/\$1M* Assault and Battery		3	768,000.00		768,000.00	
Limits (Occ/Agg): \$1M/\$2M					\$1M/\$1M						
Prior Payments \$120,272.69	0505	Insured		6000184	Liquor Liability		3	500,000.00	50,000.00	550,000.00	
				6000184 Total				1,268,000.00	50,000.00	1,318,000.00	1
Policy No:6000340 Limits (Occ/Agg): \$1M/\$2M	1322	Injured Party		6000340		165,946.67	3	165,599.00		165,599.00	
Prior Payments \$22,133.68				6000340 Total				165,599.00	0.00	165,599.00	1
			1					· · · · · · · · · · · · · · · · · · ·			
Policy No:6000361		la .			\$1M/\$1M*		_				
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$27,973.96	1836	Insured		6000361	Assault and Battery	275,000.00	3	65,000.00	25,000.00	90,000.00	
				6000361 Total				65,000.00	25,000.00	90,000.00	1
Policy No: 6000391	0224	Injured Party	0224	6000391	Assault and Battery Excluded	5,000,000.00	3	350,000.00		350,000.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$12,682.24	0225	Injured Party - Duplicate	0224	6000391		5,000,000.00	3	0.00	0.00	0.00	
		.,		6000391 Total				350,000.00	0.00	350,000.00	
Policy No: 6000498		Insured -									
Limits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg):	1874	Additional	1874	6000498		560,000.00	3	150,000.00	35,000.00	185,000.00	
\$4M/\$4M Prior Payments \$22,642.84	2220	Injured Party	1874	6000498		3,000,000.00	3			0.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Policy No: 6000520	1673	Insured	1673	6000520	\$1M/\$1M* Assault and Battery	210,000.00	3	135,000.00	20,000.00	155,000.00	
Limits (Occ/Agg): \$1M/\$2M	2609	Injured Party	1673	6000520		1,000,000.00	3			0.00	
Prior Payments \$43,173.12	1691	Insured		6000520		95,000.00	3	65,000.00	20,000.00	85,000.00	
				6000520 Total				200,000.00	40,000.00	240,000.00	1
Dalias Nasconorgo											
Policy No:6000538 Limits (Occ/Agg): \$1M/\$2M	2713	Injured Party		6000538			3	40,000.00		40,000.00	
Prior Payments \$73,469.67				6000538 Total				40,000.00	0.00	40,000.00	1
Policy No:6000795 Limits (Occ/Agg): \$1M/\$2M											
Prior Payments \$6,636.11 Policy Rescinded by	0823	Injured Party		6000795	\$1M/\$1M* Assault and Battery	253,680.00	3	0.00		0.00	
Court Order		, ,		6000795 Total	,			0.00	0.00	0.00	İ
			!								
Policy No:6000798 Limits (Occ/Agg): \$1M/\$2M	2150	Insured		6000798	\$100K/\$100K* Assault and Battery	12,061.00	3	7,500.00	7,500.00	15,000.00	
Prior Payments \$63,525.68	2130	ilisureu		6000798 Total	Assault and battery	12,001.00	3	7,500.00	7,500.00	15,000.00	1
			I	0000736 10td1				7,300.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15,500.00	·
Policy No:6000819		Jahan Jeni			\$100K/\$100K*	400	_	30.000		70.000	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$37,026.77	2728	Injured Party		6000819	Assault and Battery	100,000.00	7	76,000.00		76,000.00	
				6000819 Total				76,000.00	0.00	76,000.00	1
Delies Nesconna											
Policy No:6000832 Limits (Occ/Agg): \$1M/\$2M	2101	Insured		6000832	\$1M/\$1M Liquor Liability	1,000,000.00	3	1,000,000.00	100,000.00	1,100,000.00	
Prior Payments \$49,745.03				6000832 Total	1,	,,		1,000,000.00	100,000.00	1,100,000.00	1
	1587	Insured	0730	6000869		2,415.00	3	450,000.00	30,000.00	480,000.00	
Policy No: 6000869 Limits (Occ/Agg): \$1M/\$2M	0730	Injured Party	0730	6000869		1,000,000.00	3			0.00	
per location	1585	Insured		6000869	\$1M/\$1M* Assault and Battery	6,091.00	3	150,000.00	30,000.00	180,000.00	
Excess Limits (Occ/Agg): \$5M/\$5M					\$1M/\$1M*						
Prior Payments \$65,368.18	1586 1589	Insured		6000869 6000869	Assault and Battery	4,181.00 2,612.00	3	65,000.00 25,000.00	20,000.00 15,000.00	85,000.00 40,000.00	
				6000869 Total		,		690,000.00	95,000.00	785,000.00	
	2043	Injured Party	2043	6000952	\$1M/\$1M* Assault and Battery	400,000.00	3			0.00	
	2050	Insured	2043	6000952		100,000.00	3	150,000.00	25,000.00	175,000.00	
	2051	Insured	2043	6000952		50,000.00	3	35,000.00	25,000.00	60,000.00	
Policy No: 6000952	2237	Injured Party	2043	6000952	\$1M/\$1M*	250,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$76,650.32	2214	Insured	2214	6000952	Assault and Battery	126,430.00	3	145,000.00	35,000.00	180,000.00	
ay.menta 970,000.02	2326	Injured Party	2214	6000952		90,000.00	3			0.00	
	2327	Injured Party Injured Party	2214 2214	6000952 6000952		35,000.00 10,000.00	3			0.00	
	2329	Injured Party	2214	6000952		5,000.00	3			0.00	
				6000952 Total				330,000.00	85,000.00	415,000.00	1
	62.4	la	0344	60006	\$100K/\$100K*		2	400.000.00	2.00	400.000.55	
	0344 1749	Insured Injured Party	0344	6000992 6000992	Assault and Battery	1,000,000.00	3	100,000.00	0.00	100,000.00	
	1749	Injured Party -	0344	0000992		1,000,000.00	3			0.00	
Policy No: 6000992	1750	Duplicate	0344	6000992		500,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$63,469.34	0449	Insured	0393	6000992	\$1M/\$1M Liquor Liability		3	500,000.00	0.00	500,000.00	
2, 900,400.04	0393	Insured	0393	6000992	2.430. Econicy		3	250,000.00	35,000.00	285,000.00	
	0394	Insured	0393	6000992			3	250,000.00	0.00	250,000.00	
	0409	Insured		6000992			3	75,000.00	20,000.00	95,000.00	
				6000992 Total				1,175,000.00	55,000.00	1,230,000.00	1
Policy No:6001020 Limits (Occ/Agg): \$1M/\$2M	2162	Injured Party		6001020	\$100K/\$100K* Assault and Battery	500,000.00	3	25,000.00		25,000.00	
Prior Payments \$55,188.82		,,			,	/	-		2.0-		
			I	6001020 Total				25,000.00	0.00	25,000.00	1

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Policy No:6001028 Limits (Occ/Agg): \$1M/\$2M	0754	Insured		6001028	\$1M/\$1M Liquor Liability		3	25,000.00	50,000.00	75,000.00	
Prior Payments \$28,752.95	0734	msureu		6001028 Total	Elquoi Elability		3	25,000.00	50,000.00	75,000.00	1
Policy No:6001102 Limits (Occ/Agg): \$1M/\$2M	0731	Injured Party		6001102		1,000,000.00	3	15,000.00		15,000.00	
Prior Payments \$27,682.64				6001102 Total				15,000.00	0.00	15,000.00	:
Policy No:6001194		to account of									
Limits (Occ/Agg): \$1M/\$2M	0983	Insured - Additional		6001194		1,458,410.00	3	150,000.00	20,000.00	170,000.00	
Prior Payments \$91,618.81				6001194 Total				150,000.00	20,000.00	170,000.00	:
Policy No:6001199 Limits (Occ/Agg): \$1M/\$2M	1676	Insured		6001199	\$1M/\$1M* Assault and Battery	280,000.00	3	30,000.00	20,000.00	50,000.00	
Prior Payments \$185.00				6001199 Total				30,000.00	20,000.00	50,000.00	
								53,233.23	==,=====	33,333.33	
	1133	Insured - Duplicate	0837	6001209	\$1M/\$1M* Assault and Battery		3	0.00	0.00	0.00	
	1341	Insured - Duplicate	0837	6001209			3	0.00	0.00	0.00	
Policy No: 6001209 Limits (Occ/Agg): \$1M/\$2M	0662	Insured	0837	6001209			3	18,361.67	2,000.00	20,361.67	
Prior Payments \$205,651.19	0837	Insured - Duplicate	0837	6001209		18,361.67	3	0.00	0.00	0.00	
					\$1M/\$1M*						
	1076	Injured Party		6001209	Assault and Battery	18,367.61	3	19,000.00	0.00	19,000.00	
				6001209 Total				37,361.67	2,000.00	39,361.67	:
	4200	lu avena d	0005	C004244	\$1M/\$1M	25 000 00	2	475 000 00	20,000,00	405.000.00	
Policy No: 6001241 mits (Occ/Agg): \$1M/\$2M	1390	Insured	0905	6001241	Liquor Liability	25,000.00	3	175,000.00	20,000.00	195,000.00	
Prior Payments \$25,118.68	0905	Injured Party	0905	6001241		750,000.00	3			0.00	
				6001241 Total				175,000.00	20,000.00	195,000.00	:
Policy No:6001291	4500			5004004	\$1M/\$1M*	05.000.00		20.000.00	45 000 00	25 200 00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$11,649.62	1680	Insured		6001291	Assault and Battery	95,000.00	3	20,000.00	15,000.00	35,000.00	
				6001291 Total				20,000.00	15,000.00	35,000.00	:
		Injured Party -			\$1M/\$1M*						
	0673	Duplicate	0673	6001383	Assault and Battery	10,000,000.00	3	0.00		0.00	
	0645	Injured Party	0673	6001383			3	0.00		0.00	
	0836	Injured Party - Duplicate	0673	6001383		1,000,000.00	3	0.00		0.00	
	0863	Injured Party - Duplicate	0673	6001383			3	0.00		0.00	
		Insured -									
Policy No: 6001383 Limits (Occ/Agg): \$1M/\$2M	1671 1672	Additional Insured	1231 1231	6001383		72,500.00	3	0.00	20,000.00	0.00	
Prior Payments \$94,356.11	16/2					72.500.00			20.000.00	40,000.00	
				6001383		72,500.00	3	20,000.00		0.00	
	1231	Injured Party	1231	6001383		500,000.00	3			0.00	
								80,000.00	20,000.00		
	1231 1677	Injured Party Insured	1231 1677	6001383 6001383	\$1M/\$1M* Assault and Battery	500,000.00 280,000.00	3			100,000.00	
	1231 1677 0640	Injured Party Insured Injured Party	1231 1677	6001383 6001383	Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00	3 3 3	80,000.00	20,000.00	100,000.00	
	1231 1677 0640 1705	Injured Party Insured Injured Party Insured	1231 1677	6001383 6001383 6001383	Assault and Battery	500,000.00 280,000.00 125,000.00 4,712.00	3 3 3	80,000.00 7,500.00	20,000.00	100,000.00 0.00 20,000.00	
	1231 1677 0640 1705	Injured Party Insured Injured Party Insured	1231 1677	6001383 6001383 6001383 6001383	Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00	3 3 3	7,500.00 17,500.00	20,000.00 12,500.00 10,000.00	100,000.00 0.00 20,000.00 27,500.00	
	1231 1677 0640 1705	Injured Party Insured Injured Party Insured	1231 1677	6001383 6001383 6001383 6001383	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00	3 3 3	7,500.00 17,500.00	20,000.00 12,500.00 10,000.00	100,000.00 0.00 20,000.00 27,500.00	
Policy No: 6001394 Limits (Occ/Agg): \$1M/\$2M	1231 1677 0640 1705 1710	Injured Party Insured Injured Party Insured Insured Injured Party	1231 1677 1677	6001383 6001383 6001383 6001383 6001383 Total	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00 60,000.00	3 3 3 3	7,500.00 17,500.00	20,000.00 12,500.00 10,000.00	20,000.00 20,000.00 27,500.00 187,500.00	
	1231 1677 0640 1705 1710	Injured Party Insured Injured Party Insured Insured Injured Party Duplicate Injured Party	1231 1677 1677 0486	6001383 6001383 6001383 6001383 6001383 Total 6001394	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00 60,000.00 4,838,887.16	3 3 3 3 3	7,500.00 17,500.00 125,000.00	20,000.00 12,500.00 10,000.00 62,500.00	20,000.00 20,000.00 27,500.00 187,500.00 0.00	
Limits (Occ/Agg): \$1M/\$2M	1231 1677 0640 1705 1710	Injured Party Insured Injured Party Insured Insured Insured Insured	1231 1677 1677	6001383 6001383 6001383 6001383 6001383 Total 6001394	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00 60,000.00	3 3 3 3	7,500.00 17,500.00	20,000.00 12,500.00 10,000.00	100,000.00 0.00 20,000.00 27,500.00 187,500.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$32,046.37	1231 1677 0640 1705 1710	Injured Party Insured Injured Party Insured Insured Injured Party Duplicate Injured Party	1231 1677 1677 0486	6001383 6001383 6001383 6001383 6001383 Total 6001394 6001394	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00 60,000.00 4,838,887.16	3 3 3 3 3	7,500.00 17,500.00 125,000.00	20,000.00 12,500.00 10,000.00 62,500.00	100,000.00 0.00 20,000.00 27,500.00 187,500.00 0.00 963,585.00	
Limits (Occ/Agg): \$1M/\$2M	1231 1677 0640 1705 1710	Injured Party Insured Injured Party Insured Injured Party Duplicate Injured Party Insured	1231 1677 1677 0486	6001383 6001383 6001383 6001383 6001383 Total 6001394 6001394	Assault and Battery \$1M/\$1M* Assault and Battery \$1M/\$1M*	500,000.00 280,000.00 125,000.00 4,712.00 60,000.00 4,838,887.16	3 3 3 3 3	7,500.00 17,500.00 125,000.00	20,000.00 12,500.00 10,000.00 62,500.00	100,000.00 0.00 20,000.00 27,500.00 187,500.00 0.00 963,585.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Policy No:6001553 Limits (Occ/Agg): \$1M/\$2M	1177	Injured Party		6001553	\$1M/\$1M Liquor Liability	80,000.00	3	25,000.00		25,000.00	
Prior Payments \$16,658.21				6001553 Total				25,000.00	0.00	25,000.00	1
Policy No: 6001557	2219	Injured Party	2201	6001557	\$100K/\$100K* Assault and Battery	1,000,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$26,456.49	2201	Insured	2201	6001557	·	30,000.00		35,000.00	20,000.00	55,000.00	
				6001557 Total				35,000.00	20,000.00	55,000.00	1
Policy No:6001617 Limits (Occ/Agg): \$1M/\$2M	1335	Injured Dortu		6001617	\$1M/\$1M	3,000,000.00	,	200,000.00		200,000.00	
Prior Payments \$12,705.74	1555	Injured Party		6001617 Total	Liquor Liability	3,000,000.00	3	200,000.00	0.00	200,000.00	1
			1	1			I				
Policy No:6001630					\$1M/\$1M*		_				
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$3.00	0994	Injured Party		6001630	Assault and Battery	75,598.12	3	75,000.00		75,000.00	
				6001630 Total				75,000.00	0.00	75,000.00	1
	2442			5004500	\$1M/\$1M*	25.000.00	_	20.000.00		20,000,00	
Policy No: 6001638	2413	Injured Party		6001638	Assault and Battery \$1M/\$1M*	25,000.00	3	30,000.00		30,000.00	
Limits (Occ/Agg): \$1M/\$2M	0611	Injured Party		6001638	Assault and Battery	125,000.00	3	95,000.00		95,000.00	
Prior Payments \$23,000.00	0696	Injured Party		6001638		425,000.00	3	75,000.00		75,000.00	
				6001638 Total				200,000.00	0.00	200,000.00	1
			1								
Policy No:6001656 Limits (Occ/Agg): \$1M/\$2M	2505	Insured		6001656	\$1M/\$1M* Assault and Battery	16,889.00	3	20,000.00	7,500.00	27,500.00	
Prior Payments \$8,043.00				6001656 Total	,	,		20,000.00	7,500.00	27,500.00	2
			1								
Policy No:6001665 Limits (Occ/Agg): \$1M/\$2M	0991	Injured Party		6001665	\$100K/\$100K* Assault and Battery	250,000.00	3	35,000.00		35,000.00	
Prior Payments \$2,400.00	0331	,,		6001665 Total	,	230,000.00		35,000.00	0.00	35,000.00	2
			1				! 				
Policy No:6001713 Limits (Occ/Agg): \$1M/\$2M											
Excess Limits (Occ/Agg): \$1M/\$1M excludes AB	1090	Injured Party		6001713	\$1M/\$1M* Assault and Battery	10,000,000.00	3	10,000.00		10,000.00	
Prior Payments \$4,022.20	1030	injured raity		6001713 Total	Assault and Dattery	10,000,000.00	, ,	10,000.00	0.00	10,000.00	2
			1								
Policy No:6001784 Limits (Occ/Agg): \$1M/\$2M	0411	Injured Party		6001784		17,955.92	3	75,000.00		75,000.00	
Prior Payments \$1,815.00				6001784 Total				75,000.00	0.00	75,000.00	2
			1	<u> </u>				.,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Policy No:6001906 Limits (Occ/Agg): \$1M/\$2M	1041	Injured Dortu		5001005		45,000,00	2	15 000 00		15 000 00	
Prior Payments \$3,129.00	1041	Injured Party		6001906 6001906 Total		45,000.00	3	15,000.00	0.00	15,000.00	2
				0001906 Total				15,000.00	0.00	15,000.00	2
	0280	Insured	0280	6001945	\$1M/\$1M Liquor Liability		3	325,000.00	45,000.00	370,000.00	
					Elquoi Elability	067.637.00		323,000.00	43,000.00		
	0781	Injured Party Insured -	0280	6001945		867,627.00	3			0.00	
Policy No: 6001945 Limits (Occ/Agg): \$1M/\$2M	2031	Duplicate	0280	6001945		1,000,000.00	3	0.00	0.00	0.00	
Prior Payments \$29,713.68	2022	Insured - Duplicate	0200	6001945		35,000,00	2	0.00	0.00	0.00	
	2032	Insured -	0280	6001945		25,000.00	3	0.00	0.00	0.00	
	2033	Duplicate	0280	6001945		250,000.00	3	0.00	0.00	0.00	
				6001945 Total				325,000.00	45,000.00	370,000.00	2
		Inc. vo -l									
Policy No: 6001989	1046	Insured - Additional	1046	6001989		1,000,000.00	3	50,000.00	25,000.00	75,000.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$18,096.61	1222	Injured Party	1046	6001989		2,500,000.00	3			0.00	
				6001989 Total				50,000.00	25,000.00	75,000.00	2
Policy No:6002046					\$1M/\$1M*						
Limits (Occ/Agg): \$1M/\$2M	1305	Injured Party		6002046		100,000.00	3	55,000.00		55,000.00	
Prior Payments \$10,999.10				6002046 Total				55,000.00	0.00	55,000.00	2
					\$1M/\$1M*						
	1872	Insured	1873	6002063	Assault and Battery	540,000.00	3	175,000.00	15,000.00	190,000.00	
	1873	Insured	1873	6002063		540,000.00	3	350,000.00	15,000.00	365,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
	0907	Injured Party	1873	6002063		1,000,000.00	3			0.00	
Policy No: 6002063	1064	Injured Party	1873	6002063		1,000,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$18,698.39					\$1M/\$1M*						
., , ., .,	2716	Insured		6002063	Assault and Battery	105,000.00	3	25,000.00	20,000.00	45,000.00	
	1835	Insured		6002063	C454/C454*	10,722.00	3	5,000.00	5,722.00	10,722.00	
	1837	Insured		6002063	\$1M/\$1M* Assault and Battery	105,000.00	3	50,000.00	20,000.00	70,000.00	
				6002063 Total				605,000.00	75,722.00	680,722.00	
	0746	Injured Party	0839	6002109	\$1M/\$1M* Assault and Battery	750,000.00	3			0.00	
	0740	Insured -	0033	0002103	Assault and Dattery	730,000.00				0.00	
	1131	Duplicate	0839	6002109			3	0.00	0.00	0.00	
Policy No: 6002109	0829	Injured Party	0839	6002109		3,000,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M	0661	Insured - Duplicate	0839	6002109			3	0.00	0.00	0.00	
	0839	Insured	0839	6002109			3	750,000.00	45,000.00	795,000.00	
	0000	Insured -	0033					750,000.00	15,000.00	755,000.00	
	1333	Duplicate	0839	6002109			3			0.00	
				6002109 Total				750,000.00	45,000.00	795,000.00	
Policy No:6002117	1994	Injured Party		6002117	\$100K/\$100K* Assault and Battery	25,000.00	3	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$3,603.50	1554	injureu raity		0002117	Assault and Dattery	23,000.00		0.00		0.00	
				6002117 Total				0.00	0.00	0.00	
Policy No:6002141											
Limits (Occ/Agg): \$1M/\$2M	2098	Insured		6002141		5,576.50	3	5,000.00	5,000.00	10,000.00	
Prior Payments \$8,250.00				6002141 Total				5,000.00	5,000.00	10,000.00	
Policy No:6002235 Limits (Occ/Agg): \$1M/\$2M	1853	Insured		6002235	\$1M/\$1M* Assault and Battery	1,343.00	3	10,000.00	5,000.00	15,000.00	
Prior Payments \$12,352.37	1033	msureu		6002235 Total	Assuare una baccery	1,343.00		10,000.00	5,000.00	15,000.00	
				0002233 10101				10,000.00	3,000.00	13,000.00	
					\$1M/\$1M*						
	1674 1689	Insured	1674	6002252	Assault and Battery	540,000.00 1,040,000.00	3	60,000.00	15,000.00	75,000.00 40,000.00	
Policy No. 6002252	1009	Insured	1674	6002252	\$1M/\$1M	1,040,000.00	3	25,000.00	15,000.00	40,000.00	
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$17,849.99	1820	Insured		6002252	Liquor Liability	1,032.00	3	0.00	1,032.00	1,032.00	
					\$1M/\$1M						
	2307	Insured		6002252	Liquor Liability	535,000.00	3	0.00	20,000.00	20,000.00	
				6002252 Total				85,000.00	51,032.00	136,032.00	
	1844	Insured	0936	6002265		145,000.00	3	0.00	5,000.00	5,000.00	
Policy No: 6002265 Limits (Occ/Agg): \$1M/\$2M		Insured -									
Prior Payments \$3,291.12	1845	Additional	0936	6002265		145,000.00	3	0.00	5,000.00	5,000.00	
	0936	Injured Party	0936	6002265		250,000.00	3			0.00	
				6002265 Total				0.00	10,000.00	10,000.00	
Delies Nes CO02205											
Policy No:6002305 Limits (Occ/Agg): \$1M/\$2M	0208	Injured Party		6002305	\$100K/\$100K* Assault and Battery	150,000.00	3	25,000.00		25,000.00	
Prior Payments \$8,000.00				6002305 Total				25,000.00	0.00	25,000.00	
								,		,,	 I
Policy No:6002312	2739	Injured Party		6002312		25,000.00	7	7,500.00		7,500.00	
Limits (Occ/Agg): \$1M/\$2M				6002312 Total				7,500.00	0.00	7,500.00	
		· · · · · · · · · · · · · · · · · · ·			·			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	
	1444	Insured		6002373	\$1M/\$1M*	15 000 00	3	35 000 00	15 000 00	50,000.00	
Policy No: 6002373 Limits (Occ/Agg): \$1M/\$2M	1444	insured		60023/3	Assault and Battery \$1M/\$1M*	15,000.00	3	35,000.00	15,000.00	50,000.00	
Prior Payments \$1,602.00	2846	Injured Party		6002373	Assault and Battery	200,000.00	7	100,000.00		100,000.00	
				6002373 Total				135,000.00	15,000.00	150,000.00	
Policy No:6002408 Limits (Occ/Agg): \$1M/\$2M	1669	Injured Party		6002408			3	50,000.00		50,000.00	
Prior Payments \$10,213.50				C003400 T-: 1					0.00		
				6002408 Total				50,000.00	0.00	50,000.00	
		Insured -			\$1M/\$1M*						
		Additional	0397	6002422		24 222 22	2	0.00	0.00	0.00	
	2587	Additional	0397	6002423	Assault and Battery	24,322.32	3	0.00	0.00	0.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$31,726.10	2196	Insured - Duplicate	0397	6002423			3	0.00	0.00	0.00	
	1317	Insured	0397	6002423		158,391.00	3	0.00	25,000.00	25,000.00	
				6002423 Total				0.00	25,000.00	25,000.00	
	1432	Injured Party		6002503		1,000,000.00	3	35,000.00		35,000.00	
Policy No: 6002503 Limits (Occ/Agg): \$1M/\$2M	1116	Injured Party		6002503		500,000.00	3	20,000.00		20,000.00	
				6002503 Total				55,000.00	0.00	55,000.00	:
Policy No:6002557											
Limits (Occ/Agg): \$1M/\$2M Prior Payments \$9,900.00	0057	Injured Party		6002557		95,000.00	3	12,500.00		12,500.00	
rno. r dymento pojsobilo				6002557 Total				12,500.00	0.00	12,500.00	
	0568	Injured Party		6002636		5,000,000.00	3	60,000.00		60,000.00	
	2733	Injured Party		6002636		855.00	7	2,500.00		2,500.00	
Policy No: 6002636 Limits (Occ/Agg): \$1M/\$2M	2743	Injured Party		6002636		10,000.00	7	8,000.00		8,000.00	
Prior Payments \$ 16,837.92	0491	Injured Party		6002636		300,000.00	3	40,000.00		40,000.00	
	1226	Injured Party		6002636			3	40,000.00		40,000.00	
				6002636 Total				150,500.00	0.00	150,500.00	
	0133	Injured Party	0133	6002644		50,000.00	3			0.00	
	1590	Insured	0133	6002644		1,259.00	3	15,000.00	10,000.00	25,000.00	
Policy No: 6002644	0590	Injured Party	0590	6002644		6,000,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M per location; \$5M Policy Agg	1583	Insured	0590	6002644		3,165.00	3	400,000.00	35,000.00	435,000.00	
Excess Limits (Occ/Agg): \$5M/\$5M	0874	Injured Party	1179	6002644	\$2M/\$2M* Assault and Battery	40,000.00	3			0.00	
\$5M/\$5M Prior Payments \$1,600.00	1179	Injured Party - Duplicate	1179	6002644		40,000.00	3			0.00	
	1582	Insured	1179	6002644		3,751.00		40,000.00	20,000.00	60,000.00	
				6002644 Total				455,000.00	65,000.00	520,000.00	
Policy No: 6002649					\$1M/\$1M*						
Limits (Occ/Agg): \$1M/\$2M	0218	Injured Party	0218	6002649	· ·	4,500,000.00	3	1,000.00		1,000.00	
Excess Limits (Occ/Agg): \$1M/\$1M excludes AB	0219	Injured Party	0218	6002649		4,500,000.00	3	2,500.00		2,500.00	
Prior Payments \$86.28				6002649 Total				3,500.00	0.00	3,500.00	
Policy No:6002780					\$1M/\$2M*						
Limits (Occ/Agg): \$1M/\$2M	1354	Injured Party		6002780	Assault and Battery	75,000.00	3	20,000.00	0.00	20,000.00	
				6002780 Total				20,000.00	0.00	20,000.00	
	0408	Insured	0408	6002821			3	0.00	5,000.00	5,000.00	
Policy No: 6002821 Limits (Occ/Agg): \$1M/\$2M	2712	Injured Party	0408	6002821			3	100,000.00		100,000.00	
				6002821 Total				100,000.00	5,000.00	105,000.00	
					\$1M/\$1M*						
	0930	Injured Party		6002875	· ·	5,000,000.00	3	550,000.00		550,000.00	
Policy No: 6002875 Limits (Occ/Agg): \$1M/\$2M	2797	Injured Party		6002875	\$1M/\$1M* Assault and Battery	500,000.00	7	8,000.00		8,000.00	
Prior Payments \$10,696.64					\$1M/\$1M*					,	
	0014	Injured Party		6002875 6002875 Total		250,000.00	3	175,000.00 733,000.00	0.00	175,000.00 733,000.00	
								·		,	
Policy No: 6002921	1548	Injured Party	1548	6002921		30,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M	2379	Insured	1548	6002921		1,027.00	3	5,000.00	2,500.00	7,500.00	
				6002921 Total				5,000.00	2,500.00	7,500.00	
					\$1M/\$1M						
Policy No: 6003097	0831	Injured Party	0831	6003097	Liquor Liability		3	10,000.00		10,000.00	
Limits (Occ/Agg): \$1M/\$2M	0832	Injured Party	0831	6003097			3	35,000.00		35,000.00	
				6003097 Total				45,000.00	0.00	45,000.00	:
					\$1M/\$1M*						
	0902	Insured	1045	6003101	Assault and Battery	1,000,000.00	3	150,000.00	25,000.00	175,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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 Summar File Par
Policy No: 6003101	1045	Injured Party	1045	6003101		200,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M	2691	Injured Party		6003101	\$1M/\$1M* Assault and Battery	50,000.00	3	65,000.00		65,000.00	
	2031	ilijuleu Falty		6003101 Total	Assault allu Battery	30,000.00	3	215,000.00	25,000.00	240,000.00	
									,		
	2529	Injured Party Insured -	1827	6003126		750,000.00	3			0.00	
Policy No. 6003126 Limits (Occ/Agg): \$1M/\$2M	2737	Additional	1827	6003126			3	50,000.00	15,000.00	65,000.00	
Prior Payments \$6,482.78	1827	Insured	1827	6003126		80,000.00	3	50,000.00	15,000.00	65,000.00	
	1826	Insured		6003126 6003126 Total		20,000.00	3	4,000.00	2,500.00	6,500.00	
				0003120 10tai				104,000.00	32,500.00	136,500.00	
	1132	Insured - Duplicate	0838	6003135	\$1M/\$1M Liquor Liability		3	0.00	0.00	0.00	
	1408	Injured Party	0838	6003135		10,000,000.00	3			0.00	
Policy No: 6003135	1409	Injured Party	0838	6003135		10,000,000.00	3			0.00	
imits (Occ/Agg): \$1M/\$2M	1342	Insured - Duplicate	0838	6003135			3	0.00	0.00	0.00	
	0660	Insured	0838	6003135			3	100,000.00	15,000.00	115,000.00	
	0838	Insured - Duplicate	0838	6003135			3	0.00	0.00	0.00	
				6003135 Total				100,000.00	15,000.00	115,000.00	
		Injured Party -			\$1M/\$1M*						
Policy No: 6003150	0796	Duplicate	0186	6003150	Assault and Battery	1,000,000.00	3			0.00	
imits (Occ/Agg): \$1M/\$2M Prior Payments \$4.60	2740 0186	Insured Posts	0186 0186	6003150 6003150		15,000.00	7	200,000.00	35,000.00	235,000.00	
, ,	0180	Injured Party	0199	6003150 Total		1,000,000.00	3	200,000.00	35,000.00	235,000.00	
								,	,	,	
D. II. N. C000404	0465	Injured Party	2100	6003184	\$1M/\$1M* Assault and Battery	165,000.00	3			0.00	
Policy No: 6003184 Limits (Occ/Agg): \$1M/\$2M	2100	Insured	2100	6003184		5,859.50	3	10,000.00	7,500.00	17,500.00	
Prior Payments \$302.00	2099	Insured		6003184		3,096.55	3	0.00	0.00	0.00	
				6003184 Total				10,000.00	7,500.00	17,500.00	
Policy No:6003185					\$1M/\$1M*						
imits (Occ/Agg): \$1M/\$2M	1876	Injured Party		6003185	Assault and Battery	300,000.00	3	35,000.00		35,000.00	
				6003185 Total				35,000.00	0.00	35,000.00	
	0544	Injured Party	0544	6003195		62,500.00	3			0.00	
Policy No: 6003195 Limits (Occ/Agg): \$1M/\$2M	0943	Insured	0544	6003195		780.00	3	20,000.00	10,000.00	30,000.00	
				6003195 Total				20,000.00	10,000.00	30,000.00	
D. II											
Policy No:6003214 Limits (Occ/Agg): \$1M/\$2M	0858	Insured		6003214	\$1M/\$1M Liquor Liability	1,000,000.00	3	100,000.00	35,000.00	135,000.00	
Prior Payments \$9,224.99				6003214 Total				100,000.00	35,000.00	135,000.00	
Policy No:6003215	0572	Injured Party		6003215		150,000.00	3	0.00		0.00	
imits (Occ/Agg): \$1M/\$2M	0372	,,		6003215 Total		150,000.00	3	0.00	0.00	0.00	
Policy No: 6003315	1449	Injured Party		6003315	\$1M/\$1M* Assault and Battery	3,000,000.00	3	100,000.00		100,000.00	
imits (Occ/Agg): \$1M/\$2M Excess Limits (Occ/Agg):		In		50005:-	\$1M/\$1M*	20.000.55		7.500.55	45.000.00	22 502 65	
\$4M/\$4M excludes AB Prior Payments \$25.00	1819	Insured		6003315	Assault and Battery	30,000.00	3	7,500.00	15,000.00	22,500.00	
i noi rayillellis \$25.00	1823	Injured Party		6003315 6003315 Total		1,000,000.00	3	80,000.00 187,500.00	15,000.00	80,000.00 202,500.00	
				0003313 10[8]				107,300.00	13,000.00	202,300.00	
Policy No: 6003353	0697	Injured Party		6003353		70,000.00	3	35,000.00		35,000.00	
imits (Occ/Agg): \$1M/\$2M	1119	Injured Party		6003353		1,000,000.00	3	50,000.00		50,000.00	
				6003353 Total				85,000.00	0.00	85,000.00	
Policy No: 6003372					\$100K/\$100K*						
imits (Occ/Agg): \$1M/\$2M	1124	Injured Party	1124	6003372	Assault and Battery	1,000,000.00	3	0.00		7.500.00	
Prior Payments \$2,970.00	1125	Injured Party	1124	6003372 6003372 Total		1,000,000.00	3	7,500.00 7,500.00	0.00	7,500.00 7,500.00	
				55557£ 15tai				7,500.00	0.00	,,300.00	
	0002	Injured Party	0002	6003437			3			0.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
	2215	Insured - Additional	0002	6003437		10,000.00	3	50,000.00	17,500.00	67,500.00	
Policy No. 6003437 Limits (Occ/Agg): \$1M/\$2M	2216	Insured - Duplicate	0002	6003437			3	0.00	0.00	0.00	
	2779	Injured Party		6003437		355,900.00		75,000.00		75,000.00	
				6003437 Total				125,000.00	17,500.00	142,500.00	3
	2692	Injured Party		6003465		700.00	3	1,700.00		1,700.00	
Policy No: 6003465 Limits (Occ/Agg): \$1M/\$2M	2693	Injured Party		6003465		10,735.90		8,000.00		8,000.00	
				6003465 Total				9,700.00	0.00	9,700.00	3
Policy No:6003568	2726	Insured		6003568			7	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M				6003568 Total				0.00	0.00	0.00	
					\$1M/\$1M*						
Policy No: 6003675 Limits (Occ/Agg): \$1M/\$2M	1137	Injured Party		6003675	Assault and Battery	200,000.00		115,000.00		115,000.00	
LITHES (OCC/Agg). \$110//\$2101	1118	Injured Party		6003675 6003675 Total		250,000.00	3	50,000.00 165,000.00	0.00	50,000.00 165,000.00	
				0003073 10tal				103,000.00	0.00	103,000.00	
D. II. N. C000C07	2663	Injured Party	2663	6003697		75,000.00	3			0.00	
Policy No: 6003697 Limits (Occ/Agg): \$1M/\$2M	2844	Insured Insured -	2663	6003697		41,448.00	7	25,000.00	25,000.00	50,000.00	
per location; \$5M policy Agg	2852	Duplicate	2663	6003697		26,291.00	7	0.00	0.00	0.00	
				6003697 Total				25,000.00	25,000.00	50,000.00	
Policy No:6003742 Limits (Occ/Agg): \$1M/\$2M	0371	Injured Party		6003742	\$1M/\$1M* Assault and Battery	400,000.00	3	30,000.00		30,000.00	
				6003742 Total				30,000.00	0.00	30,000.00	:
Delia: No. 6002767	0628	Injured Party	0628	6003767		250,000.00	3			0.00	
Policy No: 6003767 Limits (Occ/Agg): \$1M/\$2M	0659	Insured	0628	6003767		10,000.00	3	25,000.00	10,000.00	35,000.00	
				6003767 Total				25,000.00	10,000.00	35,000.00	
	0986	Injured Party	0986	6003772	\$2M/\$2M* Assault and Battery	10,000.00	3	5,000.00		5,000.00	
Policy No: 6003772	4705	Injured Party -	0005	6002772			2	0.00		0.00	
Limits (Occ/Agg): \$2M/\$3M per location; \$5M Policy Agg	1795 1580	Duplicate Injured Party	0986 1584	6003772 6003772		2,000,000.00	3	0.00		0.00	
Excess Limits (Occ/Agg): \$5M/\$5M AB excluded	1584	Insured	1584	6003772		5,170.00		500,000.00	75,000.00	575,000.00	
Prior Payments \$3.00	1588	Insured		6003772	\$2M/\$2M* Assault and Battery	3,405.00	3	50,000.00	25,000.00	75,000.00	
	1300			6003772 Total	,	3,103.00	<u> </u>	555,000.00	100,000.00	655,000.00	
	0852	Injured Party	0852	6003969	\$1M/\$1M* Assault and Battery	75,000.00	3	10,000.00		10,000.00	
Policy No: 6003969 Limits (Occ/Agg): \$1M/\$2M	1232	Injured Party -			22.34(6)			0.00		0.00	
	1252	Duplicate	0852	6003969 6003969 Total		75,000.00	3	10,000.00	0.00	10,000.00	
			·								
Policy No: 6003999	0538 2057	Injured Party Insured		6003999 6003999		2,500.00	3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M	2057	msureu		6003999 Total		2,500.00	3	0.00	0.00	0.00	
					1						
Policy No:6004027 Limits (Occ/Agg): \$1M/\$2M	1021	Insured		6004027	\$100K/\$100K* Assault and Battery	10,112.50	3	15,000.00	10,000.00	25,000.00	
				6004027 Total				15,000.00	10,000.00	25,000.00	
	0062	Injured Party	0062	6004035		30,000.00	3	5,000.00		5,000.00	
		Injured Party -		6004035			7	0.00		0.00	
Policy No. 6004035 Limits (Occ/Agg): \$1M/\$2M	2787	Duplicate	0062	6004035	\$100K/\$100K*		/	0.00		0.00	
(71- 100)- 7-1111 72-111	0586	Injured Party	0586	6004035	Assault and Battery		3	5,000.00		5,000.00	
	0587	Injured Party	0586	6004035			3	15,000.00		15,000.00	
	l			6004035 Total			L	25,000.00	0.00	25,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
	1447	Insured	1447	6004154	\$1M/\$1M Liquor Liability	6,000,000.00	3	1,500,000.00	20,000.00	1,520,000.00	
	1448	Insured	1447	6004154			3	2,500,000.00	20,000.00	2,520,000.00	
	2420	Insured	2420	6004154		1,000,000.00	3	6,000.00	0.00	6,000.00	
Policy No: 6004154 Limits (Occ/Agg): \$1M/\$2M	0207	Injured Party	2420	6004154		15,000.00	3			0.00	
Excess Limits (Occ/Agg):	2422	Insured	2422	6004154		1,000,000.00	3	17,500.00	10,000.00	27,500.00	
\$5M/\$5M Liguor Liability included	0274	Injured Party	2422	6004154		500,000.00	3			0.00	
	2419	Insured		6004154		1,000,000.00	3	12,500.00	7,500.00	20,000.00	
	2421	Insured		6004154		1,000,000.00	3	25,000.00	7,500.00	32,500.00	
	2423	Insured		6004154		1,000,000.00	3	0.00	0.00	0.00	
				6004154 Total				4,061,000.00	65,000.00	4,126,000.00	3
	2222			5004407	\$100K/\$100K*			0.00			
Policy No: 6004197 Limits (Occ/Agg): \$1M/\$2M	0380	Insured		6004197	Assault and Battery		3	0.00	0.00	0.00	
2 (000), (88), 92, 92	0381	Insured		6004197 6004197 Total			3	0.00	0.00	0.00	3
				0004197 Total				0.00	0.00	0.00	
Policy No: 6004226	0835	Injured Party		6004226		250,000.00	3	85,000.00		85,000.00	
Limits (Occ/Agg): \$1M/\$2M	2857	Injured Party		6004226		100,000.00	7	2,500.00		2,500.00	
				6004226 Total				87,500.00	0.00	87,500.00	:
	1274	Injured Party	1851	6004241		800,000.00	3			0.00	
Policy No: 6004241	1851	Insured	1851	6004241		840,000.00		30,000.00	15,000.00	45,000.00	
Limits (Occ/Agg): \$1M/\$2M	1831	ilisureu	1831	6004241 Total		840,000.00	3	30,000.00	15,000.00	45,000.00	3
				0004241 Total				30,000.00	13,000.00	43,000.00	
	0827	Injured Party	0900	6004256		65,870.00	3			0.00	
	0900	Insured	0900	6004256		1,000,000.00	3	0.00	0.00	0.00	
Policy No: 6004256	0901	Insured	0901	6004256	\$1M/\$1M* Assault and Battery	1,000,000.00	3	24,000.00	15,000.00	39,000.00	
Limits (Occ/Agg): \$1M/\$2M	1325	Injured Party	0901	6004256	,	60,000.00		,		0.00	
		Insured -									
	1552	Additional	0901	6004256			3	1,000.00	7,500.00	8,500.00	_
				6004256 Total				25,000.00	22,500.00	47,500.00	
Policy No:6004298					\$100K/\$100K*						
Limits (Occ/Agg): \$1M/\$2M	1433	Injured Party		6004298	Assault and Battery	25,000.00	3	70,000.00		70,000.00	
				6004298 Total				70,000.00	0.00	70,000.00	
		Injured Party -									
Policy No: 6004326	1857	Duplicate	1423	6004326			3	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M	1423	Injured Party	1423	6004326			3	10,000.00		10,000.00	
				6004326 Total				10,000.00	0.00	10,000.00	
Policy No:6004344	2540	Indicate d Death		5004344		100.000.00	_	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M	2510	Injured Party		6004344		100,000.00	3	0.00	0.00	0.00	
				6004344 Total				0.00	0.00	0.00	
Policy No:6004376											
Limits (Occ/Agg): \$1M/\$2M per location; \$10M Policy Agg	2243	Injured Party		6004376		16,604.00	3	0.00		0.00	
, , , , ,				6004376 Total				0.00	0.00	0.00	3
		Insured -									
Delieu No. Coores	0144	Master		6004441			3	0.00	0.00	0.00	
Policy No: 6004441 Limits (Occ/Agg): \$1M/\$2M	0144_A	Insured		6004441			3	0.00	0.00	0.00	
	0144_B	Insured		6004441			3	0.00	0.00	0.00	
				6004441 Total				0.00	0.00	0.00	3
Policy No:6004450	2481	Injured Party		6004450		100,000.00	3	45,000.00		45,000.00	
Limits (Occ/Agg): \$1M/\$2M		,,		6004450 Total				45,000.00	0.00	45,000.00	3
								.=,000.00			`
	1703	Insured - Additional	1703	6004467	\$1M/\$1M* Assault and Battery	125,000.00	3	15,000.00	15,000.00	30,000.00	
	1703	Insured	1703	6004467	rosaut and pattery	125,000.00		35,000.00	15,000.00	50,000.00	
Policy No: 6004467	2606	Injured Party	2308	6004467		500,000.00		33,000.00	25,500.00	0.00	
Limits (Occ/Agg): \$1M/\$2M								75.000	25 655 5		
	2308	Insured	2308	6004467		110,000.00	3	75,000.00	35,000.00	110,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
	2309	Insured - Additional	2308	6004467		110,000.00	3	0.00	0.00	0.00	
				6004467 Total		·		125,000.00	65,000.00	190,000.00	3
_											
	0399	Insured	0399	6004497		13,460.98	3	25,000.00	10,000.00	35,000.00	
	0711	Insured - Duplicate	0399	6004497		13,460.98	3	0.00	0.00	0.00	
		Insured -									
Policy No: 6004497	0712	Duplicate	0399	6004497			3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M	1442	Insured	1442	6004497			3	2,500.00	1,500.00	4,000.00	
	2046	Injured Party	1442	6004497	4/4	25,000.00	3			0.00	
	1426	Injured Party	1426	6004497	\$1M/\$1M* Assault and Battery	950,000.00	3			0.00	
	1443	Insured	1426	6004497		15,000.00	3	165,000.00	25,000.00	190,000.00	
				6004497 Total				192,500.00	36,500.00	229,000.00	3
P-1: N1CC200224 42	2024			100000001110		450,000,00	_	25 000 00		25 200 20	
Policy No:ICC200324-13 Limits (Occ/Agg): \$1M/\$2M	0834	Injured Party		ICC200324-13		150,000.00	3	35,000.00		35,000.00	
				ICC200324-13 Total				35,000.00	0.00	35,000.00	3
Policy No:ICC200340-13	0742	Injured Party		ICC200340-13		50,000.00	3	22,000.00		22,000.00	
Limits (Occ/Agg): \$1M/\$2M				ICC200340-13 Total				22,000.00	0.00	22,000.00	3
Policy No:ICC200375-13 Limits (Occ/Agg): \$1M/\$2M	0334	Injured Party		ICC200375-13		11,000.00	3	8,000.00		8,000.00	
				ICC200375-13 Total				8,000.00	0.00	8,000.00	3
	0326	Injured Party	0326	ICC200421-13		200,000.00	3	25,000.00		25,000.00	
Policy No: ICC200421-13	0320	Injured Party -	0320	100200421-13		200,000.00	3	23,000.00		23,000.00	
Limits (Occ/Agg): \$1M/\$2M	0401	Duplicate	0326	ICC200421-13		200,000.00	3	0.00		0.00	
				ICC200421-13 Total				25,000.00	0.00	25,000.00	3
		Injured Party -									
Policy No: ICC200459-13	0077	Duplicate	0098	ICC200459-13			3	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M	0098	Injured Party	0098	ICC200459-13			3	0.00		0.00	
				ICC200459-13 Total				0.00	0.00	0.00	3
Policy No:ICC200502-13	0980	Injured Party		ICC200502-13		194,018.47	3	125,000.00		125,000.00	
Limits (Occ/Agg): \$1M/\$2M		,		ICC200502-13 Total		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		125,000.00	0.00	125,000.00	3
	1539		1044	ICC200509-13		5,000,000.00				0.00	
D-15 No. 1002200500 42	1540 1542	Injured Party Injured Party	1044	ICC200509-13		5,000,000.00 5,000,000.00				0.00	
Policy No: ICC200509-13 Limits (Occ/Agg): \$1M/\$2M	1044	Insured	1044	ICC200509-13		3,000,000.00	3	100,000.00	20,000.00	120,000.00	
	1541	Injured Party	1044	ICC200509-13		5,000,000.00	3	100,000.00	20,000.00	0.00	
				ICC200509-13 Total				100,000.00	20,000.00	120,000.00	3
Policy No:ICC200516-13 Limits (Occ/Agg): \$1M/\$2M	1764	Injured Party		ICC200516-13		50,000.00	3	20,000.00		20,000.00	
, , 35, , , ,				ICC200516-13 Total				20,000.00	0.00	20,000.00	3
	0213	Insured	0213	ICC200549-13			3	35,000.00	25,000.00	60,000.00	
Policy No: ICC200549-13 Limits (Occ/Agg): \$1M/\$2M		Insured -		1003007.10							
ETITICS (OCC) MER). \$11VI \$21VI	0214	Duplicate	0213	ICC200549-13			3	0.00	0.00	0.00	_
				ICC200549-13 Total				35,000.00	25,000.00	60,000.00	3
	0843	Injured Party	0843	ICC200616-13			3	45,000.00		45,000.00	
Policy No: ICC200616-13		Injured Party -									
Limits (Occ/Agg): \$1M/\$2M	1348	Duplicate	0843	ICC200616-13			3	0.00		0.00	
				ICC200616-13 Total				45,000.00	0.00	45,000.00	3
	0969	Injured Party	0969	ICC200648-13			3			0.00	
B. B. A	0909	Injured Party Insured -	0505	100200046-13			3			0.00	
Policy No: ICC200648-13 Limits (Occ/Agg): \$1M/\$2M	1871	Duplicate	0969	ICC200648-13		25,000.00	3	0.00	0.00	0.00	
	1870	Insured	0969	ICC200648-13			3	20,000.00	12,500.00	32,500.00	
				ICC200648-13 Total				20,000.00	12,500.00	32,500.00	3
	0324	Injured Party	0324	ICC200658-13		150,000.00	3	50,000.00		50,000.00	
Policy No: ICC200658-13	0324	Injured Party Injured Party	0324	ICC200658-13		500,000.00		100,000.00		100,000.00	
Limits (Occ/Agg): \$1M/\$2M	0/41	injureu Party	0324	100200058-13		300,000.00	3	100,000.00		100,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
				ICC200658-13 Total				150,000.00	0.00	150,000.00	3
Policy No:ICC200662-13	0043	Injured Party		ICC200662-13		6,153.00	3	0.00		0.00	
Limits (Occ/Agg): \$1M/\$2M				ICC200662-13 Total				0.00	0.00	0.00	3
	0571	Injured Party	0571	ICC200667-13			3	25,000.00		25,000.00	
Policy No: ICC200667-13 Limits (Occ/Agg): \$1M/\$2M	2588	Injured Party - Duplicate	0571	ICC200667-13		200,000.00	3	0.00		0.00	
				ICC200667-13 Total				25,000.00	0.00	25,000.00	3
Policy No:ICC200672-13	0989	Injured Party		ICC200672-13			3	80,000.00		80,000.00	
Limits (Occ/Agg): \$1M/\$2M				ICC200672-13 Total				80,000.00	0.00	80,000.00	4
	0744	Injured Party	0744	ICC200687-13		200,000.00	3	40,000.00		40,000.00	
Policy No: ICC200687-13 Limits (Occ/Agg): \$1M/\$2M	1138	Injured Party - Duplicate	0744	ICC200687-13		200,000.00	3	0.00		0.00	
		Борисс		ICC200687-13 Total			-	40,000.00	0.00	40,000.00	
Policy No:ICC200705-13	1110	Indiana d Banks		100200705 42		F 000 00		3 500 00		3 500 00	
Limits (Occ/Agg): \$1M/\$2M	1110	Injured Party		ICC200705-13		5,000.00	3	3,500.00 3,500.00	0.00	3,500.00 3,500.00	4
			1								
Policy No:ICC200711-13 Limits (Occ/Agg): \$1M/\$2M	2455	Insured		ICC200711-13		25,000.00	3	15,000.00 15,000.00	10,000.00	25,000.00 25,000.00	4
	2040	lu a consid	2705				_				
Policy No: ICC200713-13 Limits (Occ/Agg): \$1M/\$2M	2840 2736	Insured Injured Party	2736 2736	ICC200713-13 ICC200713-13		300,000.00	7 7	95,000.00	25,000.00	120,000.00	
				ICC200713-13 Total				95,000.00	25,000.00	120,000.00	4
	0122	Injured Party	0122	ICC200730-13		125,000.00	3	50,000.00		50,000.00	
Policy No: ICC200730-13 Limits (Occ/Agg): \$1M/\$2M	0577	Injured Party - Duplicate	0122	ICC200730-13		125,000.00	3	0.00		0.00	
				ICC200730-13 Total				50,000.00	0.00	50,000.00	4
					\$1M/\$2M*						
	0824 1773	Injured Party Insured	0824 0824	ICC200736-13	Assault and Battery	1,500,000.00	3	500,000.00	40,000.00	0.00 540,000.00	
	0650	Insured - Duplicate	0824	ICC200736-13			3	0.00	0.00	0.00	
Policy No: ICC200736-13 Limits (Occ/Agg): \$1M/\$2M	2486	Insured - Duplicate	0824	ICC200736-13			3	0.00	0.00	0.00	
	2487	Insured - Duplicate	0824	ICC200736-13			3	0.00	0.00	0.00	
	2747	Injured Party - Duplicate	0824	ICC200736-13		1,500,000.00				0.00	
		.,		ICC200736-13 Total		,,		500,000.00	40,000.00	540,000.00	
Policy No:ICF500021-13 Limits (Occ/Agg): \$1M/\$2M	0504	Injured Party		ICF500021-13 Total		1,038.00	3	1,353.00	0.00	1,353.00	
		Insured -		ICF500021-15 Total				1,353.00	0.00	1,353.00	4
Policy No. ICFF00039 12	2525		2524	ICF500028-13		10,500.00	3	0.00	0.00	0.00	
Policy No: ICF500028-13 Limits (Occ/Agg): \$1M/\$2M	2524 2064	Insured Injured Party	2524 2524	ICF500028-13		62,193.89 62,193.89		35,000.00	7,500.00	42,500.00	
	2004	injured ruity	2324	ICF500028-13 Total		02,133.03	3	35,000.00	7,500.00	42,500.00	4
Policy No:ICF500075-13	0331	Injured Seet		105500075 40	\$1M/\$2M*	30,000,00	_	10 000 00		10 000 00	
Limits (Occ/Agg): \$1M/\$2M	0331	Injured Party		ICF500075-13 ICF500075-13 Total	Assault and Battery	30,000.00	3	10,000.00	0.00	10,000.00	4
					6484/6084			.,===:30	2.30	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2319	Injured Party	1450	ICF500089-13	\$1M/\$2M* Assault and Battery	150,000.00	3			0.00	
Policy No: ICF500089-13 Limits (Occ/Agg): \$1M/\$2M	0405	Insured Insured -	1450	ICF500089-13			3	125,000.00	15,000.00	140,000.00	
	1450	Duplicate	1450	ICF500089-13 Total		50,000.00	3	0.00	15,000.00	140,000.00	
				ICI 200002-12 10fal	\$1M/\$2M*			123,000.00	13,000.00	140,000.00	4
Policy No:ICF500145-13	2520	Injured Party		ICF500145-13	Assault and Battery		3	100,000.00		100,000.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Limits (Occ/Agg): \$1M/\$2M				ICF500145-13 Total				100,000.00	0.00	100,000.00	4
	0763	Insured	0763	ICF500167-13	\$1M/\$1M* Assault and Battery		3	12,500.00	10,000.00	22,500.00	
Policy No: ICF500167-13 Limits (Occ/Agg): \$1M/\$2M	1315	Insured - Additional	0763	ICF500167-13			3	12,500.00	10,000.00	22,500.00	
	1515	Additional	0703	ICF500167-13 Total			3	25,000.00	20,000.00	45,000.00	
								==,,,,,,,,,,,		,	
	0618	Insured	0618	ICF500173-13			3	75,000.00	25,000.00	100,000.00	
	1574	Injured Party	0618	ICF500173-13			3			0.00	
Policy No: ICF500173-13 Limits (Occ/Agg): \$1M/\$2M	1575 1573	Injured Party Injured Party	0618 0618	ICF500173-13		5,000,000.00	3			0.00	
LITHES (OCC) Agg). \$1101/\$2101	1223	Injured Party	0619	ICF500173-13		250,000.00				0.00	
	0619	Insured	0619	ICF500173-13			3	140,000.00	20,000.00	160,000.00	
				ICF500173-13 Total				215,000.00	45,000.00	260,000.00	4
Policy No:ICF500183-13 Limits (Occ/Agg): \$1M/\$2M	2392	Insured		ICF500183-13	\$1M/\$2M* Assault and Battery		3	0.00	0.00	0.00	
Limits (OCC/Agg). \$110//\$2101				ICF500183-13 Total				0.00	0.00	0.00	4
Policy No:ICF500244-13 Limits (Occ/Agg): \$1M/\$2M	2523	Insured		ICF500244-13	\$1M/\$2M* Assault and Battery	1,000,000.00	3	300,000.00	75,000.00	375,000.00	
Ellillits (Occ/Agg). \$1141/\$2141				ICF500244-13 Total				300,000.00	75,000.00	375,000.00	4
Policy No:ICF500277-13	2446	Insured		ICF500277-13			3	125,000.00	25,000.00	150,000.00	
Limits (Occ/Agg): \$1M/\$2M	2440	msarea		ICF500277-13 Total			, , , , , , , , , , , , , , , , , , ,	125,000.00	25,000.00	150,000.00	
Policy No: ICF500280-13	1120	Insured	0524	ICF500280-13		600,000.00		150,000.00	25,000.00	175,000.00	
Limits (Occ/Agg): \$1M/\$2M	0524	Injured Party	0524	ICF500280-13 ICF500280-13 Total		1,000,000.00	3	150,000.00	25,000.00	0.00 175,000.00	
Policy No:ICF500316-13 Limits (Occ/Agg): \$1M/\$2M	0428	Insured		ICF500316-13			3	0.00	0.00	0.00	
				ICF500316-13 Total				0.00	0.00	0.00	4
Policy No:ICF500326-13 Limits (Occ/Agg): \$1M/\$2M	2195	Injured Party		ICF500326-13			3	0.00		0.00	
				ICF500326-13 Total				0.00	0.00	0.00	
	2504	Insured Insured -	2504	ICF500450-13		1,000,000.00	3	0.00	0.00	0.00	
Policy No: ICF500450-13	2670	Duplicate	2504	ICF500450-13		1,000,000.00	3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M	2714	Insured - Duplicate	2504	ICF500450-13			3	0.00	0.00	0.00	
				ICF500450-13 Total				0.00	0.00	0.00	
Policy No:ICF500451-13 Limits (Occ/Agg): \$1M/\$2M	2009	Injured Party		ICF500451-13	\$1M/\$2M* Assault and Battery	1,000,000.00	3	250,000.00		250,000.00	
				ICF500451-13 Total				250,000.00	0.00	250,000.00	
	1724	Insured	0927	ICG600030-13		60,000.00	3	12,500.00	10,000.00	22,500.00	
	0927	Injured Party	0927	ICG600030-13		2,000,000.00	3			0.00	
Policy No: ICG600030-13	0964	Injured Party - Duplicate	0927	ICG600030-13		2,000,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M	1545	Insured - Duplicate	0927	ICG600030-13		6,300.00	3	0.00	0.00	0.00	
	0928	Injured Party - Duplicate	0927	ICG600030-13		2,000,000.00	3			0.00	
				ICG600030-13 Total				12,500.00	10,000.00	22,500.00	4
	0307	Insured	0307	ICG600072-13			3	3E 000 00	15 000 00	40,000.00	
	0307		0307	ICG600072-13			3	25,000.00	15,000.00	0.00	
		Insured -									
Policy No: ICG600072-13 Limits (Occ/Agg): \$1M/\$2M	1081	Duplicate Insured - Duplicate	0307	ICG600072-13			3	0.00	0.00	0.00	
		Insured -									
	1239	Duplicate	0307	ICG600072-13			3	0.00	0.00	0.00	

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
				ICG600072-13 Total				25,000.00	15,000.00	40,000.00	
Policy No:ICG600073-13 Limits (Occ/Agg): \$1M/\$2M	2393	Injured Party		ICG600073-13	Assault and Battery excluded		3	0.00		0.00	
Z (000) 155, VIII VZ				ICG600073-13 Total				0.00	0.00	0.00	4
	0182	Insured	0182	ICG600102-13			3	35,000.00	15,000.00	50,000.00	
	1421	Insured - Duplicate	0182	ICG600102-13		29,750.00	3	0.00	0.00	0.00	
Policy No. ICG600102-13 Limits (Occ/Agg): \$1M/\$2M	1422	Insured - Duplicate	0182	ICG600102-13		100,000.00	3	0.00	0.00	0.00	
	2227	Injured Party	0182	ICG600102-13		50,000.00	3			0.00	
				ICG600102-13 Total				35,000.00	15,000.00	50,000.00	
	0475	Insured - Additional	0475	ICG600110-13			3	0.00	0.00	0.00	
Policy No: ICG600110-13 Limits (Occ/Agg): \$1M/\$2M	0481	Additional Duplicate	0475	ICG600110-13			3	0.00	0.00	0.00	
		200.000		ICG600110-13 Total				0.00	0.00	0.00	
	0377	Insured Injured Party -	0377	ICG600144-13			3	125,000.00	25,000.00	150,000.00	
Policy No. ICG600144-13	0466	Duplicate	0377	ICG600144-13		50,000.00	3			0.00	
Limits (Occ/Agg): \$1M/\$2M	0467	Injured Party - Duplicate	0377	ICG600144-13		50,000.00	3			0.00	
	0468	Injured Party	0377	ICG600144-13			3			0.00	
				ICG600144-13 Total				125,000.00	25,000.00	150,000.00	
	0543	Injured Party	0543	ICG600207-13		850,000.00	3			0.00	
Policy No: ICG600207-13 Limits (Occ/Agg): \$1M/\$2M								400,000,00	35 000 00		
Limits (Occ) Agg). \$1141/\$2141	0670	Insured	0543	ICG600207-13 Total		500,000.00	3	100,000.00	25,000.00 25,000.00	125,000.00 125,000.00	
				1CG000207-13 Total				100,000.00	23,000.00	123,000.00	
Policy No:ICG600277-13 Limits (Occ/Agg): \$1M/\$2M	1061	Insured		ICG600277-13	Assault and Battery excluded		3	0.00	0.00	0.00	
Limits (Occ) Agg). \$1141/\$2141				ICG600277-13 Total				0.00	0.00	0.00	
	2830	Insured	0034	ICG600308-13			7	0.00	0.00	0.00	
Policy No: ICG600308-13 Limits (Occ/Agg): \$1M/\$2M	0034	Injured Party	0034	ICG600308-13		25,000.00	3			0.00	
				ICG600308-13 Total				0.00	0.00	0.00	
Policy No: ICG600319-13	0525	Insured	0525	ICG600319-13			3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M	0526	Injured Party	0525	ICG600319-13			3	0.00	0.00	0.00	
				ICG600319-13 Total				0.00	0.00	0.00	
Policy No:ICG600342-13	0625	Injured Party		ICG600342-13			3	45,000.00		45,000.00	
Limits (Occ/Agg): \$1M/\$2M				ICG600342-13 Total				45,000.00	0.00	45,000.00	
	2210	Injured Party	2210	ICG600364-13		1,000,000.00	3			0.00	
Policy No: ICG600364-13		Insured -				_,					
Limits (Occ/Agg): \$1M/\$2M	2299 2746	Additional Insured	2210	ICG600364-13			3 7	10,000.00	10,000.00	20,000.00	
				ICG600364-13 Total				10,000.00	10,000.00	20,000.00	
Policy No: ICG600406-13 Limits (Occ/Agg): \$1M/\$2M	1439	Injured Party	1439	ICG600406-13		100,000.00	3	100,000,00	45,000,00	0.00	
2 (Occ) Agg). \$\frac{1}{2} \left[\frac{1}{2} \left[\frac{1} \left[\frac{1} \l	2772	Insured	1439	ICG600406-13 ICG600406-13 Total		50,000.00	7	100,000.00	15,000.00 15,000.00	115,000.00 115,000.00	
Policy No:ICG600425-13 Limits (Occ/Agg): \$1M/\$2M	0822	Injured Party		ICG600425-13		175,000.00	3	40,000.00		40,000.00	
				ICG600425-13 Total				40,000.00	0.00	40,000.00	
Policy No:ICG600431-13	0765	Insured		ICG600431-13	\$1M/\$2M* Assault and Battery		3	0.00	0.00	0.00	
Limits (Occ/Agg): \$1M/\$2M											

Policy Information	Proof of Claim Number	Claimant Type	Connected Claims	Primary Policy Number	Sub-Limit & Type (If applicable to claim & less than standard 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
Policy No:ICG600445-13 Limits (Occ/Agg):	0165	Insured		ICG600445-13			3	0.00	0.00	0.00	
\$500,000/\$1M				ICG600445-13 Total				0.00	0.00	0.00	4
Policy No:ICG600495-13 Limits (Occ/Agg): \$1M/\$2M	1998	Injured Party		ICG600495-13			3	5,000.00		5,000.00	
LITHIUS (OCC/Agg). \$1191/\$2191				ICG600495-13 Total				5,000.00	0.00	5,000.00	4
Policy No:ITX900099-13 Limits (Occ/Agg): \$1M/\$2M	0151	Injured Party		ITX900099-13		120,000.00	3	75,000.00		75,000.00	
LIMITS (OCC/Agg): \$110//\$210				ITX900099-13 Total				75,000.00	0.00	75,000.00	4
Policy No:ITX900121-13	1454	Insured		ITX900121-13		55,000.00	3	30,000.00	15,000.00	45,000.00	
Limits (Occ/Agg): \$1M/\$2M				ITX900121-13 Total				30,000.00	15,000.00	45,000.00	4
	2604	Insured - Duplicate	2602	ITX900127-13	\$1M/\$1M Liquor Liability		3	0.00	0.00	0.00	
	2602	Insured	2602	ITX900127-13			3	585,000.00	40,000.00	625,000.00	
Policy No: ITX900127-13	2058	Injured Party	2602	ITX900127-13			3			0.00	
Limits (Occ/Agg): \$1M/\$2M	2059	Injured Party	2602	ITX900127-13			3			0.00	
	2603	Insured		ITX900127-13	\$1M/\$1M Liquor Liability		3	300,000.00	30,000.00	330,000.00	
				ITX900127-13 Total				885,000.00	70,000.00	955,000.00	4
Policy No:ITX900175-13 Limits (Occ/Agg): \$1M/\$2M	1416	Insured		ITX900175-13	\$1M/\$1M Liquor Liability	18,543.97	3	0.00	18,544.00	18,544.00	
LITTICS (OCC/Agg). \$11VI/\$2IVI				ITX900175-13 Total				0.00	18,544.00	18,544.00	4
No Policy was identified in the	0973	Injured Party	0973			3,300.00	3	0.00		0.00	4
company's records that match the information provided in the	1428	Injured Party - Duplicate	0973			3,300.00	3	0.00		0.00	4
Proof of Claim form for these claimants. In addition the	2041	Injured Party	2041			500,000.00	3	0.00		0.00	4
claimants did not respond to requests for additional	2042	Injured Party	2041			500,000.00	3	0.00		0.00	4
information.	0908	Injured Party					3	0.00		0.00	
	2687	Injured Party				250,000.00	3	0.00		0.00	4