

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JOEL S. ARIO

Insurance Commissioner of the
Commonwealth of Pennsylvania,
in his official capacity as Liquidator
of Reliance Insurance Company,

Plaintiff,

v.

RELIANCE INSURANCE COMPANY,

Defendant.

DOCKET NO. 269 MD 2001

2009 NOV -5 A 10:17

FILED
COMMONWEALTH COURT
OF PENNSYLVANIA

RE: Liquidator's Report and Recommendations on
Resolved Claims as of June 30, 2009

ORDER

AND NOW, this ____ day of _____, 2009, upon consideration of the
Liquidator's Petition For Approval of Report and Recommendations on Resolved Claims as
of June 30, 2009 ("Petition"), it is hereby ORDERED and DECREED:

1. The Petition is GRANTED and the claims listed in the Report and Recommendations on Resolved Claims as of June 30, 2009 (“Report”) are APPROVED and ALLOWED both as to classification and amount as listed;

2. The Report is incorporated herein by reference; and

3. The Claimants listed in the Report or their lawful assignees shall receive a distribution at the time and in the manner as finally approved by this Court as directed by ¶26 of this Court’s Order of December 12, 2008.

Bonnie Brigance Leadbetter
President Judge

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JOEL S. ARIO

Insurance Commissioner of the
Commonwealth of Pennsylvania,
in his official capacity as Liquidator
of Reliance Insurance Company,

Plaintiff,

v.

RELiance INSURANCE COMPANY,

Defendant.

DOCKET NO. 269 MD 2001

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RECEIVED AND FILED
IN THE COMMONWEALTH COURT
OF PENNSYLVANIA

**PETITION FOR APPROVAL OF REPORT AND RECOMMENDATIONS
ON RESOLVED CLAIMS AS OF JUNE 30, 2009**

Petitioner, Joel S. Ario, Insurance Commissioner of the Commonwealth of Pennsylvania, in his official capacity as the Statutory Liquidator (“Liquidator”) of Reliance Insurance Company (“Reliance”), in compliance with this Court’s Order of September 9, 2002 (“2002 Claims Order”) and December 12, 2008 (“2008 Claims Order” and collectively “Claims Orders”) and pursuant to 40 P.S. §221.45, respectfully petitions this Court for an order approving his Report and Recommendations on Resolved Claims as of June 30, 2009 (“Report”). In support of the Petition, the Liquidator avers the following:

BACKGROUND

1. Plaintiff, Insurance Commissioner of the Commonwealth of Pennsylvania, was appointed Liquidator of Reliance pursuant to this Court’s Order dated October 3, 2001 (“Liquidation Order”).

2. The Liquidation Order directed the Liquidator to “give notice by first-class mail to all persons which or who may have claims against Reliance.” See Liquidation Order, ¶ 19. By the end of the first quarter of 2002, the Liquidator provided Proof of Claim (“POC”) forms and instructions to policyholders and creditors of Reliance as identified by the books and records of Reliance. Additionally, since the first quarter of 2002, the POC forms and instructions have been available on the Reliance Documents website at www.reliancedocuments.com.

3. This Court entered a Claims Order in September of 2002 establishing a comprehensive claims procedure to implement the relevant provisions of the Insurance Department Act of 1921, 40 P.S. §§221.1 – 221.63 (the “Act”). Certain aspects of the 2002 Claims Order, including the reporting format, were revised in the 2008 Claims Order. The 2008 Claims Order requires that the Liquidator present to the Court a report of the Liquidator’s recommendation with respect to each NOD issued during the relevant period. The Report shall include the following: “Claimant’s name, address, priority class, allowed amount, and the particulars of the claim, including whether the NOD was issued without Objection or after the settlement of an Objection.”

4. When resolved claims are approved by the Court, the 2008 Claims Order provides that “[u]pon approval of the Liquidator’s recommendations in the Claims Report, the Claimant becomes eligible to receive a pro rata distribution of assets from the Reliance Estate in the event that a distribution is made to Claimant’s class of creditors.”

STATUS OF PROOFS OF CLAIM

5. The deadline for filing Proofs of Claim was December 31, 2003. As of June 30, 2009, Reliance had received a total of 159,655 POCs. Of these 159,655 POCs, 10,740

were received after the claim filing deadline. Notwithstanding the claim filing deadline, Reliance continues to receive new POCs. Information regarding claims, in addition to that provided below, can be found in the quarterly status reports filed with this Court by the Liquidator and available at www.reliancedocuments.com.

6. As of June 30, 2009, Reliance has issued NODs for 149,296 of the 159,655 POCs (approximately 93%) for a total allowed amount of \$752,317,869. This Court has approved 140,612 of those NODs for a total allowed amount of \$626,643,639. Exhibit A breaks down this information by priority class.

7. Exhibit B indicates the status of all 159,655 POCs received as of June 30, 2009. Of the 10,359 POCs for which NODs have not been issued, 3,208 relate to claims currently being handled by the GAs and 2,817 of these POCs are either contingent or a POC where the claimant has notified Reliance that there may be a claim in the future, but has not yet identified any particular claim. Approximately 4,137 of the 10,359 POCs are in various stages of review and evaluation and the remaining 197 POCs are ready to evaluate and NODs will be issued within 180 days.

STATUS OF OBJECTIONS

8. The Liquidator has received a total of 1024 objections to the 149,296 NODs issued, an objection rate of less than 1%. Large groups of these objections relate to several claimants with similar types of claims and thus are resolved collectively through the dispute resolution process.

9. Of the 1024 objections received as of June 30, 2009, 915 have been resolved. Of the 109 unresolved objections, 79 are assigned to referees and 30 have not yet been assigned to referees as of June 30, 2009. Exhibit C indicates the status of all objections

received through June 30, 2009 and Exhibit D breaks down this information by priority class and also includes the Allowed Amounts for objections in each priority class.

**REPORT AND RECOMMENDATIONS ON
RESOLVED CLAIMS AS OF JUNE 30, 2009**

10. The Liquidator's Report and Recommendations on Resolved Claims as of June 30, 2009 ("Report") is attached as Exhibit E. The claims are sorted alphabetically, within each class, by the Claimant's name. The amount claimed by the Claimant, *inter alia*, is included in the Report.¹ NODs that are issued as to classification only will have N/A in the Allowed Amount column of the Report.² If an objection was filed regarding the NOD and was subsequently resolved a "Y" is indicated in the Resolved Objection column of the Report. If nothing is entered in that column, then the NOD was undisputed.

11. A small number of the undisputed NODs listed in Exhibit E may actually be amended NODs issued to correct the class or allowed amount of a claim previously recommended by the Liquidator and approved by this Court. For example, if new information later comes to the attention of the claims evaluator which would alter the allowed amount or priority, an amended NOD is issued. The claimant then has an opportunity to object to the amended NOD. 40 P.S. §221.45(b) of the Act specifically authorizes the Liquidator to recommend and this Court to consider modifications of and to claims previously approved by the Court.

¹ If the claimant did not indicate a specific claim amount on the Proof of Claim, the claimed amount is noted as \$0.

² The majority of claimants with undisputed claims below Class B were issued NODs as to their class status only. These claimants were advised that the Liquidator would evaluate the allowed amount of the claims if and when it appeared that there would be assets sufficient to distribute to the relevant class. However, if a claim was covered by reinsurance the allowed amount was determined to facilitate prompt reinsurance billings.

12. In evaluating the undisputed claims and resolving the disputed claims, the Liquidator carefully reviewed all documentation submitted by the claimants in support of the claims and independently determined the merit, classification and value of each claim, as required by the Act. See 40 P.S. §§221.37, 221.38, 221.44, 221.45.

13. For certain undisputed and resolved NODs, the NOD states that the allowed amount of the claim is subject to 40 P.S. §221.40(d) which requires that if "...the aggregate allowed amount of the claims to which the same limit of liability in the policy is applicable exceeds that limit, then each claim as allowed shall be reduced a proportionate amount so that the total equals the policy limit." The NODs recommended in this report are submitted subject to 40 P.S. §221.40(d).

14. Exhibit F is a summary sheet indicating, for each priority class, the total number of NODs and the total amount allowed by the Liquidator³ A grand total is also shown for the combined report categories. In total, the Liquidator is recommending an allowed amount of \$84,487,978.91 for 4,409 NODs issued during the six month period from 1-1-09 through 6-30-09.

15. Given the discretion afforded the Liquidator to "comport, compromise, or in any other manner negotiate" claims against the liquidated estate, 40 P.S. §221.45(a), the Liquidator believes that the classification and amounts he has determined for the reported claims are appropriate, fair and equitable and consistent with the relevant provisions of the Act and this Court's Order. The Liquidator further believes that the approval of the claims

³ For purposes of this Report, the Class A claims are expenses incurred during the period of rehabilitation and paid as administrative costs, therefore the NOD reflects a value of \$0.


listed in the attached Report is in the best interests of the Reliance estate, its policyholders, claimants and other creditors.

16. Pursuant to 40 P.S. §221.45(b) and relevant provisions of the Claims Orders, the Liquidator respectfully requests that this Court approve and allow the classification and/or amount (as applicable) of the claims listed in the Report. In accordance with ¶26 of the 2008 Claims Order, any distribution to the Claimants or their lawful assignees “shall be paid pro rata in accordance with each class of claims as set forth in 40 P.S. §221.44, at a time and manner approved by the Court.”

WHEREFORE, the Liquidator respectfully requests that this Court grant his Petition; approve and allow the claims as listed in the Report attached as Exhibit E; and enter an Order in the form attached hereto.

Respectfully submitted:

By:



PRESTON BUCKMAN (I.D. #57570)
Special Funds Counsel
Pennsylvania Insurance Department
Capitol Associates Building
Governor's Office of General Counsel
901 North 7th Street
Harrisburg, PA 17102
(717) 787-6009


Date: November 5, 2009

VERIFICATION

I, David S. Brietling, have been retained by the Insurance Commissioner of the Commonwealth of Pennsylvania, and am responsible for the on-site insurance and financial operations of Reliance Insurance Company (in Liquidation) as Chief Liquidation Officer. I am also responsible for coordinating the activities of the Pennsylvania Insurance Department's Reliance liquidation team. I am authorized by the Insurance Commissioner to make this verification on behalf of the Liquidator of Reliance Insurance Company. I hereby verify that the facts set forth in the foregoing Report are true and correct to the best of my knowledge, information and belief.

I understand that this Verification is made subject to the penalties of 18 P.S. §4904 relating to unsworn falsification to authorities.

Date: November 5th, 2009



DAVID S. BRIETLING
Chief Liquidation Officer

CERTIFICATE OF SERVICE

I, Marilyn K. Kincaid, hereby certify that on or about this day, pursuant to the Court's Order of April 1, 2004, and December 12, 2008, service of the foregoing was made on the attached Claim Objector List and Master Service List through the transmission of a Notice of Filing and through posting of a true and correct copy in PDF file format on the Reliance Documents website at www.reliancedocuments.com.

Dated: November 5, 2009


MARILYN K. KINCAID

Objector's List as of 11/3/09
269 MD 2001

PRO INSURANCE SOLUTIONS, LTD.
30 ST. MARY AXE
LONDON, EC3A 8EP

BREAUX BROTHERS ENTERPRISE
PO BOX 550
LOREAUVILLE, LA 70552-0550

CALIFORNIA SELF INSURERS' SECURITY FUND
MR. JEFF PETTEGREW, EXECUTIVE DIRECTOR
100 PRINGLE AVE; SUITE 525
WALNUT CREEK, CA 94596-7368

CHISICK, BRIAN
10212 SUNRISE LN
SANTA ANA, CA 92705-6415

CIGNA CORPORATION
TWO LIBERTY PLACE
1601 CHESTNUT STREET
PHILADELPHIA, PA 19102

CONLEY, THOMAS EDWARD
816 S COMMERCIAL AVE
EMMETT, ID 83617-3566

DAMON & MOREY, LLP
SCHIFELING BARBARA
298 MAIN ST
BUFFALO, NY 14202-4005

FARM BUREAU MUTUAL INSURANCE COMPANY OF
7373 W SAGINAW HIGHWAY
PO BOX 30400
LANSING, MI 48909-7900

FORTENBERRY, JEFFERY B
1276 REED RD
STARKVILLE, MS 39759

HELP DESK, INC.
2200 HIGHWAY 121 STE 100
C/O JAMES F. MORGANSTEEN, ESQ.
BEDFORD, TX 76021-5983

BASKETBALL PROPERTIES
601 BISCAYNE BLVD
AMERICAN AIRLINES ARENA
MIAMI, FL 33132-1801

BUTLER FINANCIAL SOLUTIONS, LLC JAMES F.
MORGANTEEN, ESQ
2200 HIGHWAY 121, SUITE 100
BEDFORD, TX 76021-5983

CENTURY INDEMNITY COMPANY
30 S 17TH ST STE 700
UNITED PLAZA
PHILADELPHIA, PA 19103-4001

CHISICK, SARAH
10212 SUNRISE LN
SANTA ANA, CA 92705-6415

COHEN, EYAL
331 BERKELEY RUN
ATLANTA, GA 30342

CRAWFORD, KENNETH T
4791 LANES POND ROAD
VALDOSTA, GA 31601

DJM CONTRACTING CORP
42 CHICAGO PL
HUNTINGTON STATION, NY 11746

FIRST CLASS COVERAGE, INC.
150 BROADWAY STE 2206
C/O LAW OFFICES OF MARK D. LEFKOWITZ
NEW YORK, NY 10038-4493

GALLAGHER BASSETT SERVICES, INC.
C/O HEIDI HAMMAN SHAKELY, ESQ, ECKERT, SEAMANS
CHE
213 MARKET ST
8TH FLOOR
HARRISBURG, PA 17101-2141

HUDSON NEWS COMPANY
1 MEADOWLANDS PLZ
EAST RUTHERFORD, NJ 07073-2150

Objector's List as of 11/3/09
269 MD 2001

KOT INSURANCE COMPANY LTD
BRENDA L. JENSEN, CIP
C/O AON INTERNATIONAL ENERGY, INC.
1330 POST OAK BLVD, STE 900
HOUSTON, TX 77056

LOZADA, BIANCA
192-E OVERMOUNT AVE.
WEST PATERSON, NJ 07424

MEDICAL MALPRACTICE INSURANCE POOL OF NEW
YORK STATE
2 PARK AVENUE, SUITE 2600
NEW YORK, NY 10016

MERCY MEDICAL CENTER
1000 N VILLAGE AVE
ROCKVILLE CENTRE
ROCKVILLE CENTRE, NY 11570-1000

MILLER, MARY
PO BOX 3253
RANCHO PALOS VERDE, CA 90274

MORGAN, BEN
2229 HIGHWAY 2
BAKER, FL 32531-7437

NATIONAL ENVIRONMENTAL SAFETY COMPANY,
INC.ERIC MICHAEL PASINKOFF
260 MADISON AVE; 22ND FLOOR
NEW YORK, NY 10016

RAYBESTOS PRODUCTS CO.
1204 DARLINGTON AVE
CRAWFORDSVILLE, IN 47933-1958

SOUTH CAROLINA SCHOOL BOARDS INSURANCE TRUST
JACQUELYN CURTIN, DIRECTOR OF FINANCE
1027 BARNWELL ST
COLUMBIA, SC 29201-3801

STEWART, ROBBY JOEIII
C/O MORGAN & LUTTRELL, L.L.P.
711 NAVARRO ST STE 210
SAN ANTONIO, TX 78205-1739

SWAN TRANSPORTAION COMPANY
C/O MR. D.W. HILLTON, JR., PRESIDENT
2716 LEE ST STE 500
GREENVILLE, TX 75401-4183

THE FUJI BANK LIMITED
JAMES RITTER
350 SOUTH GRAND AVENUE
SUITE 1500
LOS ANGELES, CA 90071

THURSTON COUNTYRISK MANAGEMENT DEPT
2000 LAKERIDGE DR SW
OLYMPIA, WA 98502-6001

TIMES MIRROR COMPANY
CARA LEEMAN, DIRECTOR, RISK MANAGEMENT
N/K/A TRIBUNE COMPANY
435 N. MICHIGAN AVE., 6TH FLOOR
CHICAGO, IL 60611

UNISYS CORPORATION
UNISYS WAY
BLUE BELL, PA 19424-0001

WARNER BROS. ENTERTAINMENT INC.
SUCCESSOR-IN-INTEREST TO WARNER BROS. A DIVISION
O
4000 WARNER BLVD RM 5158 BLDG 156 5158
BURBANK, CA 91522-0001

WARRANTECH AUTOMOTIVE
P O BOX 1179
BEDFORD, TX 76095

WARRANTECH AUTOMOTIVE, INC
JAMES F. MORGANTEEN, ESQ.
2200 HIGHWAY 121
SUITE 100
BEDFORD, TX 76021-5983

WARRANTECH CONSUMER PRODUCTS SERVICES,
INC.JAMES F. MORGANTEEN ESQUIRE
2200 HIGHWAY 121, STE 100
BEDFORD, TX 76021-5983

WARRANTECH HOME ASSURANCE CO.
2200 HIGHWAY 121
SUITE 100
BEDFORD, TEXAS 76021

Objector's List as of 11/3/09
269 MD 2001

WARRANTECH HOME SERVICE COMPANY
JAMES F. MORGANTEEN, ESQ.
2200 HIGHWAY 121, STE. 100
BEDFORD, TX 76021-5983

WCPS OF FLORIDA INC.
JAMES F. MORGANTEEN, ESQ.
2200 HIGHWAY 121 STE 100
BEDFORD, TX 76021-5983

WASHINGTON MUTUAL BANK
C/O PICADIO, SNEATH, MILLER, & NORTON
4710 US STEELE TOWER, 600 GRANT ST
PITTSBURGH, PA 15219

ANDERSON KILL & OLICK, P.C.
ROBERT Y. CHUNG, ESQ.
ATTORNEYS AND COUNSELORS AT LAW
1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020-1182

ALAN FEIN, STEARNS WEAVER MILLER, ET AL
150 W FLAGLER ST STE 2200
MIAMI, FL 33130-1536

COZEN O'CONNOR
F. WARREN JACOBY, ESQ.
1900 MARKET ST
PHILADELPHIA, PA 19103-3527

BAUTE & TIDUS
JEFFREY A. TIDUS
777 S FIGUEROA ST STE 4900
LOS ANGELES, CA 90017

DEWEY & LEBOEUF LLP
LARRY P. SCHIFFER
1301 AVENUE OF THE AMERICAS
NEW YORK, NY 10019-6092

COZEN O'CONNOR
LINDA KAISER CONLEY
1900 MARKET ST
PHILADELPHIA, PA 19103-3527

GARAN, LUCOW, MILLER AND SEWARD, P.C.
PAUL L. DIESEL, ESQUIRE
8332 OFFICE PARK DR
GRAND BLANC, MI 48439-2076

DLA PIPER LLP US
ONE LIBERTY PLACE
1650 MARKET STREET, SUITE 4900
PHILADELPHIA, PA 19103-7300

HANDLER, HENNING & ROSENBERG, LLP
ADAM G. REEDY
13300 LINGLESTOWN ROAD
HARRISBURG, PA 17110

GREEN & HALL
SAMUEL M. DANSKIN
1851 EAST FIRST STREET
10TH FLOOR
SANTA ANN, CA 92705-4052

JENNER & BLOCK, LLP
DAVID M. KROEGER
330 NORTH WABASH AVENUE
CHICAGO, IL 60611

HELLER, EHRMAN, WHITE AND MCAULIFFE, LLP
MICHAEL R. WRENN
333 BUSH ST; FL 9
SAN FRANCISCO, CA 94104-2857

MAURICE C. HERBERT, JR, ESQ.
8720 HERMITAGE PLACE
RIVER RIDGE, LA 70123-2718

KELLY, PARKER & COHEN LLP
ROBERT E KELLY, JR.,
ESQ.
300 N 2ND ST, 10TH FL
HARRISBURG, PA 17101

MORGAN LEWIS & BOCKIUS
1701 MARKET ST
PHILADELPHIA, PA 19103-2903

MORGAN & LUTTRELL, L.L.P.
711 NAVARRO ST STE 210
SAN ANTONIO, TX 78205-1739

NIXON PEABODY LLP
LYNN R. FIORENTINO
ONE EMBARCADERO CENTER, 18TH FLOOR
SAN FRANCISCO, CA 94111

Objector's List as of 11/3/09
269 MD 2001

PASINKOFF, ERIC MICHAEL ESQ.
260 MADISON AVENUE; 22ND FLOOR
NEW YORK, NY 10016

PLEWS, SHADLEY, RACHER & BRAUN
BRETT E NELSON
1346 N DELAWARE ST
INDIANAPOLIS, IN 46202-2415

PODHURST, ORSECK, PA
25 WEST FLAGLER STREET
#800
MIAMI, FL 33130

REED SMITH LLPJOHN SHUGRUE
10 SOUTH WACKER DRIVE
CHICAGO, IL 60606-7507

REED SMITH LLP
2500 ONE LIBERTY PLACE
1650 MARKET STREET
PHILADELPHIA, PA 19103

REED SMITH, LLP
TIMOTHY LAW, ESQ.
1650 MARKET STREET
2500 ONE LIBERTY PLACE; SUITE 2500
PHILADELPHIA, PA 19103

VICK & GLANTZ, LLP
JAMES D. VICK
201 FERRY STREET SE, SUITE 400
SALEM, OR 97301

WELTON & WILLIAMSON, LLC
MARK WELTON, ATTY
1020 FERDON BOULEVARD SOUTH
CRESTVIEW, FL 32536

WHITE & WILLIAMS LLP
1800 ONE LIBERTY PLACE
PHILADELPHIA, PA 19103-7301

Master Service List

Joel S. Ario, Insurance Commissioner of the Commonwealth of Pennsylvania

v.

Reliance Insurance Company

No. 269 M.D. 2001 (Commonwealth Court of Pennsylvania)

Preston M. Buckman, Esquire, (717) 787-6009
Department Counsel for Insurance
Governor's Office of General Counsel
Commonwealth of Pennsylvania
Insurance Department
Office of the Chief Counsel
Capitol Associates Building
901 North 7th Street
Harrisburg, PA 17102
Phone: (717) 787-6009
Fax: (717) 772 4543
E-mail: pbuckman@state.pa.us
(Attorneys for the Pennsylvania
Insurance Department)

Marilyn K. Kincaid, Esquire, (215) 864-4205
Reliance Insurance Company
(in Liquidation)
Three Parkway
5th Floor
Philadelphia, PA 19102
Phone: (215) 864-4205
Fax: (215) 864-4105
E-mail: marilyn.kincaid@relianceinsurance.com
(Attorney for Reliance Insurance
Company (in Liquidation))

Richard F. McMenamin, Esquire, (215) 963-5751
David L. Harbaugh, Esquire
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103-2921
Phone: (215) 963-5751
Fax: (215) 963-5001
E-mail: dharbaugh@morganlewis.com
rmcmenamin@morganlewis.com
(Attorneys for Fuji Bank)

Richard F. McMenamin, Esquire, (215) 963-5596
Erica Smith Klocek, Esquire
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103-2921
Phone: (215) 963-5596
Fax: (215) 963-5001
E-mail: esklocek@morganlewis.com
rmcmenamin@morganlewis.com
(Attorneys for Milliken & Company)

Richard F. McMenamin, Esquire, (215) 963-5596
Marc A. Shapp, Esquire
Morgan, Lewis & Bockius LLP
1701 Market Street
Philadelphia, PA 19103-2921
Phone: (215) 963-5596
Fax: (215) 963-5001
E-mail: mshapp@morganlewis.com
rmcmenamin@morganlewis.com
(Attorneys for The Bank of New York Mellon
(Formerly Mellon Bank, N.A.))

P. Kevin Brobson, Esquire, (717) 237-4845
Buchanan Ingersoll
One South Market Square
213 Market Street, 3rd Floor
Harrisburg, PA 17101
Phone: (717) 237-4845
Fax: (717) 233-0852
E-mail: Kevin.brobson@bipc.com
(Attorneys for Federal Insurance Company)

Rowe W. Snider, Esquire, (312) 443-0700
Steven T. Whitmer, Esquire
Julie L. Young, Esquire
Locke Lord Bissell & Liddell LLP
111 S. Wacker Drive
Chicago, Illinois 60606
Phone: (312) 443-0700
Fax: (312) 443-0336
E-mail: rsnider@lockelord.com
swhitmer@lockelord.com
jyoung@lockelord.com
(Attorneys for Illinois Insurance Guaranty Fund)

Daryn E. Rush, Esquire, (215) 446-6220
Gibbons PC
1700 Two Logan Square
18th & Arch Streets
Philadelphia, PA 19103-2769
Phone: (215) 446-6220
Fax: (215) 446-6336
E-mail: drush@gibbonslaw.com
(Attorney for Baptist Health South Florida, Inc.,
Palm Springs General Hospital, and Travelers
Casualty and Surety Co.)

Amy Daubert, (717) 787-2567
Chief Counsel
Pennsylvania Insurance Department
Office of Chief Counsel
1341 Strawberry Square
Harrisburg, PA 17120
Phone: (717) 787-2567
Fax: (717) 772-1969
E-mail: adaubert@state.pa.us
(Counsel for Joel S. Ario,
Insurance Commissioner of the Commonwealth of
Pennsylvania)

Timothy P. Law, (215) 851-8100
Matthew D. Rosso
Toki Rehder
Reed Smith LLP
2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103
Phone: (215) 851-8100
Fax: (215) 851-1420
E-mail: tlaw@reedsmith.com
mrosso@reedsmith.com
trehder@reedsmith.com
(Counsel for Unisys Corporation and Tribune
Company, Lincoln National Corporation, Warrantech
et. al)

Samuel M. Danskin, (714) 918-7000
Green & Hall, APC
1851 E. First Street
10th Floor
Santa Ana, CA 92705
Phone: (714) 918-7000
Fax: (714) 918-6996
E-mail: sdanskin@greenhall.com
(Counsel for Brian and Sarah Chisick)

Henry M. Sneath, (412) 288-4000
Bridget M. Gillespie, (412) 288-4017
Picadio Sneath Miller & Norton, P.C.
4710 US Steel Tower
600 Grant Street
Pittsburgh, PA 15219-2702
Phone: (412) 288-4000
(412) 288-4017
Fax: (412) 288-2405
E-mail: hsneath@psmn.com
bgillespie@psmn.com
(Counsel for Washington Mutual Bank (“WAMU”),
as successor to Hawthorne Financial Corp. and
Hawthorne Saving, F.S.B.)

Stephen A. Loney, Jr., (267) 675-4600
Hogan & Hartson LLP
1835 Market Street
29th Floor
Philadelphia, PA 19103
Phone: (267) 675-4600
Fax: 267-675-4601
e-mail: saloney@hhlaw.com
(Counsel for Genworth Life Insurance Company and
Genworth Life and Annuity Insurance Company
(formerly General Electric Capital Assurance
Company, First Colony Life Insurance Life Insurance
Company, Federal Home Life Insurance Company,
and GE Life and Annuity Assurance Company) and
National Structured Settlements Trade Association)

Frank P. DeGiulio, (215) 625-9900
Charles P. Neely
Palmer Biezup & Henderson LLP
956 Public Ledger Building
620 Chestnut Street
Philadelphia, PA 19106-3409
Phone: (215) 625-9900
Fax: (215) 625-0185
e-mail: fpd@pbh.com
cneely@pbh.com
(Counsel for Republic Western Insurance Company)

Exhibit A

**Proof Of Claim Statistics - Inception To Date
June 30, 2009**

CLASS DESCRIPTION	TOTAL POCs RECEIVED	POCs RECEIVED AFTER 12-31-03	TOTAL NODs ISSUED	LIQUIDATOR ALLOWED AMOUNTS	NODs APPROVED FOR DISTRIBUTION	NODs AMOUNT APPROVED FOR DISTRIBUTION
NO CLASS ASSIGNED	1	0	0	\$0.00	0	\$0.00
A - ADMIN COSTS AND EXPENSES	4,044	392	3,496	\$0.00	3,363	\$0.00
B - POLICY HOLDER CLAIMS	61,840	3,249	54,975	\$671,096,479.92	49,198	\$578,636,228.70
C - FEDERAL GOVT	9	0	9	\$0.00	9	\$0.00
D - EMPLOYEES	0	0	0	\$0.00	0	\$0.00
E - GEN CREDITORS/UNEARNED PREM	64,677	3,248	63,360	\$68,351,026.38	61,764	\$41,796,696.31
F - STATE/LOCAL GOVT	188	3	188	\$7,039.85	188	\$0.00
G - LATE FILED/SUBROGATION	28,893	3,848	27,265	\$12,863,323.00	26,087	\$6,210,714.92
H - SURPLUS, PREM REFUNDS	0	0	0	\$0.00	0	\$0.00
I - SHAREHOLDERS, OTHER OWNERS	3	0	3	\$0.00	3	\$0.00
TOTAL:	159,655	10,740	149,296	\$752,317,869.15	140,612	\$626,643,639.93

OTHER COUNTS	INCEPTION TO DATE
POCs With Claims at GAs	3,208
Contingent Unliquidated POCs	2,817
Ready to Evaluate	197
Awaiting Information	4,137
TOTAL:	10,359

Exhibit B

Status of POCs as of 06-30-09

Total: 159,655

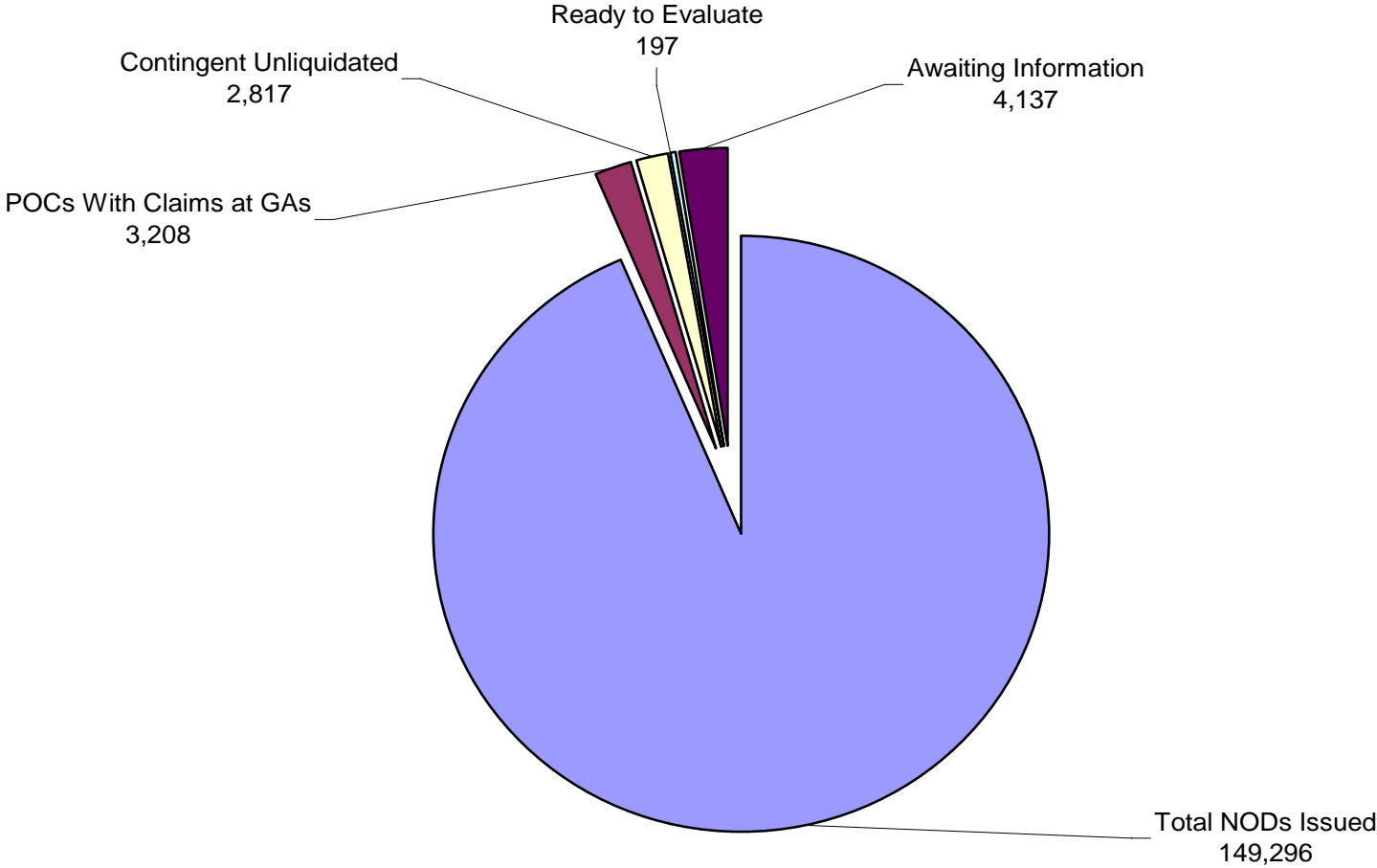


Exhibit C

Status of NOD Objections Received Through 06-30-09

Total:1,024

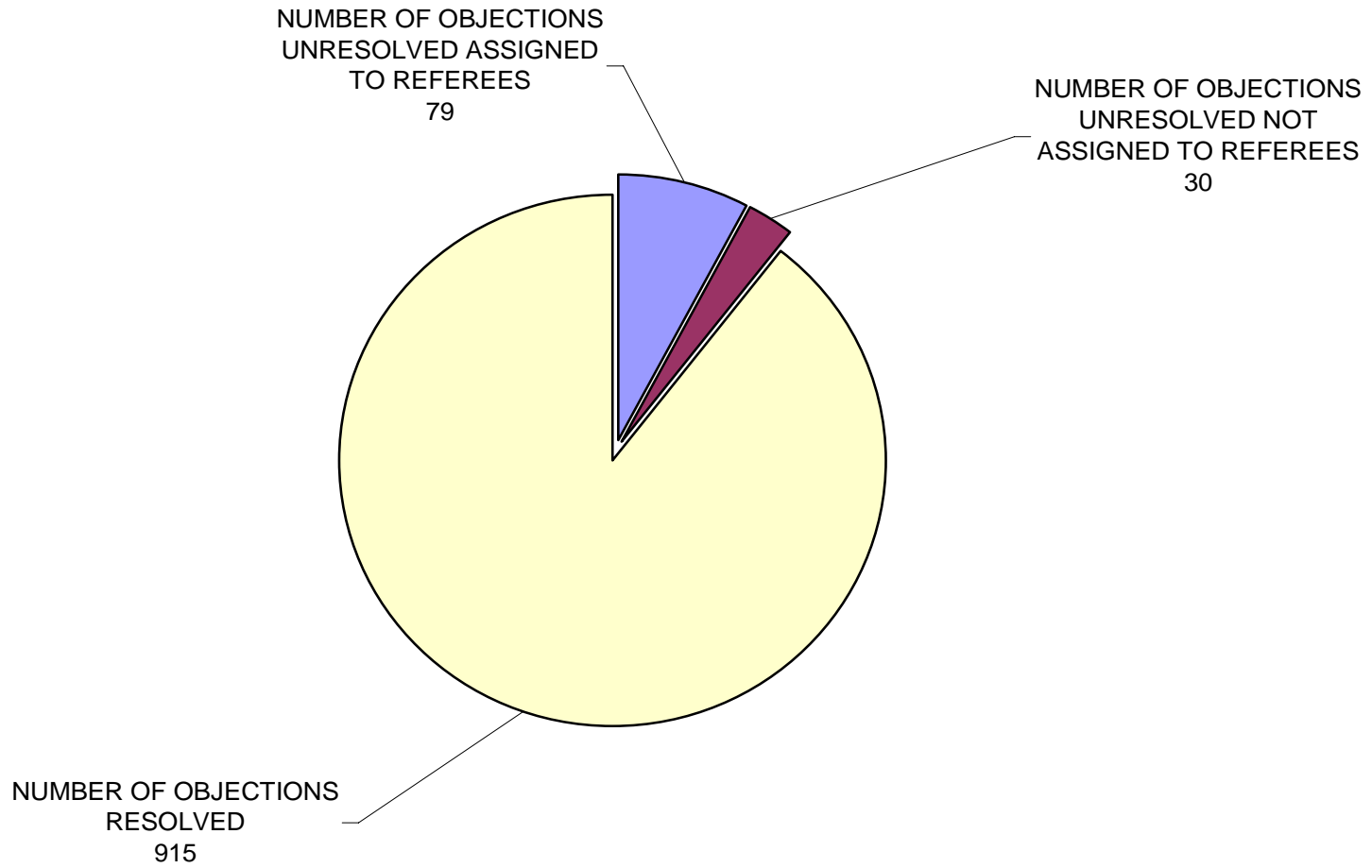


Exhibit D

**Objection Statistics - Inception To Date
June 30, 2009**

CLASS DESCRIPTION	NUMBER OF NOD OBJECTIONS RECEIVED	LIQUIDATOR ALLOWED AMOUNTS ON OBJECTIONS RECEIVED	NUMBER OF NOD OBJECTIONS RESOLVED	LIQUIDATOR ALLOWED AMOUNTS ON OBJECTIONS RESOLVED
NO CLASS ASSIGNED	0	\$0.00	0	\$0.00
A - ADMIN COSTS AND EXPENSES	140	\$0.00	140	\$0.00
B - POLICY HOLDER CLAIMS	248	\$25,283,148.00	212	\$24,279,148.00
C - FEDERAL GOVT	0	\$0.00	0	\$0.00
D - EMPLOYEES	0	\$0.00	0	\$0.00
E - GEN CREDITORS/UNEARNED PREM	580	\$6,934,463.12	521	\$2,953,990.21
F - STATE/LOCAL GOVT	1	\$0.00	1	\$0.00
G - LATE FILED/SUBROGATION	55	\$736,353.50	41	\$736,353.50
H - SURPLUS, PREM REFUNDS	0	\$0.00	0	\$0.00
I - SHAREHOLDERS, OTHER OWNERS	0	\$0.00	0	\$0.00
TOTAL:	1,024	\$32,953,964.62	915	\$27,969,491.71

CLASS DESCRIPTION	NUMBER OF OBJECTIONS UNRESOLVED	LIQUIDATOR ALLOWED AMOUNTS ON OBJECTIONS UNRESOLVED	NUMBER OF OBJECTIONS UNRESOLVED ASSIGNED TO REFEREES	LIQUIDATOR ALLOWED AMOUNTS ON OBJECTIONS UNRESOLVED ASSIGNED TO REFEREES	NUMBER OF OBJECTIONS UNRESOLVED NOT ASSIGNED TO REFEREES	LIQUIDATOR ALLOWED AMOUNTS ON OBJECTIONS UNRESOLVED NOT ASSIGNED TO REFEREES
NO CLASS ASSIGNED	0	\$0.00	0	\$0.00	0	\$0.00
A - ADMIN COSTS AND EXPENSES	0	\$0.00	0	\$0.00	0	\$0.00
B - POLICY HOLDER CLAIMS	36	\$1,004,000.00	15	\$1,004,000.00	21	\$0.00
C - FEDERAL GOVT	0	\$0.00	0	\$0.00	0	\$0.00
D - EMPLOYEES	0	\$0.00	0	\$0.00	0	\$0.00
E - GEN CREDITORS/UNEARNED PREM	59	\$3,980,472.91	53	\$1,800,000.00	6	\$2,180,472.91
F - STATE/LOCAL GOVT	0	\$0.00	0	\$0.00	0	\$0.00
G - LATE FILED/SUBROGATION	14	\$0.00	11	\$0.00	3	\$0.00
H - SURPLUS, PREM REFUNDS	0	\$0.00	0	\$0.00	0	\$0.00
I - SHAREHOLDERS, OTHER OWNERS	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL:	109	\$4,984,472.91	79	\$2,804,000.00	30	\$2,180,472.91

Exhibit E

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153232	000549750004	A	\$1,572.50	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
CONTINENTAL INTERPRETING SERVICES	3111 N TUSTIN ST STE 235 ORANGE CA 92865- 1726	12/24/02	1933095	01032742	A	\$470.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
CORVEL CORPORATION #3	333 E RIVER DR STE 501 EAST HARTFORD CT 06108-4207	10/21/03	2119150	000099960589	A	\$73.95	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
CORVEL CORPORATION #3	333 E RIVER DR STE 501 EAST HARTFORD CT 06108-4207	10/21/03	2119148	000099952012	A	\$5.50	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
CORVEL CORPORATION #3	333 E RIVER DR STE 501 EAST HARTFORD CT 06108-4207	10/21/03	2119127	000099854404	A	\$1.10	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241- 1001	12/12/03	2064726	99019053	A	\$212.75	\$0.00	GENERAL LIABILITY; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064670	97105207	A	\$921.10	\$0.00	MULTI-LINE POLICY; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
DWYER, CONNELL AND LISBONA	100 PASSAIC AVE FAIRFIELD NJ 07004-3573	03/19/08	2161848	00022087	A	\$1,923.88	\$0.00	AUTOMOBILE; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01- 10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939537	98002696	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937820	01020716	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937815	01020500	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937810	00132962	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942015	99058652	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942013	99058652	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937806	99253279	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/13/03	1937811	01020556	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942128	99253279	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942133	99253279	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942361	01020473	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1945905	01020744	A	\$12.25	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1944859	00127752	A	\$465.50	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943821	00125450	A	\$205.68	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943661	99158022	A	\$1,240.01	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943218	99143511	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943216	01032742	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943213	00029689	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943188	01020556	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943170	99253279	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943144	99143876	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943140	01036918	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1943080	99253426	A	\$6.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943183	00071246	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/05/03	1954981	01020716	A	\$1,381.09	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/05/03	1954977	99003714	A	\$108.33	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/25/03	1956781	99143396	A	\$63.45	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/25/03	1956813	99143702	A	\$68.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057061	99143478	A	\$21.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	07/17/03	1952696	98021162	A	\$360.75	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951619	99174253	A	\$7.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057059	00029689	A	\$21.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967486	98021162	A	\$3,626.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967484	01020620	A	\$2,864.56	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1961788	00132962	A	\$51.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1962114	99011362	A	\$125.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1962178	00152237	A	\$55.20	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #6	440 E SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056796	01020473	A	\$22.80	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #6	440 E SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024783	01036918	A	\$10.80	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #6	440 E SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967591	99174253	A	\$147.30	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073765	95095943	A	\$15.90	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073798	99143511	A	\$16.70	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2074754	01020714	A	\$375.85	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074019	00215556	A	\$14.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074018	00215556	A	\$14.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074010	00215556	A	\$14.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076343	99253279	A	\$8.87	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076270	00029689	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076267	01020556	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076266	01020556	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076265	99174253	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076264	01020556	A	\$8.40	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931156	98177565	A	\$43.49	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	

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JEFFREY MANNIS & COMPANY	16311 VENTURA BLVD STE 525 ENCINO CA 91436-4311	03/30/05	2139183	00205843	A	\$268.75	\$0.00	AUTOMOBILE; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
LIEBMAN, QUIGLEY, SHEPPARD, & SOULEMA	PO BOX 92902 LOS ANGELES CA 90009-2902	10/24/03	1966744	90033113	A	\$149.50	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963154	01041980	A	\$117.40	\$0.00	AUTOMOBILE; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962631	99100216	A	\$2,073.23	\$0.00	ACCIDENT & HEALTH; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
MJM INC.	910 PAVERSTONE DR RALEIGH NC 27615-4701	03/08/02	908798	00098357	A	\$1,123.39	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
NEUROPSYCHOLOGY REHAB SERVICES	1944 ROUTE 33 STE 202 NEPTUNE NJ 07753-4863	06/17/02	1898150	000079952637	A	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	

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OHRENSTEIN & BROWN, LLP	1010 FRANKLIN AVE GARDEN CITY NY 11530-2900	12/15/03	2067443	01047453	A	\$16.50	\$0.00	GENERAL LIABILITY; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
PLUNKETT & COONEY, P.C.	38505 WOODWARD AVE STE 200 BLOOMFIELD HILLS MI 48304-5093	03/12/09	2163985	97064992	A	\$108.00	\$0.00	ACCIDENT & HEALTH; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
PRINDLE DECKER & AMARO, LLP	310 GOLDEN SHORE FL 4 LONG BEACH CA 90802-4232	12/30/03	2131518	99068034	A	\$2,524.37	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
RIGGLE AND ASSOCIATES L.L.C.	1215 PRYTANIA ST STE 415 NEW ORLEANS LA 70130-4489	05/29/02	1928142	99205828	A	\$1,952.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for expenses on behalf of insured or Reliance during the rehabilitaion period 5/29/01- 10/3/01 or claim expenses authorized by Reliance during liquidation. These expenses have been paid.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128534	99116436	A	\$441.51	\$0.00	GENERAL LIABILITY; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
SANDS ANDERSON MARKS & MILLER	PO BOX 1998 RICHMOND VA 23218-1998	11/03/03	2022986	00108645	A	\$85.06	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SANDS ANDERSON MARKS & MILLER	PO BOX 1998 RICHMOND VA 23218- 1998	11/10/03	2024521	000460054180	A	\$274.40	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
SWARTZ CAMPBELL LLC	TWO LIBERTY PLACE 50 S 16TH ST; 28TH FLOOR PHILADELPHIA PA 19102	12/30/03	2101770	00077129	A	\$66.50	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	04/06/06	2154099	99061520	A	\$788.10	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
WALTON LANTAFF SCHROEDER & CARSON, LLP	9350 S DIXIE HWY FL 10 MIAMI FL 33156-2951	11/13/03	2058885	98011194	A	\$2,252.54	\$0.00	WORKERS COMPENSATION; Claim by attorney for defense related expenses on behalf of insured or Reliance during the rehabilitation period 5/29/01-10/3/01 or services authorized by Reliance during liquidation. These expenses have been paid.	
1000 BRIDGEPORT, REALTY	343 THORNALL ST EDISON NJ 08837-2206	12/31/03	2114799	00802741	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
110 EMPIRE ASSOCIATES	PO BOX 250197 BROOKLYN NY 11225- 0197	12/31/03	1768175	01056614	B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
200 WEST 82ND STREET LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/19/03	1958028		B	\$0.00	\$0.00	Claim for loss payments made by a TPA on behalf of a Reliance insured.	
22 STATION DEVELOPMENT CORPORATION	6900 S MCCARRAN BLVD STE 3000 RENO NV 89509-6144	12/24/03	2098258		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

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26 PERRY ST REALTY	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955671		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
320 EAST 81ST STREET REALTY CO	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955673		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
414 EAST 71ST REALTY CORP.	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955662		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
509 EAST 87 STREET LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955661		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
509 EAST 87 STREET LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955680		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ABRAHAM SANDBERG & ELI HARRAR C/O A & E MANAGEMENT	1412 AVENUE M STE 2513 BROOKLYN NY 11230-5213	02/11/02	755775	01056531	B	\$15,000,000.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACC & SONS ELECTRIC	7070 QUITO CT CAMARILLO CA 93012-8849	06/10/02	1911766		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACC & SONS ELECTRIC	7070 QUITO CT CAMARILLO CA 93012-8849	06/10/02	1911765		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACC & SONS ELECTRIC	7070 QUITO CT CAMARILLO CA 93012-8849	06/10/02	1911762		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACC & SONS ELECTRIC	7070 QUITO CT CAMARILLO CA 93012-8849	06/10/02	760484		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACC & SONS ELECTRIC	7070 QUITO CT CAMARILLO CA 93012-8849	06/10/02	740462		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ACCENTURE (FORMERLY ANDERSEN CONSULTING)	161 N CLARK ST CHICAGO IL 60601-3206	12/18/03	2071824	98013025	B	\$8,546,361.64	\$8,076,312.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADAM, WILLIAM M	1744 HIGHWAY 22 W MADISONVILLE LA 70447-9445	09/16/02	1130386	000560150548	B	\$5,000,000.00	\$7,500.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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ADMINISTAFF, INC. & SUBSIDIARIES	19001 CRESCENT SPRINGS DR KINGWOOD TX 77339-3802	03/27/03	1938030	93078657	B	\$68,953.38	\$68,953.38	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADMINISTAFF, INC. & SUBSIDIARIES	19001 CRESCENT SPRINGS DR KINGWOOD TX 77339-3802	07/01/08	2163664	01051888	B	\$381,657.61	\$376,040.30	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADMINISTAFF, INC. & SUBSIDIARIES	19001 CRESCENT SPRINGS DR KINGWOOD TX 77339-3802	03/27/03	2067643	99101323	B	\$23,871.66	\$23,871.66	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADP TOTALSOURCE, INC.	10200 SUNSET DR MIAMI FL 33173-3033	10/09/07	2160820	98089952	B	\$19.74	\$19.74	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADP TOTALSOURCE, INC.	10200 SUNSET DR MIAMI FL 33173-3033	10/09/07	2160796	99186389	B	\$6,103.32	\$6,103.32	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADP TOTALSOURCE, INC.	10200 SUNSET DR MIAMI FL 33173-3033	10/09/07	2160795	99111941	B	\$861.05	\$861.05	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADP TOTALSOURCE, INC.	10200 SUNSET DR MIAMI FL 33173-3033	10/09/07	2160794	99088730	B	\$2,986.50	\$2,986.50	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ADP TOTALSOURCE, INC.	10200 SUNSET DR MIAMI FL 33173-3033	10/09/07	2160793	99089096	B	\$15.00	\$15.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AEGON USA, INC.	4333 EDGEWOOD RD NE CEDAR RAPIDS IA 52499-0002	12/31/03	2124078		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AEGON USA, INC.	4333 EDGEWOOD RD NE CEDAR RAPIDS IA 52499-0002	12/31/03	2124073		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AEROTEK, INC. N/K/A ALLEGIS GROUP, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/29/03	2124616	99215698	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AEROTEK, INC. N/K/A ALLEGIS GROUP, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/29/03	2124627	99214638	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AEROTEK, INC. N/K/A ALLEGIS GROUP, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/29/03	2124614	99241964	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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AGWAY, INC.	C/O AGWAY LIQUIDATING TRUST P.O. BOX 4933 SYRACUSE NY 13221	11/20/03	2058508	97026970	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALLEN, DAVID L	77 W WACKER DR STE 4800 CHICAGO IL 60601-1664	12/31/03	2111663	97147124	B	\$10,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALLEVATO, TERESA & JOSEPH	442 CARILS PATH DEER PARK NY 11729	07/12/02	1923264	03056645	B	\$1,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ALLEVATO, TERESA & JOSEPH	442 CARILS PATH DEER PARK NY 11729	03/15/02	1541196	03056645	B	\$12,500,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ALLIED GLASS C/O POST INSURED SERVICES, INC.	2356 TORRANCE BLVD TORRANCE CA 90501- 2567	05/08/06	2154214	04002992	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALLIED HEALTHCARE INTERNATIONAL INC.	245 PARK AVENUE NEW YORK NY 10167	12/30/03	2103605		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALLIED HEALTHCARE INTERNATIONAL INC.	245 PARK AVENUE NEW YORK NY 10167	12/30/03	2103606		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALLIED HEALTHCARE INTERNATIONAL INC.	245 PARK AVENUE NEW YORK NY 10167	12/30/03	2103610		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALOHA AIR CONDITIONING INC.	9826 PAINTER AVE STE E WHITTIER CA 90605- 4532	12/08/03	2061135		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ALPINE CORPORATION	5891 GARDEN VALLEY RD ROSEBURG OR 97470-9500	09/29/03	1961202		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN CHEMICALS CO., INC.	PO BOX 388 LIVINGSTON NJ 07039- 0388	12/24/03	2080312	05043285	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202- 2426	12/27/03	2077892	000959201029	B	\$137,985.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/27/03	2077939	000609752046	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077894	000609654611	B	\$58,496.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2078037	000959451032	B	\$7,200.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077940	000609653128	B	\$23,635.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077938	000609552311	B	\$402,262.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077936	000609651867	B	\$205,710.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077934	000959350077	B	\$121,531.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077931	000609751067	B	\$43,346.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077927	000609750384	B	\$199,287.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077922	000609750582	B	\$90,164.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077910	000609654677	B	\$295,981.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077909	000609452606	B	\$306,197.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077901	000959450154	B	\$48,306.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077899	000609453054	B	\$13,271.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERICAN MEDICAL RESPONSE, INC.	600 VINE ST., STE 1400 C/O JIM REJFEK CINCINNATI OH 45202-2426	12/23/03	2077895	000609553493	B	\$150,417.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERON INTERNATIONAL CORPORATION	245 S LOS ROBLES AVENUE PASADENA CA 91101-3638	12/29/03	2100260	03006398	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AMERON INTERNATIONAL CORPORATION	245 S LOS ROBLES AVENUE PASADENA CA 91101-3638	12/29/03	2095615	01800000	B	\$161,178.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ANGELO IAFRATE CONSTRUCTION	26400 SHERWOOD AVE WARREN MI 48091-4170	12/31/03	2110142	04001797	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ANGELO IAFRATE CONSTRUCTION	26400 SHERWOOD AVE WARREN MI 48091-4170	12/31/03	635723	04001797	B	\$50,000.00	\$50,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ANTI PEST CO., INC.	PO BOX 4266 SHREVEPORT LA 71134-0266	12/29/03	2106408		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARCHDIOCESE OF NEWARK	171 CLIFTON AVE PO BOX 9500 NEWARK NJ 07104-1019	12/04/08	2163766	08001689	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARCHDIOCESE OF PHILADELPHIA	222 N 17TH ST PHILADELPHIA PA 19103 1202	12/03/03	2061301	99198695	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ARCHDIOCESE OF PHILADELPHIA	222 N 17TH ST PHILADELPHIA PA 19103 1202	12/03/03	2061258	98161247	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARCNET ARCHITECTS, INC.	105 WHITE OAK LN STE 103 OLD BRIDGE NJ 08857-1975	12/29/03	1444654	00148438	B	\$103,793.86	\$0.00	ERRORS & OMMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	11/11/03	2024726		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/09/03	2062220	01048015	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/11/03	2063805	04000898	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/11/03	2063808	00183929	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/11/03	2064086	98040941	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/22/03	2078924	94020765	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/16/03	2069469	94058365	B	\$182,454.32	\$182,454.32	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/16/03	2069463	04000926	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917- 0048	12/16/03	2069458	04000930	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917-0048	12/16/03	2069457	02072929	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917-0048	12/16/03	2063138	93156183	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917-0048	12/16/03	2063134	96097766	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARKANSAS BEST CORPORATION	PO BOX 10048 3801 OLD GREENWOOD ROAD FORT SMITH AR 72917-0048	12/16/03	2070071	00147077	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	2132906		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	2103488		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	2103484		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	2103483		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	912919		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	897835		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	894381		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG GROUP OF COMPANIES	1 ARMSTRONG PL BUTLER PA 16001-1951	12/29/03	894179		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	09/23/03	1961111		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	09/23/03	1961109		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	09/23/03	1961108		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	09/23/03	1960405		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	09/23/03	1960401		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	08/14/03	1955404		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	08/14/03	1955403		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WOOD PRODUCTS, INC	1789 CULVER LOOP SUTHERLIN OR 97479-9104	08/14/03	1955309		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARMSTRONG WORLD INDUSTRIES , INC.	2500 COLUMBIA AVE LANCASTER PA 17603-4117	12/31/03	2113707	03001370	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ARNOLD, CYNTHIA DIANNE	274 RAWLS SPRINGS LOOP RD HATTIESBURG MS 39402-3633	12/31/03	2109738		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100567		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100564		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100562		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/30/03	2105763		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100569		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100571		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100575		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100602		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100601		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100599		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100598		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100597		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100596		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100595		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100594		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100593		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100592		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100591		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100589		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100577		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100572		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100603		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100604		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100608		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100660		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100659		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100658		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100657		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100656		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100654		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100653		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100652		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100651		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100650		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100649		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100648		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100647		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100661		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100646		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100662		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100664		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100679		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100678		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100677		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100675		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100674		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100673		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100672		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100670		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100669		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100668		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100667		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100666		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100665		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100663		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100645		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100644		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100643		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100621		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100620		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100619		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100618		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100617		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100616		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100615		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100614		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100613		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100612		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100611		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100610		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100609		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100622		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100623		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100625		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100626		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100641		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100640		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100638		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100637		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100636		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100635		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100606		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100634		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100632		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100631		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100630		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100629		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100628		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100627		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100633		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100680		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100682		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100684		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100683		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105783		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105782		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105781		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105779		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105778		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105777		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105776		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105775		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105774		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105773		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105772		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105771		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105770		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105784		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105768		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105785		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105787		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105800		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105790		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105789		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105788		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105786		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105765		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2105762		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100745		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100697		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100696		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100695		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100694		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100693		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100692		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100691		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100690		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100689		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100688		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100687		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100686		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100685		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100698		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100699		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100700		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100701		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100727	94097427	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100722		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100714		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100713		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100712		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100711		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100710		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100708		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100707		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100706		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100704		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100703		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100702		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASCENSION HEALTH-FORMERLY DAUGHTERS OF CHARITY NATIONAL HEALTH SYSTEM	PO BOX 46944 11775 BORMAN DRIVE SAINT LOUIS MO 63146-6944	12/31/03	2100709		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/25/05	2138240	05021993	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/25/05	2138239	05021994	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/25/05	2138238	05021992	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138211	05021900	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962098	03102151	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962097	03102155	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962095	03102152	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962093	03102146	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962092	03102150	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962091	03102393	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	09/16/03	1959274	03102216	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947949	03103449	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947948	03103448	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947946	03103317	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947945	03103315	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947944	03103314	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947943	03103311	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962099	03102322	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947942	03103310	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962100	03102149	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962102	03102149	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/28/03	1966771	03102671	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/28/03	1966769	03102670	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/28/03	1966768	03102895	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/28/03	1966767	03102448	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965434	03102404	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965433	03102337	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965432	03102391	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965431	03102390	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965429	03102394	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965428	03102403	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1965427	03102389	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962119	03102156	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962108	03102379	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/07/03	1962101	03102148	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947941	03103309	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947940	03103308	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947939	03103307	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945055	03041591	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945053	03102106	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945052	03041555	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945051	03041554	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945049	03041553	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945048	03041552	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945047	03041551	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945046	03041550	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945045	03041548	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945043	03041614	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945042	03102598	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945041	03102597	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945039	03041613	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945056	03041593	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945057	03041594	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947626	03102278	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947627	03102272	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947938	03103297	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947936	03103295	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/22/03	1947935	03103296	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/21/03	1947755	03102355	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/09/03	1946010	03041597	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/09/03	1946009	03041596	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059384	03103627	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/09/03	1946008	03041595	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1964189	03102618	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947633	03102277	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947632	03102276	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947631	03102274	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947630	03103306	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1947629	03103291	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/07/03	1964191	03102634	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945038	03102596	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059385	03103580	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059389	03103584	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138183	05021887	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138182	04003045	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138181	04003012	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138180	05021886	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	09/27/04	2136748	04020360	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	09/27/04	2136747	04020359	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136268	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136267	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136266	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136265	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136264	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	07/19/04	2136260	04003918	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134546	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138184	05021885	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134535	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138185	05021888	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138187	04003042	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138210	04003009	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138209	05021899	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138208	05021898	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138197	05021897	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138196	04003011	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138195	05021896	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138194	05021895	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138193	05021894	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138192	04003043	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138191	05021893	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138190	05021892	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138189	05021891	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138188	05021890	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/04/05	2138186	05021889	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134534	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134533	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134531	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059403	03103624	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059401	03103577	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059400	03103579	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059399	03103631	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059398	03103678	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059397	04000157	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059396	03103623	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059395	03103628	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059394	04000156	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059393	03103581	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059392	03103621	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059391	03103626	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059390	03103582	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059404	03103629	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059407	03103620	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/23/03	2076213	04000279	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/24/03	1927595	04019413	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/15/04	2134470	04003233	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134158	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134137	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134135	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134134	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134133	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/02/03	2059388	03103576	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134132	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/25/04	2134141	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/25/04	2134140	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/25/04	2134138	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/25/04	2134136	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/25/04	1490816	04002686	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	12/24/03	2136581	04019413	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	06/01/04	2134097	04003197	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945037	03102595	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945034	03041576	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926505	02064950	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926495	02064943	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926479	02064952	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926445	96056406	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926421	02061695	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926416	02064957	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926398	03103326	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	635681	03103455	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	599256	03103458	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926511	02067514	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945035	03102592	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926516	03103452	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926527	02064956	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935857	03103335	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935856	03103336	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935855	03103337	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935854	03103338	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935853	03103339	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935852	03103340	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935851	03103410	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935850	03103411	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935849	03103412	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935848	03103413	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935847	03103419	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935846	03103423	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935845	03103453	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935858	03103334	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935844	03103456	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935859	03103333	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935861	03103329	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945033	03102591	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945032	03102590	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945031	03102589	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945030	03101997	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945029	03102588	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945028	04000188	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945027	04000185	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945026	04000187	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945025	04000183	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	05/05/03	1945022	04000186	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	03/17/03	1941754	03101838	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935863	03041559	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935862	03103327	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935860	03103332	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935843	03103457	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935842	03103459	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935841	03103460	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935939	03041436	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935937	03041434	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935927	03103265	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935925	03103271	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935924	03103283	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935909	03103277	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935907	03103280	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935890	03041620	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	01/25/03	1934462	04000182	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	11/25/02	1929134	02138512	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/29/02	1929191	02073022	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1929199	02067066	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1927104	02063214	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935947	03041438	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935948	03041441	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/07/03	1935949	03041442	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935826	03103479	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935840	03103467	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935839	03103462	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935838	03103461	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935837	03103468	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935836	03103469	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935835	04000161	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	10/16/02	1926519	02066781	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935834	03103471	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935832	03103473	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935831	03103474	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935830	03103475	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935829	03103476	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935828	03103477	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935827	03103478	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASH GROVE CEMENT COMPANY	11011 CODY ST OVERLAND PARK KS 66210-1399	02/24/03	1935833	03103472	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126538		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126537		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126536		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126535		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126534		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126530		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126527		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126526		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126525		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126522		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	767593		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	635672		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126546		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/24/03	2126562		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASPLUNDH TREE EXPERT CO.	708 BLAIR MILL RD WILLOW GROVE PA 19090-1701	12/31/03	599339		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASSOCIATED ANESTHESIOLOGISTS OF JOLIET	333 MADISON ST JOLIET IL 60435-8200	08/28/02	1915363	99221413	B	\$5,150.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ASSOCIATED FINANCIAL CORP.	12100 WILSHIRE BLVD STE 1400 LOS ANGELES CA 90025-7131	10/28/03	2021926	00218063	B	\$9,819.19	\$9,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ASSOCIATED WHOLESALE GROCERS, INC.	5000 KANSAS AVE KANSAS CITY KS 66106-1135	08/14/06	2158700	000100350754	B	\$0.00	\$1,735,157.70	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ATASCADERO MUTUAL WATER	PO BOX 6075 ATASCADERO CA 93423-6075	10/02/02	1925353		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ATASCADERO MUTUAL WATER	PO BOX 6075 ATASCADERO CA 93423-6075	10/02/02	963895		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ATLANTIC CONCRETE, INC.	350 BUENA VISTA AVE PO BOX 1772 GILROY CA 95020-9277	03/27/06	2153959	000100650079	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ATLANTIC EXPRESS TRANSPORTATION GROUP, INC.	7 NORTH ST STATEN ISLAND NY 10302-1227	12/31/03	2117910	01042423	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ATLANTIC EXPRESS TRANSPORTATION GROUP, INC.	7 NORTH ST STATEN ISLAND NY 10302-1227	12/30/03	2122531	01041301	B	\$8,050,000.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AUSTIN HARDWOODS	4245 W SUNSET RD LAS VEGAS NV 89118-3873	01/06/03	1933995		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
AUSTIN HARDWOODS	4245 W SUNSET RD LAS VEGAS NV 89118-3873	01/06/03	1933994		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
AVILA, THEODORE S	6001 OMO RANCH ROAD SOMERSET CA 95684	12/31/02	1916559	03040373	B	\$50,000.00	\$10,050.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BAGGETT TRANSPORTATION	2 32ND ST S BIRMINGHAM AL 35233-3018	12/02/03	2056714	99804464	B	\$905,000.01	\$774,024.06	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BAILEY, ELIZABETH	701 N SUMNER ST SELMA NC 27576-2241	07/30/02	1167241	000189950223	B	\$155,270.96	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BAKER, CHRISTOPHER	5520 SEELEY LAKE DR SW LAKEWOOD WA 98499	11/18/08	2163645	08000885	B	\$4,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BALINSKI, RICHARD	140 OLD WINKLE POINT RD NORTHPORT NY 11768	01/05/04	1354010	00010752	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BALKEN, LAWRENCE	74130 SANTA ROSA CIR PALM DESERT CA 92260-3031	07/22/02	1047486	00015405	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BARLUPO, JOSEPH LAW OFFICE	PO BOX 7859 STOCKTON CA 95267-0859	11/04/02	995847	000609952281	B	\$1,213.37	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
BASCO LOGGING INC.	PO BOX 131 WINCHESTER OR 97495-0131	05/01/02	1894773		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BASIL HOLDINGS, INC.	172 ARMISTICE BLVD PAWTUCKET RI 02860-3219	12/29/03	2096364	00800332	B	\$56,608.53	\$16,078.01	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BASS, LEAH	1881 BROADWAY NEW YORK NY 10023-7035	08/19/03	1958001		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BAUER, KATHARINE P	1235 4TH AVE E OLYMPIA WA 98506-4278	03/20/02	1920307		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BAUER, KATHRINE P.	1235 4TH AVE E OLYMPIA WA 98506-4278	03/20/02	1920671		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BAUER, KATHRINE P.	1235 4TH AVE E OLYMPIA WA 98506-4278	03/20/02	1460486		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BAY AREA CONCRETES, INC.	1306 STEALTH ST LIVERMORE CA 94551-9356	12/31/03	893370		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BBB INDUSTRIES, INC	28756 CASTAIC CANYON RD VALENCIA CA 91355-1002	10/21/02	1927261		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BEAUDOIN, SUZANNE M	11404 WARREN BLVD APT 102 WARREN MI 48089-1044	02/25/02	1552815	03093223	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BEESTING, JAMES	PO BOX 1383 ARCADIA FL 34265-1383	03/21/05	2114646	000100253698	B	\$0.00	\$500,000.00	PROFESSIONAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BELL, GLODEAN	5586 VASSAR DR SAN JOSE CA 95118-3455	05/20/02	1069070	93058620	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	1476546		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	2118008		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	2118007		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	2118006		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	2118005		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BELUSKO, LYNNE BIANCO	15 SANTA BARBARA DR RANCHO PALOS VERDES CA 90275-6606	12/31/03	1479059		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BENDER SHIPBUILDING & REPAIR	PO BOX 42 MOBILE AL 36601-0042	12/23/03	2077807	07004785	B	\$53,626.13	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BENDER SHIPBUILDING & REPAIR	PO BOX 42 MOBILE AL 36601-0042	12/23/03	2077792	95122278	B	\$315,554.46	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BENDERSON DEVELOPMENT COMPANY, INC.	570 DELAWARE AVE BUFFALO NY 14202-1207	12/10/02	1930107	03006419	B	\$425,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BEST WESTERN INTERNATIONAL, INC.	PO BOX 10203 PHOENIX AZ 85064-0203	12/31/03	2122684	000950050223	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BEVERLY HILLS-NMS LLC	7070 QUITO CT CAMARILLO CA 93012-8849	12/29/03	2028900		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BIG TEN TIRE STORES, INC.	C/O THE CONE COMPANY PO BOX 230549 MONTGOMERY AL 36123	12/23/03	2077947		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BLOOMINGDALE SCHOOL OF MUSIC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955666		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BLOOMINGDALE SCHOOL OF MUSIC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955655		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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BLUE RIVER LAND COMPANY, LLC	1050 17TH ST C/O INTRAWEST US HOLDINGS DENVER CO 80265-1050	12/24/03	2098246		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BOND, SCHOENECK & KING, LLP.	1 LINCOLN CTR SYRACUSE NY 13202-1324	11/04/03	1393824	97024968	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BORDET, BARBARA	435 E 79TH ST APT 12H NEW YORK NY 10021-1078	04/15/03	1903389	01043183	B	\$10,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BOROUGH OF BRENTWOOD	3624 BROWNSVILLE RD PITTSBURGH PA 15219	07/28/03	1951106	000070054862	B	\$79,000.00	\$21,512.81	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BOSS, DONALD J	1830 WESTHOLME AVE APT 103 LOS ANGELES CA 90025-4941	11/25/03	1464357		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRAND S. CORPORATION	PO BOX 1087 CORVALLIS OR 97339-1087	12/02/03	2060772		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRAND S. CORPORATION	PO BOX 1087 CORVALLIS OR 97339-1087	12/02/03	2060768		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRAND S. CORPORATION	PO BOX 1087 CORVALLIS OR 97339-1087	12/02/03	2059303		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRAND S. CORPORATION	PO BOX 1087 CORVALLIS OR 97339-1087	12/02/03	2059302		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRAUER, WILLIAM J.	519 POMONA AVE ALBANY CA 94706-1426	03/25/02	723853		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/30/06	2153575	02134298	B	\$0.00	\$42.50	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025276	08000349	B	\$1,625.13	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025274	08000349	B	\$12,641.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025271	08000349	B	\$16,473.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025270	08000349	B	\$8,163.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025269	08000349	B	\$2,030.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025268	08000349	B	\$23,807.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025267	08000349	B	\$12,734.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025266	08000349	B	\$6,379.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025264	08000349	B	\$10,778.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025263	08000349	B	\$3,374.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025262	08000349	B	\$34,610.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025261	08000349	B	\$19,664.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025259	08000349	B	\$25,401.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025401	08000349	B	\$17,191.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025258	08000349	B	\$4,237.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025404	08000349	B	\$2,925.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025406	08000349	B	\$30,806.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051702	08000349	B	\$1,813.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025767	08000349	B	\$36,207.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025418	08000349	B	\$24,685.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025417	08000349	B	\$2,249.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025416	08000349	B	\$2,515.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025415	08000349	B	\$6,803.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025414	08000349	B	\$3,256.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025413	08000349	B	\$4,151.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025412	08000349	B	\$16,675.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025411	08000349	B	\$9,543.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025410	08000349	B	\$5,689.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025409	08000349	B	\$19,068.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025407	08000349	B	\$7,605.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025405	08000349	B	\$1,600.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051704	08000349	B	\$1,139.67	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025255	08000349	B	\$2,149.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025253	08000349	B	\$50,757.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025227	08000349	B	\$39,062.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025226	08000349	B	\$2,411.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025225	08000349	B	\$32,186.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025224	08000349	B	\$5,450.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025223	08000349	B	\$4,398.05	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025222	08000349	B	\$14,859.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025221	08000349	B	\$1,098.01	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025220	08000349	B	\$6,065.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025219	08000349	B	\$654.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025218	08000349	B	\$14,318.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025217	08000349	B	\$19,675.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025216	08000349	B	\$13,337.20	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025215	08000349	B	\$1,172.53	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025228	08000349	B	\$5,519.23	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025254	08000349	B	\$21,464.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025233	08000349	B	\$5,437.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025235	08000349	B	\$25,642.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025251	08000349	B	\$3,276.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025249	08000349	B	\$20,565.37	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025248	08000349	B	\$1,992.70	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025246	08000349	B	\$6,667.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025245	08000349	B	\$10,242.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025244	08000349	B	\$26,996.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025243	08000349	B	\$24,783.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025241	08000349	B	\$4,654.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025240	08000349	B	\$9,748.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025239	08000349	B	\$7,777.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025238	08000349	B	\$26,878.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025237	08000349	B	\$1,025.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025236	08000349	B	\$3,445.03	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025234	08000349	B	\$12,870.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051705	08000349	B	\$15,137.47	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051707	08000349	B	\$6,115.31	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051708	08000349	B	\$368.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2057259	08000349	B	\$4,942.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056564	08000349	B	\$18,235.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056517	08000349	B	\$38,353.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056506	08000349	B	\$6,581.67	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056505	08000349	B	\$12,099.53	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056503	08000349	B	\$4,435.01	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056502	08000349	B	\$16,230.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056501	08000349	B	\$3,824.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056499	08000349	B	\$43,176.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056495	08000349	B	\$29,185.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056494	08000349	B	\$3,518.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056493	08000349	B	\$25,464.56	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056492	08000349	B	\$20,391.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2057824	08000349	B	\$4,180.60	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056491	08000349	B	\$20,663.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058287	08000349	B	\$49,713.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058289	08000349	B	\$29,620.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058303	08000349	B	\$2,586.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058302	08000349	B	\$3,828.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058301	08000349	B	\$1,860.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058300	08000349	B	\$7,192.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058299	08000349	B	\$31,519.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058298	08000349	B	\$18,584.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058297	08000349	B	\$5,047.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058296	08000349	B	\$31,185.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058295	08000349	B	\$2,125.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058293	08000349	B	\$3,692.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058292	08000349	B	\$4,233.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058291	08000349	B	\$19,167.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058290	08000349	B	\$8,368.61	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058288	08000349	B	\$3,782.43	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056490	08000349	B	\$8,525.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056489	08000349	B	\$1,755.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056487	08000349	B	\$17,760.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051721	08000349	B	\$7,478.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051720	08000349	B	\$15,488.59	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051719	08000349	B	\$13,876.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051718	08000349	B	\$37,051.70	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051717	08000349	B	\$9,389.60	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051716	08000349	B	\$2,924.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051715	08000349	B	\$4,104.74	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051714	08000349	B	\$11,473.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051713	08000349	B	\$38.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051712	08000349	B	\$1,245.49	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051711	08000349	B	\$11,753.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051710	08000349	B	\$14,581.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051709	08000349	B	\$13,538.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051722	08000349	B	\$11,410.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051723	08000349	B	\$1,632.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051724	08000349	B	\$5,572.23	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051725	08000349	B	\$565.05	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056486	08000349	B	\$3,411.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056485	08000349	B	\$11,059.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056484	08000349	B	\$8,940.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056482	08000349	B	\$481.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056481	08000349	B	\$14,797.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056480	08000349	B	\$9,252.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025214	08000349	B	\$3,550.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056479	08000349	B	\$230.10	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051731	08000349	B	\$19,209.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051730	08000349	B	\$13,205.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051729	08000349	B	\$9,783.81	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051728	08000349	B	\$6,456.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051727	08000349	B	\$107.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2051726	08000349	B	\$4,216.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056478	08000349	B	\$3,085.82	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025213	08000349	B	\$29,823.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025212	08000349	B	\$1,274.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025211	08000349	B	\$1,259.70	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058304	08000349	B	\$10,008.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025210	08000349	B	\$19,931.07	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025209	08000349	B	\$6,127.45	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025208	08000349	B	\$41,915.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025206	08000349	B	\$19,439.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025205	08000349	B	\$17,233.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025204	08000349	B	\$26,256.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025203	08000349	B	\$10,217.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025202	08000349	B	\$10,943.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025201	08000349	B	\$5,761.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/12/03	2025207	08000349	B	\$4,917.45	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/03/03	2025231	08000349	B	\$14,694.49	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058305	08000349	B	\$6,234.70	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058306	08000349	B	\$19,340.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058307	08000349	B	\$30,864.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160708	08000349	B	\$3,535.69	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160706	08000349	B	\$391.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058310	08000349	B	\$5,890.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058309	08000349	B	\$570.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BRISTOL PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/24/03	2058308	08000349	B	\$18,842.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BROUSSARD BROTHERS, INC.	25817 LA HIGHWAY 333 ABBEVILLE LA 70510-0507	07/08/03	1386300	00207195	B	\$98,261.79	\$107,791.14	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BROWN, DORIS C	401 E NORTH ST MACON MS 39341-2903	12/30/03	1909982	000569952721	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
BUBBA GUMP SHRIMP COMPANY	209 AVENIDA FABRICANTE STE 200 SAN CLEMENTE CA 92672-7544	12/30/03	2105498	000739960088	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BUBBA GUMP SHRIMP COMPANY	209 AVENIDA FABRICANTE STE 200 SAN CLEMENTE CA 92672-7544	12/30/03	910645		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BUBBA GUMP SHRIMP COMPANY	209 AVENIDA FABRICANTE STE 200 SAN CLEMENTE CA 92672-7544	12/30/03	902417		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BUBBA GUMP SHRIMP COMPANY	209 AVENIDA FABRICANTE STE 200 SAN CLEMENTE CA 92672-7544	12/30/03	2133042		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BUFFALO RIVER SERVICES, INC.	PO BOX 847 410 HOG CREEK RD. WAYNESBORO TN 38485-0847	02/19/02	786210		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BULLIVANT HOUSER BAILEY, PC	888 SW 5TH AVE STE 300 PORTLAND OR 97204-2017	12/29/03	2095756	001429302244	B	\$114.17	\$114.17	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
BULLIVANT HOUSER BAILEY, PC	888 SW 5TH AVE STE 300 PORTLAND OR 97204-2017	12/29/03	2095649	001429302244	B	\$14.31	\$14.31	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BULLIVANT HOUSER BAILEY, PC	888 SW 5TH AVE STE 300 PORTLAND OR 97204-2017	12/29/03	2095641	001429302244	B	\$171.92	\$318.25	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
BUTE PLUMBING, INC.	6782 COLUMBUS ST RIVERSIDE CA 92504-1118	06/02/06	2154377	06000585	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
BUTE PLUMBING, INC.	6782 COLUMBUS ST RIVERSIDE CA 92504-1118	03/16/06	2153805		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
C & W DIVING SERVICES, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2081848	01015538	B	\$0.00	\$0.00	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CADET MANUFACTURING COMPANY	PO BOX 1675 VANCOUVER WA 98668-1675	04/26/04	2113578		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CADET MANUFACTURING COMPANY	PO BOX 1675 VANCOUVER WA 98668-1675	04/26/04	892615		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAL PAC SHEET METAL, INC.	2720 S MAIN ST STE B SANTA ANA CA 92707-3404	03/23/06	2153867	000100650304	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAL PAC SHEET METAL, INC.	2720 S MAIN ST STE B SANTA ANA CA 92707-3404	04/26/02	1921794		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CALIFORNIA TILE COMPANY	10755 SCRIPPS POWAY PKWY STE F SAN DIEGO CA 92131-3924	05/21/07	2160320	06000122	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAMDEN COUNTY BOARD OF CHOSEN FREEHOLDERS	520 MARKET ST CAMDEN NJ 08102-1300	12/29/03	2108022		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAMDEN COUNTY BOARD OF CHOSEN FREEHOLDERS	520 MARKET ST CAMDEN NJ 08102-1300	12/29/03	2108021		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAPITAL BUS TRANSPORTATION, INC.	3167 ATLANTIC AVE BROOKLYN NY 11208-1913	12/31/03	2087260	000099850872	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CAPITAL BUS TRANSPORTATION, INC.	3167 ATLANTIC AVE BROOKLYN NY 11208-1913	12/31/03	2118176	000099853996	B	\$1,050,000.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

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CARAUSTAR INDUSTRIES, INC.	5000 AUSTELL POWDER SPRINGS RD, STE 300 AUSTELL GA 30106-2440	12/31/03	2116128	94020953	B	\$125,747.40	\$125,747.40	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CARDENAS, DIANA	1808 1/2 N HARRISON ST DAVENPORT IA 52803-4813	04/25/02	1054227	99108914	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CAROLAN, MARGARET A	74 GRIST MILL RD WANAQUE NJ 07465-1207	02/25/02	685520		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CARULLI, ALBERTO	8470 SHERIDAN RD MELBOURNE FL 32904-2126	10/29/02	1927015	00198616	B	\$10,000.00	\$10,000.00	PROFESSIONAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CASA GRANDE CITY OF	510 E FLORENCE BLVD CASA GRANDE AZ 85222-4100	12/31/03	2121852		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASA GRANDE CITY OF	510 E FLORENCE BLVD CASA GRANDE AZ 85222-4100	12/31/03	893167		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASANOVA RESTAURANT, LLC	PO BOX GG CARMEL CA 93921-1839	12/31/03	631353	99114971	B	\$36,250.32	\$31,250.32	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASCADE WEST, INC.	PO BOX 338 DILLARD OR 97432-0338	08/11/03	1955114		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASCADE WEST, INC.	PO BOX 338 DILLARD OR 97432-0338	08/11/03	1955112		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASCADE WEST, INC.	PO BOX 338 DILLARD OR 97432-0338	08/11/03	1955111		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASCADE WEST, INC.	PO BOX 338 DILLARD OR 97432-0338	08/11/03	1955104		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CASELLA WASTE SYSTEMS, INC.	25 GREEN HILL LN RUTLAND VT 05701-3804	12/31/03	2117787	99204324	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CATALINA CHANNEL EXPRESS	BERTH 95 SAN PEDRO CA 90731	12/31/03	2122866	96033816	B	\$9,017.40	\$1,168.56	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CB RICHARD ELLIS, INC. FORMERLY CB COMMERCIAL REAL ESTATE GROUP, INC.	355 S GRAND AVE STE 1200 LOS ANGELES CA 90071-1549	11/19/04	2137611	97009915	B	\$746,630.00	\$656,819.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CB RICHARD ELLIS, INC. FORMERLY CB COMMERCIAL REAL ESTATE GROUP, INC.	355 S GRAND AVE STE 1200 LOS ANGELES CA 90071-1549	12/23/08	2163829	08001731	B	\$746,631.00	\$89,812.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CERTIFIED SYSTEMS INC.	860 RIDGE LAKE BLVD STOP A3-4010 C/O SERVICEMASTER MEMPHIS TN 38120-9434	12/24/03	2094348	99061613	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CERTIFIED SYSTEMS INC.	860 RIDGE LAKE BLVD STOP A3-4010 C/O SERVICEMASTER MEMPHIS TN 38120-9434	12/24/03	2094351	98151159	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHAC, INC.	1000 S WABASH AVE CHICAGO IL 60605-7200	06/10/02	897060	98179564	B	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHAMPION FENCE COMPANY	PO BOX 3328 DANA POINT CA 92629-8328	03/13/06	2153759	04001983	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHARTER OAK GROUP LTD	C/O ROTHCHILD REALTY MANAGERS LLC 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020	10/27/03	913509	000189851945	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHEN, LIN	1683 W KING ST DECATUR IL 62522-1379	06/04/02	1914961	000100451882	B	\$5,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CHESNEY & MURPHY, LLP	2305 GRAND AVE BALDWIN NY 11510-3108	12/19/03	2072447	96132348	B	\$769.40	\$769.40	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
CHICK-FIL-A, INC.	5200 BUFFINGTON RD ATLANTA GA 30349-2945	12/29/03	2096647	000170051866	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CHS/MERCY MEDICAL CENTER	1000 N VILLAGE AVE ROCKVILLE CENTRE ROCKVILLE CENTRE NY 11570-1000	12/29/03	2078732	99071717	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHS/ST. FRANCIS HOSPITAL	100 PORT WASHINGTON BLVD ROSLYN NY 11576-1348	11/11/03	2024689	00165945	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CHUNG, THEM-TUCK	155 HENRY ST APT 104 NEW YORK NY 10002-6419	04/21/03	1942923	000100350086	B	\$5,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CHYNOWETH, MARILYNN	738 ODAY DR GRIFFITH IN 46319-2051	12/24/03	1579741	03068370	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CHYNOWETH, RAYMOND	738 ODAY DR GRIFFITH IN 46319-2051	12/24/03	2082159	03068370	B	\$53,470.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CITY OF BEACON, ETAL	1 MUNICIPAL PLZ STE 1 BEACON NY 12508-2526	02/19/02	1919522	000220051234	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CITY OF FORT MYERS	PO BOX 2217 2200 SECOND STREET FORT MYERS FL 33902-2217	06/26/02	619780	03000615	B	\$56,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CITY OF PHILADELPHIA	1515 ARCH ST FL 14 PHILADELPHIA PA 19102 1504	05/15/03	1946631		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CITY OF POMONA	C/O ANDERSON KILL WOOD & BENDER, LLP 864 E SANTA CLARA ST. VENTURA CA 93001-2939	02/01/05	2138397	001429503090	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CITY OF POMONA	C/O ANDERSON KILL WOOD & BENDER, LLP 864 E SANTA CLARA ST. VENTURA CA 93001-2939	06/29/04	2135333	001420150290	B	\$900,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CITY OF POMONA	C/O ANDERSON KILL WOOD & BENDER, LLP 864 E SANTA CLARA ST. VENTURA CA 93001- 2939	06/29/04	2135332	001420150290- 01	B	\$8,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1961115		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1961117		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1961113		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960416		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960408		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960407		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960406		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960404		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLARKE'S INDUSTRIES, INC.	PO BOX 2428 EUGENE OR 97402-0139	09/23/03	1960403		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CLEMEN, LONNIE D	8000 COUNTY ROAD 130 TERRELL TX 75161-8214	12/17/03	1814433	98035928	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CLI TRANSPORT, LLP	3411 BEALE AVE ALTOONA PA 16601- 1311	12/27/02	644139	99804436	B	\$14,549.58	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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CLIFFORD & STONE	PO BOX 3200 AUBURN ME 04212-3200	01/24/05	2138212		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COCA-COLA BOTTLING COMPANY UNITED INC	4600 E LAKE BLVD BIRMINGHAM AL 35217-4032	02/09/03	1935088	000170152529	B	\$0.00	\$14,532.91	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COLONNADES APARTMENT LTD	12100 WILSHIRE BLVD STE 1400 C/O ASSOCIATED FINANCIAL CORP LOS ANGELES CA 90025-7131	10/28/03	2021933	02065718	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COLUMBUS MCKINNON CORP	140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1112	09/11/03	1396293	000359550552	B	\$56,649.29	\$43,475.01	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CONCENTRA INTEGRATED SERVICES INC #3	4141 N SCOTTSDALE RD C/O COVENTRY WORKERS' COMP SERVICES SCOTTSDALE AZ 85251-3907	12/29/03	2106828	99221509	B	\$327.00	\$327.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
CONCENTRA INTEGRATED SERVICES, INC. #4	4141 N SCOTTSDALE RD C/O COVENTRY WORKERS' COMP SERVICES SCOTTSDALE AZ 85251-3907	12/29/03	2106833	99221509	B	\$371.92	\$371.92	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
CONCRETE WORKS OF COLORADO, INC.	1260 ROCK CREEK CIR LAFAYETTE CO 80026-9532	12/09/03	2062432		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CONCRETE WORKS OF COLORADO, INC.	1260 ROCK CREEK CIR LAFAYETTE CO 80026-9532	12/09/03	2062428		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CONCRETE WORKS OF COLORADO, INC.	1260 ROCK CREEK CIR LAFAYETTE CO 80026-9532	12/09/03	2062427		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CONLEY, THOMAS EDWARD	816 S COMMERCIAL AVE EMMETT ID 83617-3566	08/28/02	1917178	000930150049	B	\$1,000,000.00	\$450,000.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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CONLEY, WALTER KENNETH	4350 S LACEY LAKE RD BELLEVUE MI 49021-9421	12/30/03	1793180	99079666	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
COOPER/T. SMITH CO., INC., ET AL	118 NORTH ROYAL STREET PO BOX 1566 MOBILE AL 36633	12/24/03	2095029	03040171	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COPPER MOUNTAIN, INC (INTRAWEST)	PO BOX 3001 COPPER MOUNTAIN CO 80443	12/24/03	2095347		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CORVEL CORPORATION	9475 DEERECO RD, SUITE 404 TIMONIUM MD 21093	03/26/02	1920131	99150168	B	\$4,386.41	\$4,386.41	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
CORVEL CORPORATION	51 HADDONFIELD RD STE 200 CHERRY HILL NJ 08002-4801	04/24/02	1911326	00125175	B	\$70.75	\$70.75	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
CORVEL CORPORATION	39500 ORCHARD HILL PL STE 350 NOVI MI 48375-5387	03/14/02	1954956	000739858506	B	\$417.90	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094828	001420050025	B	\$5,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094826	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094823	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2079864	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2079863	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	979366	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	920076	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	919690	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	916107	001420050025	B	\$4,500,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	894495	000100250883	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094830	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094831	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094840	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/31/03	2094838	000220051613	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094842	000100750782	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF ALBANY	112 STATE ST ALBANY NY 12207-2005	12/24/03	2094837	001420050025	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF COOK	118 N CLARK ST STE 1072 CHICAGO IL 60602-1235	01/19/06	2163854	06000241	B	\$85,441.48	\$51,677.26	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
COUNTY OF COOK	118 N CLARK ST STE 1072 CHICAGO IL 60602-1235	06/14/05	2140214	06000241	B	\$225,000.00	\$215,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940897	99189022	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CRAVEN REGIONAL MEDICAL CENTER	P.O. BOX 12157 NEW BERN NC 28561	12/24/03	872040	01009144	B	\$0.00	\$101,583.92	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CROWN EQUIPMENT	40 S WASHINGTON ST # 44 NEW BREMEN OH 45869-1247	12/31/03	1624815		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CRST VAN EXPEDITED, INC. F/K/A CRST, INC.	3930 16TH AVE SW P.O. BOX 68 CEDAR RAPIDS IA 52404-2332	04/03/02	1586843	01026250	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CULPEPPER, JUANITA	110 HARRINGTON DR FORTSON GA 31808-3738	03/18/03	694086		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
CUSHMAN & WAKEFIELD, INC. AND	51 W 52ND ST NEW YORK NY 10019-6119	12/04/03	2060081	00000001	B	\$6,200,000.00	\$0.00	MULTI-LINE POLICY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
DAISLEY, ANTHONY H.	23015 148TH AVE SPRINGFIELD GARDENS NY 11413-4212	12/29/03	2082627	000099954300	B	\$2,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
DAMON & MOREY, LLP	298 MAIN ST BUFFALO NY 14202-4005	06/11/04	2136257	95013091	B	\$98.00	\$98.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
DAVID CHRISTA CONSTRUCTION INC.	119 VICTOR HEIGHTS PKWY VICTOR NY 14564-8938	12/27/03	2077875	000100351189	B	\$500,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVID CHRISTA CONSTRUCTION INC.	119 VICTOR HEIGHTS PKWY VICTOR NY 14564-8938	12/23/03	2077872	000220150231	B	\$450,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVID CHRISTA CONSTRUCTION INC.	119 VICTOR HEIGHTS PKWY VICTOR NY 14564-8938	12/28/03	947935	000220150231	B	\$4,150,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIDON HOMES	1600 S MAIN ST STE 150 WALNUT CREEK CA 94596-5341	10/18/05	2152921		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DAVIDON HOMES	1600 S MAIN ST STE 150 WALNUT CREEK CA 94596-5341	10/18/05	2152922		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIDON HOMES	1600 S MAIN ST STE 150 WALNUT CREEK CA 94596-5341	10/18/05	2152924		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIDON HOMES	1600 S MAIN ST STE 150 WALNUT CREEK CA 94596-5341	10/18/05	2152923		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/20/06	2159036	000100452172	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/20/06	2159034	000100750088	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/20/06	2159033	000100651290	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/20/06	2159028	000100452171	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/07/06	2159001	000100650138	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/07/06	2158998	000100650372	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/07/06	2158992	000100651256	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DAVIS, LINDA	PO BOX 176 MAPLECREST NY 12454- 0176	12/22/03	1103047	000220150061	B	\$299,999.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
DEE BROWN, INC.	4101 S SHILOH RD GARLAND TX 75041- 4717	09/29/03	1961345		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELIA, PETER F	1169 GUIDE BOARD RD SCHUYLER FALLS NY 12985-2201	05/21/04	1385647	92038110	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DELOITTE HASKINS & SELLS	C/O AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2086419	08000507	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELOITTE HASKINS & SELLS	C/O AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2086354	08000507	B	\$0.00	\$9,519.17	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELOITTE TOUCHE TOHMATSU	C/O GLOBAL ACCT CONSULT, AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2115261	06001408	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELOITTE TOUCHE TOHMATSU	C/O GLOBAL ACCT CONSULT, AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2095062	06001408	B	\$0.00	\$24,425.09	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELOITTE TOUCHE TOHMATSU	C/O GLOBAL ACCT CONSULT, AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2094707	06001408	B	\$250,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DELOITTE TOUCHE TOHMATSU	C/O GLOBAL ACCT CONSULT, AON LIMITED 8 DEVONSHIRE SQUARE LONDON EC2M -4PL	12/22/03	2094690	06001408	B	\$1,999,950.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DENNIS R ROSSI, MD PC	125 FRONT ST MASSAPEQUA PARK NY 11762-2761	10/04/05	2141102	04018595	B	\$2,525.00	\$2,525.00	AUTOMOBILE; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
DESERT HILLS	5310 SEQUOIA RD NW ALBUQUERQUE NM 87120-1249	04/18/02	1911489		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DETYENS SHIPYARDS, INC.	171 CHURCH ST STE 140 CHARLESTON SC 29401-3136	11/09/05	2153052		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DETYENS SHIPYARDS, INC.	171 CHURCH ST STE 140 CHARLESTON SC 29401-3136	11/09/05	2153051		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DETYENS SHIPYARDS, INC.	171 CHURCH ST STE 140 CHARLESTON SC 29401-3136	11/09/05	2153050		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

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DIMITROFF, CRAIG AND CHRISTINE	305 FIORE LANE HOLLIDAYSBURG PA 16648	08/16/02	1911397	99150168	B	\$132.77	\$132.77	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
DJM CONTRACTING CORP	42 CHICAGO PL HUNTINGTON STATION NY 11746	04/13/04	2131421		B	\$3,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DJM CONTRACTING CORP	42 CHICAGO PL HUNTINGTON STATION NY 11746	04/13/04	2131424	07003359	B	\$5,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DJM CONTRACTING CORP	42 CHICAGO PL HUNTINGTON STATION NY 11746	04/13/04	2131437		B	\$3,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DK MECHANICAL CONTRACTORS, INC.	3870 E EAGLE DR ANAHEIM CA 92807-1706	12/09/02	1930368		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DOCKSIDE REFRIGERATED WAREHOUSE OF PHILADELPHIA	PO BOX 8268 PHILADELPHIA PA 19101 8268	12/12/03	2065045	01037743	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DORN (ISCH), CHANTY	21 LAKEWOOD AVE BUFFALO NY 14220- 1330	02/25/02	1555999	03044836	B	\$150,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
DOSTER CONSTRUCTION COMPANY, INC.	2100 INTERNATIONAL PARK DR BIRMINGHAM AL 35243-4209	12/29/03	2084580		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DOSTER CONSTRUCTION COMPANY, INC.	2100 INTERNATIONAL PARK DR BIRMINGHAM AL 35243-4209	12/29/03	2084575		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
DRAKE, JENNIFER	327 S WASHINGTON ST HERKIMER NY 13350- 2447	10/10/03	1123929	000100550793	B	\$2,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
DREWS, DENNA	PO BOX 1126 IONE CA 95640-1126	02/02/04	1049921	00038944	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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DUFFY CONNORS LLP	102 PICKERING WAY STE 400 EXTON PA 19341-1330	06/17/02	1925902	97130439	B	\$21.00	\$21.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
DUFFY CONNORS LLP	102 PICKERING WAY STE 400 EXTON PA 19341-1330	06/17/02	1925901	98088169	B	\$553.24	\$42.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
DURKIN & DURKIN LLP	1120 BLOOMFIELD AVE; STE 204 WEST CALDWELL NJ 07006- 7138	12/20/05	2153163	00004792	B	\$385.00	\$157.50	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
E & M CONCRETE CONSTRUCTION, INC.	PO BOX 1015 TUSTIN CA 92781-1015	07/20/07	2160461	07003740	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EAGLE WHOLESALE DRUG CO	413 COOLIDGE ST LAFAYETTE LA 70501- 8803	04/01/02	908600	000867704215	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EBERLE, GERALDINE	52 MEXICO RD # B MARION KY 42064-7327	07/27/04	2040339	98116437	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
EDFUND	PO BOX 419045 RANCHO CORDOVA CA 95741-9045	04/30/02	1919013	000600051338*	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EDFUND	PO BOX 419045 RANCHO CORDOVA CA 95741-9045	04/30/02	1919011	000600051633	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EDMONDS, JACQUELINE	7 VERONA AVE #1 YONKERS NY 10710- 2501	12/30/03	2107762	00052516	B	\$20,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105948	98159405	B	\$0.00	\$0.00	Claim for loss payments made by a TPA on behalf of a Reliance insured.	
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105946	98159405	B	\$0.00	\$0.00	Claim for loss payments made by a TPA on behalf of a Reliance insured.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105944	98159405	B	\$0.00	\$34,576.29	Claim for loss payments made by a TPA on behalf of a Reliance insured.	
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105947	98159405	B	\$0.00	\$0.00	Claim for loss payments made by a TPA on behalf of a Reliance insured.	
EDWARDS, TERRY	1546 PIKE RD MONTVALE VA 24122	05/23/08	2162189	000469551417	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
EGG HARBOR TOWNSHIP BOARD OF	13 SWIFT AVE EGG HARBOR TWP NJ 08234- 9477	09/12/06	847966	97089578	B	\$48,877.44	\$282,709.26	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/31/03	2105636		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105656		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105641		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105624		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105623		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105622		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105621		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELECTROLUX NORTH AMERICA, INC	20445 EMERALD PARKWAY, SW, SUITE 250 PO BOX 35920 CLEVELAND OH 44135	12/30/03	2105620		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELIZABETH BOARD OF EDUCATION	500 NORTH BROAD STREET ELIZABETH NJ 07207	12/26/07	2161647	95122065	B	\$0.00	\$182,345.47	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELIZABETH HERNANDEZ DBA BREA CHARTER	1170 ORANGEWOOD DR BREA CA 92821-2518	12/29/03	2095551	99130597	B	\$1,000,000.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELLER MEDIA CORPORATION	200 E BASSE RD SAN ANTONIO TX 78209-8328	12/23/03	913486	000959951438	B	\$116,792.82	\$228,244.74	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ELLETT, BURDELLA A	3065 RT 51 HANNACROIX NY 12087	04/09/02	75688	03091640	B	\$4,950.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ELLISON CONSTRUCTION/ELLISON FRAMING	420 BEATRICE CT STE E BRENTWOOD CA 94513-7368	05/17/06	2154280	000100650500	B	\$0.00	\$749.85	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EMERALD EXCAVATING, INC	4250 W 5TH AVE EUGENE OR 97402-5306	08/25/03	1956842		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EMERALD EXCAVATING, INC	4250 W 5TH AVE EUGENE OR 97402-5306	08/25/03	1956846		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EMERALD EXCAVATING, INC	4250 W 5TH AVE EUGENE OR 97402-5306	08/25/03	1956845		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EMERALD EXCAVATING, INC	4250 W 5TH AVE EUGENE OR 97402-5306	08/25/03	1956843		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EMPIRE BLUE CROSS BLUE SHIELD	15 METROTECH CTR STE 6 BROOKLYN NY 11201-3826	08/21/03	1958144	98108777	B	\$0.00	\$52,404.39	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ENGEL, PALOMA	PO BOX 211 SEBASTOPOL CA 95473	01/20/04	2129771		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ENTERASYS NETWORKS, INC. (F/K/A CABLETRON SYSTEMS, INC.)	50 MINUTEMAN RD ANDOVER MA 01810-1008	12/18/03	1412656	97133503	B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ENTERPRISE SOLUTION PROVIDERS, INC.	747 3RD AVE LBBY 3 NEW YORK NY 10017-2810	12/29/03	2084491	00165252	B	\$232,034.51	\$165,000.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERIK ANDERSEN, MINOR	3517 6TH AVE # 200 TACOMA WA 98406-5403	05/23/05	2139598	000100451665	B	\$500,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/12/03	2065190	08000517	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/12/03	2065115	08000516	B	\$0.00	\$138,565.33	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/12/03	2065103	08000517	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/12/03	2065079	08000517	B	\$0.00	\$6,753.12	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/11/03	2065180	08000517	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ERNST & YOUNG	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/11/03	2065034	08000516	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ESKILDSEN, GEORGE	PO BOX 9 ROSELAND FL 32957-0009	08/20/02	1052129	99100598	B	\$0.00	\$0.00	ACCIDENT & HEALTH; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ESSEX TOWN SCHOOL DISTRICT	58 FOUNDERS RD ESSEX JUNCTION VT 05452-3423	12/29/03	1352683	01025448	B	\$12,203.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ESTATE OF GIOVANNI GAMUZZA	2 SEVEN OAKS DR HOLMDEL NY 07733-1925	12/31/03	2116153	97025657	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ESTATE OF SANTOS ARRIOLA	2818 S PORT AVE C/O HECTOR RENE GONZALEZ, P.C. CORPUS CHRISTI TX 78405-2037	12/22/03	2077621	04001237	B	\$27,500.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	Y
EVANS, MARK	3075 SPRING MEADOWS DR BOZEMAN MT 59715-7130	10/07/02	1897646		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EVANS, MARK	3075 SPRING MEADOWS DR BOZEMAN MT 59715-7130	10/23/02	1927250		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EVEREST COATINGS	C/O BAYER CORPORATE & BUSINESS SERVICES 100 BAYER ROAD PITTSBURGH PA 15205-9741	12/11/07	2161608	07004047	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
EXLINE INC.	3256 E COUNTRY CLUB RD P.O. BOX 1487 SALINA KS 67401-9528	12/17/03	2071492		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FACILITY WORKS, INC.	4100 INTERNATIONAL PLZ FORT WORTH TX 76109-4820	10/19/06	601077	06002296	B	\$878,114.60	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FACTORY 2U STORES INC.	824 MARKET ST., SUITE 1000 C/O COOCH AND TAYLOR WILMINGTON DE 19801	05/09/05	2139469	000920150668	B	\$9,559.25	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FAFALIOS LTD.	24-26 BALTIC STREET LONDON EC1YO-UH	12/31/03	577215	94046512	B	\$225,968.81	\$225,968.81	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
FAGANO, ROSELYN P	392 E HUNTINGTON LN ELMHURST IL 60126-3650	01/12/04	2129667	00214123	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FALCON STEEL CO.	811 S MARKET ST WILMINGTON DE 19801	07/31/03	1954466	000079455982	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FAXTON-ST LUKES HEALTHCARE	PO BOX 4849 UTICA NY 13504-4849	05/20/02	1932033	000719850034	B	\$10,291.43	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FEDERAL REALTY INVESTMENT TRUST	1626 E JEFFERSON ST ROCKVILLE MD 20852-4041	06/23/03	933095	00045911	B	\$48,287.59	\$44,794.57	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINK, SUE	123 N JOHN ST NORTH MASSAPEQUA NY 11758-1447	12/31/03	1032694	90027401	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINLAY FINE JEWELRY CORP.	529 5TH AVE FL 6 C/O BONNI G. DAVIS, ESQ. NEW YORK NY 10017-4649	12/31/03	2135130		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINLAY FINE JEWELRY CORP.	529 5TH AVE FL 6 C/O BONNI G. DAVIS, ESQ. NEW YORK NY 10017-4649	12/31/03	2082219	000100351583	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINLAY FINE JEWELRY CORP.	529 5TH AVE FL 6 C/O BONNI G. DAVIS, ESQ. NEW YORK NY 10017-4649	12/24/03	2082229	000910052085	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINLAY FINE JEWELRY CORP.	529 5TH AVE FL 6 C/O BONNI G. DAVIS, ESQ. NEW YORK NY 10017-4649	12/24/03	2082214	000829851313	B	\$0.00	\$56,303.68	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FINLAY FINE JEWELRY CORP.	529 5TH AVE FL 6 C/O BONNI G. DAVIS, ESQ. NEW YORK NY 10017-4649	12/24/03	2082170	000549952834	B	\$38,980.96	\$37,504.36	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FIRST ASCENT DEVELOPMENT CORPORATION	6900 S MCCARRAN BLVD STE 3000 RENO NV 89509-6144	12/24/03	2098250		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
FITZPATRICK, DEBORAH	1213 AVENUE U BROOKLYN NY 11229-4108	04/29/02	1914773	00198314	B	\$5,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FITZPATRICK, JOHN	1213 AVENUE U BROOKLYN NY 11229-4108	04/29/02	1914775	00198314	B	\$5,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FJS PROPERTIES FUND 1, L.P.	C/O BROAD AND CASSEL, ATTORNEYS AT LAW PO BOX 14010 FT LAUDERDALE FL 33302	06/17/09	2164218	000820150413	B	\$0.00	\$550,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FLAG CONSTRUCTION COMPANY INC.	PO BOX 3524 LACEY WA 98509-3524	12/09/03	2061319		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FLAG CONSTRUCTION COMPANY INC.	PO BOX 3524 LACEY WA 98509-3524	12/09/03	2065859		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FLAGG, JOHN	22 BASS DR ENFIELD CT 06082-6116	03/31/03	1149505	98137873	B	\$38,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FLAGG, JOHN	22 BASS DR ENFIELD CT 06082-6116	03/31/03	1071770	00060318	B	\$20,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FLIENT, W D	PO BOX 330284 SAN FRANCISCO CA 94133-0284	12/22/03	714294		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FLORIDA PROGRESS CORPORATION	410 S WILMINGTON ST PEB19 RALEIGH NC 27601-1849	12/31/03	2085873		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FORT TRYON ESTATES, INC.	1881 BROADWAY NEW YORK NY 10023-7035	10/24/02	1955648		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FOSTER CITY PRESCHOOL AND	1064F SHELL BLVD FOSTER CITY CA 94404-2902	02/12/02	951911		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
FOUNTAIN LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955775		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FOUNTAIN LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955685	99164231	B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FOURPLY, INC	PO BOX 880 GRANTS PASS OR 97528-0074	04/30/02	943438	000930150049	B	\$4,135,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FOX ROTHSCHILD LLP	997 LENOX DR BLDG 3 LAWRENCEVILLE NJ 08648-2317	12/29/03	2098687	00148438	B	\$53,740.05	\$3,826.26	ERRORS & OMISSIONS; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
FRANCOIS, MIRELLE V.	105 VINNING WAY APT 105 NEWARK DE	02/17/02	1246906	00171641	B	\$1,250,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
FREDERICK J. STEELE, MD	15185 WOODBRIDGE RD BROOKFIELD WI 53005-3664	04/22/03	1942580		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FREDERICK, BRIAN	PO BOX 900 CLE ELUM WA 98922	12/24/03	2082551		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FREDERICKS, JEFF SCOTT	1960 THE ALAMEDA STE 100 SAN JOSE CA 95126-1441	12/29/03	1918139	00088736	B	\$433,771.09	\$250,000.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FREITAS, MCCARTHY B	1108 5TH AVE FL 3 WESTAMERICA BUILDING SAN RAFAEL CA 94901-2996	12/18/03	1454027		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FRESNO PACIFIC UNIVERSITY INC. ETAL	1717 S CHESTNUT AVE FRESNO CA 93702-4709	09/25/03	1961034	00211887	B	\$449,627.20	\$40,000.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FRIEDLANDER, MORTON	3144 DESMOND AVE LAS VEGAS NV 89121	12/08/03	1465651		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FULCRUM L.L.C., A.I.M.A.	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955639		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
FULLER, RONDA M.	11022 ARIZONA AVE NW CUMBERLAND MD 21502 4800	06/26/02	712609		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1957891		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1957893		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1957894		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1957896		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1958470		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1958474		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1958473		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1958472		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
G.T. PARTS SALES, INC.	6860 SW WINDING WAY CORVALLIS OR 97333-2609	09/02/03	1958471		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GENERAL PARTS, INC (AS SUCCESSOR TO STRAFCO, INC. ET AL)	2635 E MILLBROOK RD RALEIGH NC 27604-2809	12/31/03	2128832	000809850819	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1940675	99143634	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1940672	01032524	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939692	99172138	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939665	99172138	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939468	01020556	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939466	01020556	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939461	99198365	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939456	01010979	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1940676	01032742	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1941271	99172138	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942073	99143397	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1941753	00050483	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1941752	01036765	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1941720	99143396	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1955024	99172138	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1955022	99172138	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1941273	99143661	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937782	00050483	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1937781	00050483	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942131	01032493	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942132	01032493	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056678	99143322	B	\$28.80	\$28.80	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942469	01032657	B	\$8.03	\$8.03	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942154	01036986	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942153	99143702	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942152	01020556	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943584	99143322	B	\$481.88	\$0.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943583	99198288	B	\$444.84	\$444.84	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943582	99198288	B	\$469.98	\$469.98	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943580	99143702	B	\$201.14	\$201.14	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943554	99143700	B	\$849.92	\$849.92	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943552	99143511	B	\$196.95	\$196.95	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943551	99143511	B	\$147.90	\$0.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943530	99143700	B	\$433.35	\$433.35	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943526	99143700	B	\$623.79	\$623.79	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943462	99143644	B	\$610.01	\$610.01	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943449	99143644	B	\$1,130.11	\$1,130.11	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943445	99143702	B	\$421.50	\$421.50	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943441	99143702	B	\$394.82	\$394.82	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943591	00125451	B	\$170.00	\$170.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943436	99143702	B	\$710.58	\$710.58	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943619	99253279	B	\$253.65	\$253.65	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1946007	00089716	B	\$461.21	\$461.21	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943976	01032546	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943812	99143322	B	\$729.54	\$729.54	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943811	99143322	B	\$608.30	\$608.30	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943284	99198288	B	\$324.17	\$324.17	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943282	99198288	B	\$506.10	\$506.10	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943279	99198288	B	\$493.85	\$493.85	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942980	01036765	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942975	99252745	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942992	01032493	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942994	01032493	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942995	01032493	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943276	99198288	B	\$204.74	\$204.74	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943274	99198288	B	\$630.89	\$630.89	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943271	99198288	B	\$408.52	\$408.52	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1943179	99143396	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1943117	00093196	B	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/22/03	1958237	01020716	B	\$85.28	\$85.28	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/25/03	1956777	01036787	B	\$62.40	\$62.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2025101	01020744	B	\$12.00	\$12.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2025061	00071208	B	\$12.00	\$12.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	07/17/03	1953743	99143511	B	\$521.40	\$521.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	07/01/03	1953746	99143511	B	\$446.66	\$446.66	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1952673	01032657	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1952656	99172138	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951877	01020570	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951714	99143396	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951670	01020605	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951669	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951667	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951666	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951664	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951662	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951637	00071208	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951665	01032493	B	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056825	01032493	B	\$27.26	\$27.26	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967773	99143322	B	\$617.85	\$617.85	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967657	99143700	B	\$435.33	\$435.33	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967587	99143702	B	\$425.04	\$425.04	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967582	99143322	B	\$416.58	\$416.58	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967580	99198288	B	\$409.01	\$409.01	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967577	00029732	B	\$391.49	\$391.49	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967517	99143511	B	\$316.72	\$316.72	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967511	99143511	B	\$111.55	\$111.55	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967500	00029732	B	\$52.00	\$52.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1961972	99171964	B	\$44.03	\$44.03	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1961783	99172138	B	\$51.06	\$51.06	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/02/03	1962701	99143363	B	\$46.10	\$46.10	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967278	99253279	B	\$283.82	\$283.82	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967220	99143511	B	\$735.13	\$735.13	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967123	99143322	B	\$519.87	\$519.87	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967119	00050524	B	\$547.25	\$547.25	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967112	99143322	B	\$597.85	\$597.85	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967107	99253279	B	\$623.94	\$623.94	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967104	00050524	B	\$646.30	\$646.30	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967103	99198288	B	\$652.11	\$652.11	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967102	99143700	B	\$654.47	\$654.47	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967101	99143700	B	\$656.35	\$656.35	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967100	99143322	B	\$656.35	\$656.35	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967099	99143322	B	\$661.19	\$661.19	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	09/30/03	1962337	99143661	B	\$100.00	\$100.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056897	01032493	B	\$20.65	\$20.65	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2025068	01020473	B	\$12.00	\$12.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024805	99143700	B	\$10.87	\$10.87	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057041	01020746	B	\$36.42	\$36.42	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057101	00029765	B	\$32.86	\$32.86	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/25/03	2058429	99143700	B	\$22.72	\$22.72	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057217	00093226	B	\$32.40	\$32.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057199	01032524	B	\$31.74	\$31.74	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057120	99143396	B	\$33.60	\$33.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967521	99143702	B	\$351.23	\$351.23	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967116	99143322	B	\$555.59	\$555.59	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967121	99198288	B	\$529.99	\$529.99	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967141	99198288	B	\$1,219.72	\$1,219.72	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967514	99198288	B	\$322.51	\$322.51	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967385	99143511	B	\$167.45	\$167.45	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967370	99143700	B	\$233.70	\$233.70	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967276	99143322	B	\$254.41	\$254.41	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967272	99143511	B	\$275.40	\$275.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967258	99253279	B	\$308.70	\$308.70	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967256	99253279	B	\$312.85	\$312.85	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967252	99143700	B	\$683.62	\$683.62	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967229	99143322	B	\$682.03	\$682.03	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967228	99143700	B	\$682.29	\$682.29	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967214	99143700	B	\$707.93	\$707.93	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967263	99253279	B	\$300.27	\$300.27	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073681	01036873	B	\$18.00	\$18.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073677	01020558	B	\$18.00	\$18.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073675	00071208	B	\$18.00	\$18.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073605	01020746	B	\$17.99	\$17.99	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073539	99143396	B	\$19.20	\$19.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073477	00132962	B	\$18.50	\$18.50	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073951	01032493	B	\$14.82	\$14.82	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2074697	99143702	B	\$547.03	\$547.03	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2074664	99143644	B	\$907.86	\$907.86	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2074662	99143511	B	\$429.30	\$429.30	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2074657	99143644	B	\$445.06	\$445.06	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074134	99174253	B	\$135.90	\$46.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074084	01036986	B	\$13.20	\$13.20	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075187	00071212	B	\$13.53	\$13.53	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076345	01032657	B	\$8.89	\$8.89	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073873	01032543	B	\$15.60	\$15.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2101206	01036787	B	\$10.80	\$10.80	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099967	00029765	B	\$9.74	\$9.74	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099941	99143396	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099892	99171977	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099888	01036787	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099886	01032657	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099885	99253246	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099876	01032742	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099863	01020556	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2101234	99143396	B	\$10.80	\$10.80	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099861	01036986	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099845	01032493	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099842	00201428	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075111	99198288	B	\$13.45	\$13.45	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075108	01032493	B	\$13.45	\$13.45	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075088	00153831	B	\$100.00	\$100.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/21/03	2099848	99143396	B	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076262	00071212	B	\$8.40	\$8.40	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
GENPAK, LLC	68 WARREN ST GLENS FALLS NY 12801-4530	12/23/03	770570	97080500	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GENPAK, LLC	68 WARREN ST GLENS FALLS NY 12801-4530	12/23/03	2086505	00032690	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENPAK, LLC	68 WARREN ST GLENS FALLS NY 12801-4530	12/23/03	2085869	97053908	B	\$66,328.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GEORGE K. BAUM & COMPANY	584 BROADWAY RM 1010 NEW YORK NY 10012-5239	07/22/02	1937437	00128161	B	\$1,004,000.00	\$990,936.36	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GERMAN TOWNSHIP	2 LONG ST MCCLELLANDTWN PA 15458-1426	04/15/03	1143422	000100351926	B	\$0.00	\$25,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/11/05	2139069		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/11/05	2139068		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/11/05	2139067		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/11/05	2139066		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/03/02	1935525		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHEEN IRRIGATION WORKS, INC.	1248 WILLAGILLESPIE RD EUGENE OR 97401-1824	03/03/02	989367		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHISLAINE BOULANGER & CHARLES	242 W 101ST ST NEW YORK NY 10025-4971	04/11/02	735525	96089881	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GHR CONSULTING SERVICES INC.	224 S MAPLE WAY STE 3 AMBLER PA 19002-5523	12/31/03	2122326	05043286	B	\$27,782.38	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GIALOUSIS, ANTHONY M	611 COITSVILLE RD CAMPBELL OH 44405-1121	12/31/03	1815065	98047214	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GIANCASPERO, JOEY	4716 BEAR RUN DR PLANO TX 75093-7300	06/10/02	1914957	04014542	B	\$0.00	\$2,500.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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GIBSON & BEHMAN. P.C.	1 MOUNTAIN RD BURLINGTON MA 01803-4792	10/21/03	1966020	02014646	B	\$1,523.50	\$126.50	MULTI-LINE POLICY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
GLASCO, TONY C	89 W 15TH ST APT 2 CHICAGO HTS IL 60411-3376	04/01/02	1916177	00205418	B	\$5,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GLASCO, TONY C	89 W 15TH ST APT 2 CHICAGO HTS IL 60411-3376	04/01/02	1054408	01005135	B	\$300,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096370	00198348	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096368	00198441	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096367	00198357	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	955329	00198641	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	945015	00198432	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096373	00198644	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096376	00198447	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2096378	00198440	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099339	00198350	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/31/03	2096379	00198448	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099401	00198436	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099399	00198439	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099398	00198444	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099397	00198642	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099395	00198445	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099394	00198361	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099391	00198353	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099369	00198442	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099358	00198355	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099353	00198363	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099349	00198356	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099342	00198433	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN HOSPITAL MEDICAL CENTER	1000 MONTAUK HWY WEST ISLIP NY 11795-4927	12/29/03	2099392	00198446	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115649		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115648		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115646		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115645		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115644		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	2115643		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD SAMARITAN MEDICAL CENTER	800 FOREST AVE IN CARE OF GENESIS HEALTHCARE ZANESVILLE OH 43701-2882	12/31/03	653585		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GOOD STUFF REALTY LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955677		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GORBET, JOSEPH	3317 ORO BANGOR HWY OROVILLE CA 95965	05/30/08	1897555	05043024	B	\$10,000.00	\$10,000.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GOSNEY, CONSTANCE	3514 FOREST DALE DR SAINT LOUIS MO 63125-4211	03/31/03	1938286	01008679	B	\$235,150.00	\$140,000.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GRANTHAM, MARVIN	31089 MARVIN GRANTHAM RD. BUSH LA 70431	11/16/05	2145958	05043389	B	\$200,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GREAT WESTERN COLLECTION BUREA	3785 BRICKWAY BLVD, STE 210 SANTA ROSA CA 95403-9034	07/25/02	631620	00211800	B	\$114,180.42	\$80,620.87	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREEN APPLE ANNIE REALTY, LLC	363 7TH AVE FL 5 NEW YORK NY 10001-3904	08/19/03	1957080		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREENE, PENNY	431 NE 17TH AVE CAPE CORAL FL 33909-2263	07/08/02	1361792	98023526	B	\$16,739.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121020		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121019		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121018		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121022		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121023		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121026		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/31/03	2121033		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/31/03	2121031		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/30/03	2105635		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121038		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121030		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121029		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121028		B	\$0.00	\$0.00	KIDNAP & RANSOM; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121024		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GROVE CRUSHING CO	PO BOX 784 1111 GATEWAY LOOP C/O KPD INSURANCE SPRINGFIELD OR 97477-0138	08/23/02	2026196		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GROVE CRUSHING CO	PO BOX 784 1111 GATEWAY LOOP C/O KPD INSURANCE SPRINGFIELD OR 97477-0138	08/23/02	935454		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
GUIDRY, CLEVELAND	1615 N CUTTING AVE JENNINGS LA 70546-3809	03/19/02	1392965	00004868	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
GUTMAN, PAUL	PO BOX 572380 TARZANA CA 91357-2380	12/22/03	1460720		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
H., MAGOON RUSSELL	PO BOX 1623 CLAREMONT NH 03743-1623	04/03/02	787984		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HALEY, BRUCE & CAROL	619 E PALISADE AVE C/O OWENS GROUP ENGLEWOOD CLIFFS NJ 07632-1812	08/19/03	1957123		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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HALLKEEN MANAGEMENT INC	320 NORWOOD PARK S NORWOOD MA 02062-4659	12/27/02	1931473	98178700	B	\$0.00	\$313,043.10	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HALVERSON, LOWELL K.	13721 TASTAD RD ARLINGTON WA 98223-9413	05/05/03	1458841		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HALVERSON, LOWELLK R.	13721 TASTAD RD ARLINGTON WA 98223-9413	01/07/03	1931955		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HAMBRIGHT, MERRILL W.	204 W EUCLID AVE STOCKTON CA 95204-3125	11/10/03	2024550		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HAN, IN-CHANG	3105 EL PORTAL ALAMEDA CA 94502-6813	02/05/02	1049058	97052467	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HARKEY, JOHN M	2700 JOSHUA TRL MANSFIELD TX 76063-5156	12/31/03	2114767	98018494	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HARVEY GULF INTERNATIONAL MARINE	1901 MANHATTAN BLVD STE 200 BLDG H HARVEY LA 70058-3582	06/03/08	2163136	00147064	B	\$6,693.52	\$6,693.52	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HARVEY GULF INTERNATIONAL MARINE	1901 MANHATTAN BLVD STE 200 BLDG H HARVEY LA 70058-3582	02/11/02	1268101	99137091	B	\$38,342.89	\$38,342.89	OCEAN MARINE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HARVEY GULF INTERNATIONAL MARINE	1901 MANHATTAN BLVD STE 200 BLDG H HARVEY LA 70058-3582	02/11/02	651563	01018530	B	\$11,693.52	\$6,693.51	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HAYDEN, DAVID HENRY	898 DAVIS ST APT 203 SAN LEANDRO CA 94577-1554	07/21/02	1917065	000688600227	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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HCM, INC. & THE WAVERLEY GROUP	460 BRIARWOOD DR STE 405 JACKSON MS 39206-3051	10/02/08	2163750	01025824	B	\$27,459.10	\$26,335.60	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HEALTH NET INC.	21650 OXNARD ST STE 2125 WOODLAND HILLS CA 91367-4901	12/30/03	2103647	00088090	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HEWITT, FRED A	438 E GOVERNMENT ST PENSACOLA FL 32502- 6132	03/19/03	1937619	98057921	B	\$1,500,000.00	\$525,000.00	PROFESSIONAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HIGH, MARY ESTER	3015 BREA CREST ST HOUSTON TX 77093- 2005	04/05/04	1784872	93146783	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056639	08000350	B	\$23,011.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056637	08000350	B	\$16,919.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056636	08000350	B	\$2,111.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056635	08000350	B	\$516.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056634	08000350	B	\$9,929.39	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056633	08000350	B	\$13,110.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056632	08000350	B	\$18,734.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056630	08000350	B	\$2,381.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056629	08000350	B	\$15,605.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056628	08000350	B	\$22,907.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056627	08000350	B	\$34,111.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056626	08000350	B	\$56,782.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056625	08000350	B	\$32,266.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056640	08000350	B	\$331.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056641	08000350	B	\$4,976.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056642	08000350	B	\$52,936.60	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056643	08000350	B	\$6,997.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160716	08000350	B	\$25,589.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	12/08/04	2137823	08000350	B	\$14,227.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056801	08000350	B	\$8,407.89	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056662	08000350	B	\$25,390.23	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056648	08000350	B	\$41,260.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056647	08000350	B	\$16,329.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056645	08000350	B	\$74,884.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056644	08000350	B	\$3,030.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2137619	08000350	B	\$1,939.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056623	08000350	B	\$859.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056620	08000350	B	\$4,542.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056617	08000350	B	\$122.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056618	08000350	B	\$34,917.37	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056616	08000350	B	\$14,638.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056615	08000350	B	\$12,892.67	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056614	08000350	B	\$21,082.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056611	08000350	B	\$18,733.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056609	08000350	B	\$5,482.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056515	08000350	B	\$8,073.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056514	08000350	B	\$15,771.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056512	08000350	B	\$35,771.10	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056511	08000350	B	\$37,055.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056510	08000350	B	\$60,233.01	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HILLCREST PHYSICIANS MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/19/03	2056509	08000350	B	\$5,148.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HINTON, ROBERT M	5845 N 38TH PL PARADISE VALLEY AZ 85253-5053	12/23/03	2095153		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HINTON, ROBERT M	5845 N 38TH PL PARADISE VALLEY AZ 85253-5053	12/23/03	2095152		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HINTON, ROBERT M	5845 N 38TH PL PARADISE VALLEY AZ 85253-5053	12/23/03	2095150		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HINTON, ROBERT M	5845 N 38TH PL PARADISE VALLEY AZ 85253-5053	12/23/03	2095146		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HINTON, ROBERT M	5845 N 38TH PL PARADISE VALLEY AZ 85253-5053	12/23/03	723772		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HIRSCH & PRATT, LLP	124 S PENN AVE OBERLIN KS 67749-2243	12/17/03	723172	97096114	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HISCOCK & BARCLAY FKA SAPERSTON & DAY	3 FOUNTAIN PLZ STE 1100 THREE FOUNTAIN PLAZA BUFFALO NY 14203-1414	12/19/03	2072491	98020005	B	\$270.77	\$270.77	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
HOLES, E., BRUCE	22 W ROBERT TOOMBS AVE WASHINGTON GA 30673-1662	02/26/02	1442902		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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HOLMES, PEARL	804 SHERMAN ST WACO TX 76704-1752	04/24/02	1792389	95120473	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1680545	000100150003	B	\$0.00	\$9,400.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966700	000099960219	B	\$0.00	\$87,200.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	Y
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966709	000090053291	B	\$0.00	\$22,400.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	2126523	000099960226	B	\$0.00	\$5,900.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	Y
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	2126517	000100150000	B	\$415,000.00	\$4,900.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	Y
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966715	000090055052	B	\$0.00	\$2,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966714	000090055636	B	\$0.00	\$134,900.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966712	000090054360	B	\$0.00	\$1,400.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966711	000090054363	B	\$0.00	\$6,900.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966710	000090052652	B	\$0.00	\$15,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HOUSING AUTHORITY OF THE CITY OF NEW HAVEN	360 ORANGE ST NEW HAVEN CT 06511-6403	09/26/03	1966706	000090051131	B	\$0.00	\$7,400.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	Y

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HOWARD, LARRY	922 HIGHWAY 39 E ATHENS TN 37303-6497	08/13/02	1064343	97008234	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
HYDRO CHEM IND. SERVICES	900 GEORGIA AVE DEER PARK TX 77536-2518	12/16/03	1948266	99189875	B	\$19,000.00	\$19,000.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HYDRO CHEM IND. SERVICES	900 GEORGIA AVE DEER PARK TX 77536-2518	12/16/03	2069853	99189875	B	\$50,000.00	\$50,000.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HY-LANG ELECTRIC CALIFORNIA, INC. C/O POST INSURANCE SERVICES, INC.	2356 TORRANCE BLVD TORRANCE CA 90501-2567	04/06/06	2154083	05029942	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
HYUNDAI MOTOR AMERICA	10550 TALBERT AVE FOUNTAIN VALLEY CA 92708-6031	12/30/03	2104647		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST CALIFORNIA HOLDINGS, INC.	6900 S MCCARRAN BLVD STE 3000 RENO NV 89509-6144	12/24/03	2098242		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST CORP	1050 17TH ST STE 1250 DENVER CO 80265-2004	12/24/03	2098240		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST EAGLE'S NEST, INC.	1050 17TH ST STE 1250 DENVER CO 80265-2004	12/24/03	2098243		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST GOLF HOLDINGS, INC	9300 EMERALD COAST PKWY W. DESTIN FL 32550	12/24/03	2131416		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST GOLF MANAGEMENT, INC.	9300 EMERALD COAST PKWY W. DESTIN FL 32550	12/24/03	2098244		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST LODESTAR LIMITED PARTNERSHIP	6900 S MCCARRAN BLVD STE 3000 RENO NV 89509-6144	12/24/03	2124805		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST RESORTS, INC.	1050 17TH ST STE 1250 DENVER CO 80265-2004	12/24/03	2098256		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
INTRAWEST U.S. HOLDINGS INC.	221 CORPORATE CIR STE Q GOLDEN CO 80401-5637	12/24/03	2098248		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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IREX CORPORATION	120 N LIME STREET P.O. BOX 1268 LANCASTER PA 17608-1268	12/29/03	2083516	98004951	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
IREX CORPORATION	120 N LIME STREET P.O. BOX 1268 LANCASTER PA 17608-1268	12/29/03	2083501		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
IREX CORPORATION	120 N LIME STREET P.O. BOX 1268 LANCASTER PA 17608-1268	12/29/03	2083498		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ISLE OF CAPRI COMPANY, INC.	151 BEACH BLVD BILOXI MS 39530-4708	12/23/03	2096481	01018018	B	\$0.00	\$31,204.81	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
J. BRUCE ALVERSON, LTD	7401 W CHARLESTON BLVD LAS VEGAS NV 89117-1401	04/26/02	2164122	000929852711	B	\$0.00	\$1,827.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
J. BRUCE ALVERSON, LTD	7401 W CHARLESTON BLVD LAS VEGAS NV 89117-1401	04/17/02	2164123	000929851095	B	\$0.00	\$127.40	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
J. C. WILLIAMS LOGGING	179 WILLIAMS LOOP GEORGETOWN LA 71432-3532	12/03/03	2023010	03015685	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
JAMES E ROBERTS-OBAYASHI CORPORATION	20 OAK CT DANVILLE CA 94526-4006	12/31/03	2121818	00123144	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JAMISON, ELVIN	13907 SOUTH DEARBORN RIVERDALE IL 60827	11/21/02	1929832	000540059894	B	\$9,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
JANKAUSKAS, JENNIFER	8635 21ST AVE APT 5L BROOKLYN NY 11214-4047	06/26/02	1768149	01056531	B	\$1,000,000.00	\$0.00	MULTI-LINE POLICY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
JAUNICH, JUNE L	9624 MANASSAS FORGE DR MANASSAS VA 20111-2572	04/30/02	1881026	000467709119	B	\$284.38	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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JD NEWMAN INC.	11507 LUCKY HILL ROAD BEALTON VA 22712	03/19/02	11158	02116204	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JETT CONSTRUCTION COMPANY, INC.	5647 BIRMINGPORT RD MULGA AL 35118-9640	01/29/02	1933741		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHN W. SCHOOLING	2 HILL OAK COMMONS CHICO CA 95928-3991	03/18/02	1456359		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHN W. SCHOOLING	2 HILL OAK COMMONS CHICO CA 95928-3991	03/18/02	722522		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHNS MANVILLE	PO BOX 5108 DENVER CO 80217-5108	09/22/03	1960234	97008234	B	\$807,260.14	\$807,260.14	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHNSON & ASSOCIATES	2328 DERBY ST BERKELEY CA 94705-1105	08/18/03	1955410		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHNSON CONTROLS WORLD SERVICES, INC	C/O MARSH USA INC 411 E WISCONSIN AVENUE MILWAUKEE WI 53202	12/29/03	2083806		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHNSON CONTROLS, INC.	C/O MARSH USA INC 411 E WISCONSIN AVENUE MILWAUKEE WI 53202	12/29/03	2083866		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JOHNSON, CHRISTINE	11 NORTH MARKET ST C/O THE WINKLER LAW FIRM - DALE CURRIDEN ASHEVILLE NC 28801	05/26/06	2037452	00009823	B	\$0.00	\$0.00	ACCIDENT & HEALTH; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
JOHNSON, PATRICIA	138 E CHURCH ST NEWCOMERSTOWN OH 43832-1106	07/01/02	1916909	000730150179	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
JOLIET ORTHOPEDIC AND SPORTS MEDICINE CENTER, LTD.	951 ESSINGTON RD C/O HINSDALE ORTHOPAEDIC JOLIET IL 60435	12/24/03	2092874	99221413	B	\$241.00	\$241.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
JONATHAN WOODNER COMPANY	745 5TH AVE NEW YORK NY 10151-0099	10/27/03	1966861	01045767	B	\$40,000.00	\$15,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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JPS INDUSTRIES, INC.	55 BEATTIE PL STE 1510 GREENVILLE SC 29601-2146	02/11/02	1911718		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JPS INDUSTRIES, INC.	55 BEATTIE PL STE 1510 GREENVILLE SC 29601-2146	02/11/02	1911708		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
JUSTIN, HAEN Y.	3240 N SHOREVIEW DR FORT GRATIOT MI 48059-2846	03/08/02	1538884	03045522	B	\$100,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
KAIN, GEORGE A.	724 W CLIFF DR SPOKANE WA 99204-3726	12/17/03	2070723		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KAIN, GEORGE A.	724 W CLIFF DR SPOKANE WA 99204-3726	12/16/03	2069612		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KATHRINE P. BAUER	1235 4TH AVE E OLYMPIA WA 98506-4278	03/20/02	1920668		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KAWAI, JEFFREY I	2019 TAPSCOTT AVE EL CERRITO CA 94530-1757	02/26/02	472737		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEATING BUILDING CORPORATION	1600 ARCH ST STE 300 PHILA PA 19103-2016	09/05/03	1958421		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEATING BUILDING CORPORATION	1600 ARCH ST STE 300 PHILA PA 19103-2016	09/05/03	1958853		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEATING BUILDING CORPORATION	1600 ARCH ST STE 300 PHILA PA 19103-2016	09/05/03	1958996		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1915762		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1915761		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1915758		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1915757		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1897896		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	01/29/02	668834		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEMP, MARY A	344 TIMBER GROVE CT ORLANDO FL 32828	04/15/02	1915760		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEYSTONE CARE NURSING HOMES	630 FAIRVIEW RD STE 205 SWARTHMORE PA 19081-2336	12/04/03	2060121	01018073	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEYSTONE CARE NURSING HOMES	630 FAIRVIEW RD STE 205 SWARTHMORE PA 19081-2336	12/04/03	2060120	01000586	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KEYSTONE/ INTRAWEST L.L.C	1050 17TH STREET, SUITE 1500 C/O JACOBS CHASE FRICK KLEINKOPF & KELLY DENVER CO 80265	12/24/03	2098262		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KIPLE, JAMES L.	9991 WOODLAND CT ESTES PARK CO 80517	12/16/02	1930551		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073153	08000501	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073145	08000500	B	\$1,000,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073138	08000501	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073104	08000500	B	\$1,999,950.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073092	08000501	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073087	08000500	B	\$250,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073071	08000501	B	\$0.00	\$16,832.43	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073057	08000500	B	\$0.00	\$41,635.88	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073036	08000499	B	\$1,000,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2073007	08000499	B	\$1,999,950.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072993	08000499	B	\$250,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072948	08000499	B	\$300,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072917	08000497	B	\$1,999,950.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072854	08000497	B	\$2,000,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072846	08000497	B	\$250,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KLYNVELD PEAT MARWICK GOERDELER	GLOBAL ACCT CONSULT, AON LTD 8 DEVONSHIRE SQ LONDON EC2M - 4PL	12/19/03	2072766	08000497	B	\$0.00	\$196,300.08	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KOCH INDUSTRIES, INC.	4111 EAST 37TH ST N WICHITA KS 67220-3203	12/31/03	2128032	96055691	B	\$186,157.98	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KRIEGSMAN, JOHN C	3 MARTIN LN PEKIN IL 61554-6158	02/12/02	295740	03089438	B	\$864.70	\$364.70	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
KUALOA RANCH, INC.	PO BOX 650 KAAAWA HI 96730-0650	12/31/03	596110	99135346	B	\$41,514.68	\$27,331.59	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KUALOA RANCH, INC.	PO BOX 650 KAAAWA HI 96730-0650	12/22/08	2163835	99135346	B	\$12,000.00	\$7,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
KWIK CARE LTD	11612 MYRTLE AVE RICHMOND HILL NY 11418-1748	12/30/03	2079670	98164861	B	\$17,376.92	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LAFARGE NORTH AMERICA, INC.	12950 WORLDGATE DR STE 500 HERNDON VA 20170-6000	12/31/03	2116410	99220169	B	\$41,053.04	\$41,053.04	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LAM, TRUNG T.	224 SHAW PL SANTA ANA CA 92704-1467	05/06/02	1911904	03066369	B	\$25,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LAMONTE, KELLEY J	3213 SMITHLANE FORTUNA CA 95540	05/22/02	473118	03088028	B	\$1,000.00	\$151.41	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LANE, DAVID F	421 LARRY ST BAKERSFIELD CA 93307- 2613	03/09/04	1907684	02010143	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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Resolved Claims as of 06/30/2009**

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LARGE, DOUGLAS R	621 MOUNTAIN DR BIRMINGHAM AL 35206-1623	12/22/03	1163679	000170152509	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LARGE, DOUGLAS R	621 MOUNTAIN DR BIRMINGHAM AL 35206-1623	05/14/02	1166984	000170152509	B	\$150,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LAVODIE, JOAN R	237 WALNUT ST MORGANTOWN WV 26505-5401	01/05/04	1214912	93056945	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LAW OFFICES OF HAROLD S. SMALL	12526 HIGH BLUFF DR STE 300 SAN DIEGO CA 92130-2064	02/05/02	1479529		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LAZER ELECTRIC, INC.	4701 E HUNTER AVE ANAHEIM CA 92807-1940	04/30/07	2160263	000100650767	B	\$62,416.00	\$1,750.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDC, INC.	2850 SERENDIPITY CIRCLE WEST COLORADO SPRINGS CO 80917	12/29/03	2099473	99071457	B	\$33,181.50	\$26,030.12	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1962294		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956398		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956396		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956395		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1955526		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1955528		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956394		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956393		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956391		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956390		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956387		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956386		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956385		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956382		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956381		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956379		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956378		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1955530		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1955529		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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LDV INVESTMENTS, INC.	PO BOX 21910 EUGENE OR 97402-0413	08/18/03	1956384		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LEBOW, RONNIE G.	402 PARADISE RD SWAMPSCOTT MA 01907-1356	12/29/03	2043644	02014151	B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LEE CONSTRUCTION COMPANY	PO BOX 10367 EUGENE OR 97440-2367	06/18/07	2160402		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LEE CONSTRUCTION COMPANY	PO BOX 10367 EUGENE OR 97440-2367	03/03/02	1915695		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LEE CONSTRUCTION COMPANY	PO BOX 10367 EUGENE OR 97440-2367	03/03/02	917188		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LETHA M. WILLIAMS AS THE DULY QUALIFIED PERSONAL REPRESENTATIVE OF NATHANIEL WILLIAMS	105 QUAIL HILLS DR HOPKINS SC 29061-9450	12/29/03	2038907	03006540	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LEWIS TREE SERVICE INCORPORATED	300 LUCIUS GORDON DR WEST HENRIETTA NY 14586-9686	12/18/03	2071972	000099960411	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LEWIS, ZELL	1434 ROCK CREEK RD CRESTON NC 28615-9142	06/01/04	2112536	96100573	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LIGHTPATH TECHNOLOGIES, INC.	6820 ACADEMY PARKWAY E NE ALBUQUERQUE NM 87109-4404	07/15/02	1413886	00128578	B	\$1,000,000.00	\$723,623.78	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LINCOLN NASTIONAL CONVERTIBLE SECURITIES FUND	2005 MARKET ST ONE COMMERCE SQUARE PHILADELPHIA PA 19103 7042	11/03/03	2023048	00110437	B	\$775,591.00	\$666,588.36	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LINDEN MOTOR FREIGHT CO., INC	1300 LOWER RD LINDEN NJ 07036-6523	04/22/03	1942662	98805552	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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LINDSAY, LINDA A	21358 HEINTZ ST ABITA SPRINGS LA 70420-3436	04/20/04	2131507	000560053812	B	\$400,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LING, AMANDA	26404 S 959 PR S.E. KENNEWICK WA 99337	04/11/02	1141089	000949651272	B	\$50,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LINN ENTERPRISES, INC.	1789 WOODLANE DR WOODLANE PROFESSIONAL CENTER SUITE A WOODBURY MN 55125-3910	10/15/02	630452	00000253	B	\$0.00	\$20,906.19	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIU, MARGARET	1025 45TH STREET #1D BROOKLYN NY 11219-0716	04/23/02	1914276	03000279	B	\$5,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIVE NATION	9348 CIVIC CENTER DR BEVERLY HILLS CA 90210-3624	12/23/03	2096163	96099735	B	\$73,732.58	\$72,795.07	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIVE NATION	9348 CIVIC CENTER DR BEVERLY HILLS CA 90210-3624	12/31/03	2115699	98090858	B	\$200,514.26	\$159,357.11	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIVE NATION	9348 CIVIC CENTER DR BEVERLY HILLS CA 90210-3624	12/24/03	2081551	98126406	B	\$5,973.32	\$5,703.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIVE NATION	9348 CIVIC CENTER DR BEVERLY HILLS CA 90210-3624	12/24/03	2081545	97132696	B	\$24,715.18	\$14,482.68	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LIVE NATION	9348 CIVIC CENTER DR BEVERLY HILLS CA 90210-3624	12/16/03	2069501	98075705	B	\$8,975.29	\$8,947.01	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOGAN, CHRISTOPHER	6549 ROSEBELLE AVE N RIDGEVILLE OH 44039-3043	11/13/03	2025394	000739960534	B	\$2,000,000.00	\$210,000.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
LONG, DAVID	1259 LARCH AVE MORAGA CA 94556-2625	08/18/03	1483003		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LONG, DAVID	1259 LARCH AVE MORAGA CA 94556-2625	02/21/02	724545		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	10/16/06	2158912	04000732	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2098398	03039853	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	06/09/05	2140114	03039944	B	\$0.00	\$151,632.88	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2098395	02137887	B	\$0.00	\$30,135.44	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095474		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095472		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095470		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095469		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095467		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LOWE'S HOME CENTERS, INC.	PO BOX 1000 MOORESVILLE NC 28115-1000	12/24/03	2095447	98159542	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
LYNNE A VAN GORP	8048 WATERCRESS AVE NAMP A ID 83687- 8289	04/11/02	658008		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MACANDREWS & FORBES HOLDINGS INC. F/K/A MAFCO HOLDINGS INC.	35 E 62ND ST NEW YORK NY 10021-8014	09/09/05	2141085	97104180	B	\$20,000,000.00	\$10,000,000.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MACRO-PRO INC.	PO BOX 90459 LONG BEACH CA 90809-0459	06/30/03	1951248	00167782	B	\$82.74	\$0.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
MACTEC, INC.	1105 LAKEWOOD PKWY STE 300 ALPHARETTA GA 30004-7625	12/31/03	2109962	99805141	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MAGNUSON, RANDALL W	5483 CAMINITO VISTA LUJO SAN DIEGO CA 92130-2862	06/12/03	1950425		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MAGNUSON, RANDALL W	5483 CAMINITO VISTA LUJO SAN DIEGO CA 92130-2862	06/12/03	1950424		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MAGNUSON, RANDALL W	5483 CAMINITO VISTA LUJO SAN DIEGO CA 92130-2862	06/12/03	1464216		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MALOOF, LEBOWITZ, CONNAHAN & OLESKE	127 MAIN ST CHATHAM NJ 07928-2404	04/08/02	1921552	00220286	B	\$778.28	\$205.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MANOR CARE INC.	333 N SUMMIT ST 16TH FLOOR TOLEDO OH 43604-1531	03/24/03	1938625	02137758	B	\$265,000.00	\$265,000.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MARLER, SYLVIA L	5990 WATERLEVEL HWY CLEVELAND TN 37323-8720	12/29/03	1064358	98000753	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962910	00145684	B	\$281.70	\$277.20	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962902	99100216	B	\$2,145.11	\$1,910.46	ACCIDENT & HEALTH; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962818	99209525	B	\$441.81	\$39.60	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962816	99209525	B	\$171.48	\$171.48	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MARSHALL DURBIN FOOD CORP.	4061 DURBIN AVE. CHATOM AL 36518	12/29/03	2097257	06001757	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MARTIN, CARRIE GAIL	219 PINE LN CHARLESTON TN 37310-5364	12/31/03	2111918	000500053339	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MARTIN'S POWER SWEEPING, INC.	2857 BATH PIKE NAZARETH PA 18064-9010	02/06/02	1610562	04008750	B	\$1,000.00	\$1,000.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MARVIN, STEPHEN L	943 COUNTY ROAD 3A GREENE NY 13778-3235	12/01/03	1304135	99236268	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MASTEC, INC.	800 S DOUGLAS RD 12TH FLOOR CORAL GABLES FL 33134-3125	12/31/03	2111332	00089406	B	\$414,812.56	\$164,812.56	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MASTROIANNI, ANTHONY	302 MAPLEWOOD RD HUNTINGTON STATION NY 11746-2853	11/18/02	1928706	000090150920	B	\$10,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MATTALIANO, PAULINE D	1 SHELBURNE ST BURLINGTON NJ 08016-4308	06/03/03	713685		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MAWSON & MAWSON, INC.	C/O MYERS BRIER & KELLY STE 200, 425 SPRUCE ST, PO BOX 551 SCRANTON PA 18501-0551	12/31/03	2123476	000079753913	B	\$0.00	\$26,295.97	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MCCLAIN, MICHAEL A	709 BURNS AVENUE ALTOONA PA 16601	06/05/02	1922854	02062467	B	\$3,373.18	\$585.51	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MCCLELLAN GUNTER, PAULA A	3304 HARTFORD DR FLOWER MOUND TX 75028	04/15/04	2129636	95069849	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MCCUSKER, ANSELM, ROSEN, & CARVELLI, PC	210 PARK AVENUE STE 301 FLORHAM PARK NJ 07932	01/23/09	2163893	99169220	B	\$504.86	\$37.16	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MCGEE, RAMONA	945 OTTO AVENUE ST. PAUL MN 55102	06/04/08	2162905	000100750438	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MCGRAW, SHARON GRACE	PO BOX 819 CUBA MO 65453-0819	12/31/03	1036249	93128861	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MCGUIRE, BRADLEY	26244 CHIANINA DR WESLEY CHAPEL FL 33544-3204	03/10/03	1042767	000179850190	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MCHALE SIGN COMPANY, INC.	3707 ELECTRO WAY REDDING CA 96002-9346	11/25/03	2061376		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MCHALE SIGN COMPANY, INC.	3707 ELECTRO WAY REDDING CA 96002-9346	11/25/03	2058668		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MCMILLIN COMPANIES	C/O SIMPSON, DELMORE GREEN LLP ONE AMERICA PLZ, 600 W BROADWAY;STE 400 SAN DIEGO CA 92101	02/19/08	2161740	08000101	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MEDICAL CENTER OF OCEAN COUNTY TRUST	C/O SCIBAL ASSOCIATES PO BOX 500 SOMERS POINT NJ 08244	03/30/06	2153674	99164044	B	\$0.00	\$176,798.96	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MEDLIN DEVELOPMENT	320 W. TROPICA RANCHO RD. COLTON CA 92324	02/11/02	1103665		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MEEKS MORGAN BAUER	1235 4TH AVE E STE 200 OLYMPIA WA 98506-4278	03/20/02	1920669		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MEEKS MORGAN BAUER	1235 4TH AVE E STE 200 OLYMPIA WA 98506-4278	03/12/02	1459255		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059896	000730050299	B	\$0.00	\$70,563.27	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059880	000739961833	B	\$0.00	\$658,664.79	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059879	000739962225	B	\$0.00	\$79,331.35	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059873	000739961002	B	\$0.00	\$208,343.85	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	03/07/08	2163472	000739952926	B	\$0.00	\$62,521.36	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/30/03	2080537	000730054457	B	\$137.63	\$40.50	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/30/03	2080534	000739950693	B	\$1,202.20	\$937.50	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/12/03	2064690		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059990	000730055993	B	\$333,374.86	\$243,775.56	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
METALICO, INC. ETAL	186 NORTH AVE E CRANFORD NJ 07016-2439	11/01/02	772114	03040726	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
METAL-MATIC INC.	629 2ND ST SE MINNEAPOLIS MN 55414-2106	11/23/05	2153125	000540058513	B	\$4,080.00	\$4,080.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
METAL-MATIC INC.	629 2ND ST SE MINNEAPOLIS MN 55414-2106	12/24/03	2082562		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
METAL-MATIC INC.	629 2ND ST SE MINNEAPOLIS MN 55414-2106	12/24/03	2082558		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MICHAEL BEST & FRIEDRICH LLP	100 E WISCONSIN AVE STE 3300 MILWAUKEE WI 53202-4124	02/27/09	2163968	98804542	B	\$38,010.01	\$693.00	ERRORS & OMISSIONS; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MICHAEL KIMMELMAN, P.C.	170 BROADWAY NEW YORK NY 10038-4154	10/03/02	1474314		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MICHAEL SCHIAVONE & SONS, INC.	C/O HARBOR CIRCLE LLC 116 MONTOWESE STREET, UNIT 4 BRANFORD CT 06405	01/13/03	1957379	000100850188	B	\$300,000.00	\$100,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MICHAEL SCHIAVONE & SONS, INC.	C/O HARBOR CIRCLE LLC 116 MONTOWESE STREET, UNIT 4 BRANFORD CT 06405	01/13/03	1957381	000100850189	B	\$300,000.00	\$100,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MICKENBERG, EDWIN & SELMA	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955650		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MIDAMERICAN ENERGY HOLDINGS CO.	666 GRAND AVE PO BOX 657 DES MOINES IA 50309-2506	12/24/03	2098254	00000648	B	\$12,299,637.96	\$7,533,001.47	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MILLER, KAGAN, RODRIGUEZ & SILVER, P.A.	1000 SOUTH PINE ISLAND ROAD #520 PLANTATION FL 33324	11/05/03	2058617	99242567	B	\$9.50	\$9.50	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MILLER, KAGAN, RODRIGUEZ & SILVER, P.A.	1000 SOUTH PINE ISLAND ROAD #520 PLANTATION FL 33324	11/05/03	2058604	99048597	B	\$81.00	\$81.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
MIMS-RICE, KAREN	11212 WESTPARK DR APT 931 HOUSTON TX 77042-5074	09/27/04	2136757	92051646	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MINI MOO REALTY LLC, ETAL.	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955682		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MINI MOO REALTY LLC, ETAL.	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955681	00045700	B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MINNEAR, KENNETH	2293 BROWNS MILL RD COOKEVILLE TN 38506-6215	11/01/02	1034529	93093505	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MINOTT, CONSTANCE D	16 PINETREE RD STOUGHTON MA 02072-3924	12/23/03	665770	00183948	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MONROY, EFREN	10636 LEEDS ST NORWALK CA 90650-8017	07/13/04	2112437	99142782	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MOODY, JERRY DARIUS	32802 VALLE RD SPC 14 SAN JUAN CAPISTRANO CA 92675-4524	12/15/03	1032813	90047587	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MORALES, DOLORES M	14 METROPOLITAN OVAL APT 8G BRONX NY 10462-6705	01/20/04	1367602	00051197	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MORENO, ANTHONY	41209 PAMELA PL OAKHURST CA 93644-9540	04/18/04	2131458	99218708	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MORENO, ANTHONY	41209 PAMELA PL OAKHURST CA 93644-9540	04/11/04	2131459	99218708	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MORENO, ANTHONY	41209 PAMELA PL OAKHURST CA 93644-9540	01/12/04	1038876	99218708	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MUELLER LEWIS CONCRETE INC.	4345 MURPHY CANYON RD SAN DIEGO CA 92123-4362	12/31/03	893236		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MUSIAK, JOHN	S59W23037 GLENGARRY RD WAUKESHA WI 53189-9678	02/01/06	2153581	97003041	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
MUTUAL FIRE, MARINE & INLAND	120 E UWCHLAN AVE STE 101 EXTON PA 19341-1275	11/25/02	1516780		B	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MYRADOR MANAGEMENT CORP	333 E 149TH ST BRONX NY 10451-5601	12/31/03	2127598		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MYRADOR MANAGEMENT CORP	333 E 149TH ST BRONX NY 10451-5601	12/31/03	2100836		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
MYRADOR MANAGEMENT CORP	333 E 149TH ST BRONX NY 10451-5601	12/31/03	608116		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NABORS HOLDING CO., SUCCESSOR IN INTEREST TO POOL ENERGY SVS. INC. & AFFILIATES	515 W GREENS RD STE 1200 HOUSTON TX 77067-4536	06/02/03	1964582	00008257	B	\$745.78	\$745.78	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NABORS HOLDING CO., SUCCESSOR IN INTEREST TO POOL ENERGY SVS. INC. & AFFILIATES	515 W GREENS RD STE 1200 HOUSTON TX 77067-4536	06/02/03	1964703	99227667	B	\$425,788.96	\$425,788.96	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATHAN, MARIAN ROSE	8114 JEB STUART RD POTOMAC MD 20854-6218	12/22/03	721174		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.	260 MADISON AVE; 22ND FLOOR NEW YORK NY 10016	12/30/03	2103971	01048186	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.	260 MADISON AVE; 22ND FLOOR NEW YORK NY 10016	04/02/04	2131302		B	\$2,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.	260 MADISON AVE; 22ND FLOOR NEW YORK NY 10016	03/31/04	2131498		B	\$2,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
NATIONAL ENVIRONMENTAL SAFETY COMPANY, INC.	260 MADISON AVE; 22ND FLOOR NEW YORK NY 10016	03/31/04	2131101		B	\$5,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	2126702	03041412	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	2126696	03041412	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	2126695	03041412	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	2095021	02063889	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	2095019		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/24/03	602210		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL GYPSUM COMPANY	2001 REXFORD RD CHARLOTTE NC 28211-3415	12/18/03	2072304	99142782	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NATIONAL PRINT GROUP, INC.	2464 AMNICOLA HWY P.O. BOX 5968 CHATTANOOGA TN 37406-2311	06/10/02	797251		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NEW DIMENSION MASONRY, INC.	1018 CUDAHY PL STE A SAN DIEGO CA 92110-3938	12/30/03	2107792	000080150988	B	\$71,005.02	\$10,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NEW JERSEY TURNPIKE AUTHORITY	PO BOX 5042 HUMAN RESOURCE SAFETY & BENEFITS WOODBRIIDGE NJ 07095-5042	12/24/03	2082579	02065561	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NEW JERSEY TURNPIKE AUTHORITY	PO BOX 5042 HUMAN RESOURCE SAFETY & BENEFITS WOODBRIIDGE NJ 07095-5042	12/24/03	627401	02064295	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
NEW VISION HOUSING PARTNERS, L.P.	3411 RICHMOND AVENUE, STE 200 HOUSTON TX 77046	11/25/02	1914877	99804128	B	\$1,000,000.00	\$958,086.00	ENVIRONMENTAL; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
NEW YORK STATE MOTOR TRUCK	C/O PMA MANAGEMENT CORPORATION 5789 WIDEWATERS PARKWAY DEWITT NY 13214	11/01/07	2161126		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NEW YORK TELEPHONE COMPANY	1095 AVENUE OF THE AMERICAS FL 37 NEW YORK NY 10036-6797	07/16/02	1937987	95013091	B	\$1,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NHP MANAGEMENT CO.	4582 S ULSTER ST STE 1100 DENVER CO 80237-2662	12/30/03	2114131	000189555139	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NICOLAS, CORRINNE	3911 WAYNESBORO CT STOCKTON CA 95219-3222	01/27/03	1934651		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NIELSEN, TIMOTHY G	1901 66TH AVE NE TACOMA WA 98422-3710	12/23/03	2095185	01050392	B	\$2,500,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
NIXON PEABODY LLP	900 ELM ST MANCHESTER NH 03101-2007	12/29/03	2084485	00165252	B	\$67,034.51	\$14,761.90	ERRORS & OMISSIONS; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
NPC INTERNATIONAL, INC.	720 W 20TH ST PITTSBURG KS 66762-2844	02/19/08	2161737	99270925	B	\$62,049.23	\$62,049.23	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
NUNEZ, NOEL	177 E 5TH ST BROOKLYN NY 11218-1701	12/03/03	1120585	000090150475	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
NUTRI-GROUP, INC.	PO BOX 619002 ROSEVILLE CA 95661-9002	12/31/03	2111530		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
O'BRIEN & GERE ENGINEERS, INC.	PO BOX 4873 5000 BRITTONFIELD PARKWAY SYRACUSE NY 13221-4873	04/25/02	1914726	000820150352	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
OCCIDENTAL CHEMICAL CORPORATION	5005 LBJ FWY DALLAS TX 75244-6100	01/16/03	1933194	98803972	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
OCCIDENTAL CHEMICAL CORPORATION	5005 LBJ FWY DALLAS TX 75244-6100	01/16/03	1933198	00800890	B	\$0.00	\$42,293.64	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
OCCIDENTAL CHEMICAL CORPORATION	5005 LBJ FWY DALLAS TX 75244-6100	01/16/03	1933197	98803972	B	\$0.00	\$73,177.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2084385		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2075714		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2075713		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2075712		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2075629		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2075619		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2067113		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2067112		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2067108		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2067106		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	2067105		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ODYSSEY RESOURCE MANAGEMENT INC.	204 N ECTOR DR STE 300 EULESS TX 76039-3542	12/15/03	829116		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ONSITE ENGINEERING & MANAGEMENT, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/22/03	2081772	99214638	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ONYX NORTH AMERICA CORPORATION	700 E BUTTERFIELD RD STE 201 LOMBARD IL 60148-5671	12/22/03	2086747		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ORANGE COUNTY GOVERNMENT CENTER	COUNTY OF ORANGE 18 SEWARD AVENUE MIDDLETOWN NY 10940	05/06/03	959277	000100350997	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ORDONEZ, CARMEN	8525 WINCHESTER RD EL PASO TX 79907-6137	10/06/03	1014118	99247091	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
OREPER, SVETLANA	401 AUDUBON TER APT B PHILADELPHIA PA 19116-2729	04/29/02	1526279	07003985	B	\$592.85	\$92.88	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ORMOND BEACH AVIATION, INC	770 AIRPORT RD STE 7 ORMOND BEACH FL 32174-8784	03/12/02	573465	00103122	B	\$0.00	\$0.00	AVIATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
OWEN, AUSTIN	2827 MARTINIQUE AVE C/O TAMMI OWEN EUGENE OR 97408-7416	05/02/02	1894877	000939960548	B	\$3,500.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
PACIFIC LIFE INSURANCE COMPANY	700 NEWPORT CENTER DR NEWPORT BEACH CA 92660-6307	12/31/03	2113556	99164299	B	\$13,000,000.00	\$65,000.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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PACKAGED ICE, INC	8750 N CENTRAL EXPY STE 1800 C/O READY ICE DALLAS TX 75231- 6450	03/10/03	1938827	000469953006	B	\$0.00	\$145,603.55	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PAL ENVIRONMENTAL SAFETY CORP.	1102 QUEENS PLZ S LONG ISLAND CITY NY 11101-4908	12/09/03	2062191	02066910	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PARHAM, LANA	2121 MOUNTAIN RD SLATINGTON PA 18080- 3569	12/16/03	2068826	03004627	B	\$240,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
PAT LANGER LLC DBA FLORENCE RE	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955824		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PATRICK DEROSA, MD	1 CORPORATE DR BOHEMIA NY 11716- 2663	08/21/02	1917169	02081497	B	\$394.08	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
PEARL, ELLIOT D	2833 LATHAM DR SACRAMENTO CA 95864- 7108	03/19/02	725246		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PENCE/KELLY CONSTRUCTION, INC.	2747 PENCE LOOP SE SALEM OR 97302-1153	12/31/03	2109584		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PENNOCK, BREEDLOVE & NOLL, LLP	1407 ROUTE 9 BUILDING 4, 2ND FLOOR CLIFTON PARK NY 12065	07/28/03	1954042	000220050895	B	\$28.50	\$0.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
PEOPLES BANK	850 MAIN ST BRIDGEPORT CT 06604- 4917	12/23/03	2095117	000099952412	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173- 5482	11/14/03	2025615		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173- 5482	11/17/03	2026191		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026190		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026215		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026209		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026208		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026206		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026205		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026204		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026203		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026202		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026200		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026199		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026192		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PEPSIAMERICAS INC	1475 E WOODFIELD RD STE 1300 SCHAUMBURG IL 60173-5482	11/18/03	2026189		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PERFORMANCE CONTRACTING INC.	16400 COLLEGE BLVD LENEXA KS 66219	09/23/03	1960387		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PERFORMANCE CONTRACTING INC.	16400 COLLEGE BLVD LENEXA KS 66219	09/16/03	1959442		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PERFORMANCE CONTRACTING INC.	16400 COLLEGE BLVD LENEXA KS 66219	09/23/03	1960396		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PERRICON, JOSEPH	516 LESMAR DRIVE LA VERNE CA 91750	07/17/08	2163325	000609652990	B	\$8,572.50	\$8,572.50	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PHILADELPHIA EAGLES	1 NOVACARE WAY NOVACARE COMPLEX PHILADELPHIA PA 19145 5900	09/29/02	1925880		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PHILADELPHIA EAGLES	1 NOVACARE WAY NOVACARE COMPLEX PHILADELPHIA PA 19145 5900	09/29/02	1925872		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PHILADELPHIA SUBURBAN WATER COMPANY	762 LANCASTER AVENUE UPPER DARBY PA 19010	08/13/02	898583	000079654363	B	\$981,837.00	\$190,774.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PHILIP SERVICES CORP/ON BEHALF OF ITSELF AND ALL OF ITS SUBSIDIARIES AND AFFILIATES AND THEIR SUCCES	5151 SAN FELIPE ST HOUSTON TX 77056-3607	12/30/03	2104519		B	\$0.00	\$0.00	OCEAN MARINE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PHYSICIAN CARE NETWORK	10460 QUEENS BLVD FOREST HILLS NY 11375 7301	06/11/02	1961710	02081120	B	\$6,022.91	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
PICKFORD REALTY, LTD DBA PRUDENTIAL CALIFORNIA REALTY	12544 HIGH BLUFF DR STE 420 SAN DIEGO CA 92130-3052	12/29/03	2102423	00088667	B	\$262,537.72	\$260,037.72	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PIKE ELECTRIC, INC. AS SUCCESSOR TO RED SIMPSON, INC.	100 PIKE WAY MOUNT AIRY NC 27030-8147	12/31/02	1130707	000569952311	B	\$0.00	\$179,147.85	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PIKE, WILLIAM T.	PO BOX 349 NEW LONDON NH 03257-0349	05/06/02	1898131		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLAUCHE, MASELLI, LANDRY & PARKERSON	701 POYDRAS STREET, SUITE 3800 NEW ORLEANS LA 70139- 3800	10/15/03	1965318	00802056	B	\$3,351.62	\$0.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1961019		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1961017		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1961016		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1959788		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1959787		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PLUMLEY, INC.	7189 AGATE RD WHITE CITY OR 97503-1644	09/19/03	1959786		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
POW, GARRY	6808 E FOURTH PLAIN BLVD STE G VANCOUVER WA 98661- 7283	02/26/02	706774		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
POWERS, NICOLE	2708 E VILLA RITA DR PHOENIX AZ 85032-1032	12/09/02	1914614	03044653	B	\$15,000.00	\$6,000.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
PRESTO-X COMPANY	4521 LEAVENWORTH ST OMAHA NE 68106-1490	12/24/03	2098369		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PRIME, INC.	PO BOX 11048 SPRINGFIELD MO 65808	12/24/03	2098203	00183438	B	\$927,085.07	\$958,688.75	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PROFESSIONAL STAFFING A.B.T.S	PO BOX 4699 CLEARWATER FL 33758-4699	12/23/03	2101395		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PROFESSIONAL STAFFING A.B.T.S	PO BOX 4699 CLEARWATER FL 33758-4699	12/23/03	2100933		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PURAKAL CYLINDERS, INC.	PO BOX 22038 EUGENE OR 97402-0414	11/19/03	2056782		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PURAKAL CYLINDERS, INC.	PO BOX 22038 EUGENE OR 97402-0414	11/19/03	2056780		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PURAKAL CYLINDERS, INC.	PO BOX 22038 EUGENE OR 97402-0414	11/19/03	935081		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
PYRAMID LAKE PAIUTE TRIBAL FISHERIES	STAR ROUTE SUTCLIFFE NV 89510	12/31/03	1277546	00000140	B	\$0.00	\$0.00	PROPERTY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
QUADEL CONSULTING CORPORATION	1200 G ST NW STE 700 WASHINGTON DC 20005-6703	06/10/02	1917012	98179564	B	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUADEL CONSULTING CORPORATION	1200 G ST NW STE 700 WASHINGTON DC 20005-6703	06/10/02	1925385	001429802040	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUADEL CONSULTING CORPORATION	1200 G ST NW STE 700 WASHINGTON DC 20005-6703	06/10/02	1925387	98179566	B	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUADEL CONSULTING CORPORATION	1200 G ST NW STE 700 WASHINGTON DC 20005-6703	06/17/02	1917013	001420060070	B	\$293,998.47	\$137,835.75	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
QUADEL CONSULTING CORPORATION	1200 G ST NW STE 700 WASHINGTON DC 20005-6703	06/17/02	1917015	001429802040-02	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUALITY CHOICE FOODS, LLC	PO BOX 82125 PHOENIX AZ 85071	11/17/03	2026043	000920150237	B	\$2,382,071.70	\$285,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUALITY PLUS LTD DBA: AMERICAN SHEET METAL	8745 N MAGNOLIA AVE STE C SANTEE CA 92071-8504	01/11/07	2159071	05043757	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
QUINLIVAN PIERIK & KRAUSE	PO BOX 29 SYRACUSE NY 13201-0029	11/04/02	1928565	99163927	B	\$22,856.16	\$22,856.16	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.S.I.G. ET AL	PO BOX 2707 MANASSAS VA 20108-0874	12/23/03	2076774	000540059207	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959032		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959030		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959027		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959025		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959024		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959023		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959022		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959018		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959017		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959016		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959015		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959014		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959013		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959033		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959012		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959011		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959010		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1959009		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1958669		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	1958485		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	09/08/03	935232		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	08/09/03	1959029		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.V. SHAW LOGGING, INC.	PO BOX 958 PHILOMATH OR 97370-0958	08/08/03	1959026		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
R.W. BECK GROUP, INC.	1001 4TH AVE STE 2500 SEATTLE WA 98110	09/16/02	1495849	98802150	B	\$0.00	\$575,000.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
R.W. BECK GROUP, INC.	1001 4TH AVE STE 2500 SEATTLE WA 98110	05/21/07	2160324	98802150	B	\$0.00	\$103,724.17	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RABBITT, PITZER & SNODGRASS, P.C.	100 SOUTH FOURTH STREET, SUITE 400 ST. LOUIS MO 63102-1821	09/19/08	2163495	00152679	B	\$0.00	\$1,482.30	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
RAMSEY PSIODA, MELISSA	692 RIVENBACK RD. CURRIE NC 28435	07/02/04	2135400	04002462	B	\$17,500.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
RANDSTAD STAFFING SERVICES	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115419		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD STAFFING SERVICES	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115403		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD STAFFING SERVICES	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115400		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115424		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115411		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115409		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115407		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/29/03	2115404		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RANDSTAD US L.P.	2015 S PARK PL SE ATLANTA GA 30339-2058	12/31/03	2115410		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
RAY, G., MONTE	3467 BEAVER CREEK DR SE SOUTHPORT NC 28461-8699	03/15/02	653257		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REDDINGER, JAMIE L	124 WOODFORD DR EVANS CITY PA 16033	03/10/03	1936690		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REDDINGER, JAMIE L	124 WOODFORD DR EVANS CITY PA 16033	03/10/03	1936688		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REDDINGER, JAMIE L	124 WOODFORD DR EVANS CITY PA 16033	03/10/03	1936687		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REDDINGER, JAMIE L	124 WOODFORD DR EVANS CITY PA 16033	03/10/03	693268		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REEVES, JERALD LYNN	204 COUNTY ROAD 302 CARTHAGE TX 75633-4091	11/24/03	1290571	99213772	B	\$80,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
REGAL-BELOIT CORPORATION	200 STATE ST BELOIT WI 53511-6254	12/31/03	2123851		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REGAL-BELOIT CORPORATION	200 STATE ST BELOIT WI 53511-6254	12/31/03	2123850		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REGAL-BELOIT CORPORATION	200 STATE ST BELOIT WI 53511-6254	12/31/03	2123848		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REGAL-BELOIT CORPORATION	200 STATE ST BELOIT WI 53511-6254	12/31/03	2123846		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RELIABLE OVERHEAD DOOR OF SAN GABRIEL VALLEY, INC	2013 W. COMMONWEALTH AVE SUITE N FULLERTON CA 92833	11/04/08	2163670	08000035	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093747	01020475	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093656	01020617	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093646	99253279	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093617	00050567	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093589	99143567	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093573	00050524	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093552	00029643	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093479	01020605	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2090935	99198293	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2091907	00187654	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2091997	00093169	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093474	00114298	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093338	01032530	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093316	00114296	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093306	00029777	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093204	99253234	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093189	00152237	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093180	01032534	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093161	00152177	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093152	00133001	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093105	99171936	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093075	00093182	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093063	00132916	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093045	00071269	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2093177	00152216	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092485	00071228	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092481	99253130	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092465	99228232	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092360	00187606	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092358	00071212	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092355	99253246	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092354	00187519	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092349	00071208	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092347	00029641	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092325	99252950	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092303	99172138	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092291	01036951	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093109	01020568	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092289	01032493	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093111	99171977	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093166	00093196	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093296	00215528	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093273	00093098	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093269	00201446	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093263	01032722	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093251	00114259	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093247	99171964	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093244	99143408	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093222	00093117	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093211	00170508	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093206	00201451	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093205	01036765	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093178	99198413	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093176	99228014	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093155	01020512	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093318	00187653	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092280	00132912	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092185	00215556	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091818	01032524	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091805	00170480	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091797	01020573	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091763	98028053	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091717	99252873	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091705	99227994	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091637	01010979	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091622	00152127	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091367	99253426	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091348	01032546	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091331	01020473	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091317	01036986	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091290	00029765	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091842	01036787	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092193	99172067	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091883	01020714	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091982	99198365	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092173	01020618	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092161	00093100	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092147	01020716	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092142	99143452	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092110	01036917	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092103	01032498	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092091	00071163	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092074	01036826	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092065	99228183	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092051	00132996	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092047	00201468	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091994	01036977	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091992	00029689	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091939	00170491	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093324	01032543	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093354	00170471	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093361	01020656	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093447	00187552	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093437	00132962	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093433	00071246	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093421	00132930	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093419	99143564	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093411	00215555	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093408	00201355	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093399	00114338	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093384	00187611	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093383	01020829	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093377	00152179	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093376	00152179	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093373	01020500	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093459	00152136	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093471	00152210	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093476	00133000	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093486	01036958	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093774	01020664	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093765	99228102	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091269	01032652	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093760	00093244	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093703	00050483	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093667	01032742	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093570	00201445	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093564	00201330	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093535	00132998	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093507	99253471	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2093739	01036866	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091190	99228167	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091169	99252745	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091163	99198288	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	1373546	01020683	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090452	00029738	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091157	99143322	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091072	01020558	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2091043	01020744	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090980	01020746	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090950	00093226	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090917	99143673	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090913	00008442	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090851	99228229	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090766	00201428	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090672	00029732	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090605	01020570	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090524	01020556	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090458	01036873	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2090435	01048522	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RESORT VENTURES L. P.	2450 COLORADO AVE STE 400E SANTA MONICA CA 90404-5524	12/24/03	2095324		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REYNOLDS, DONNA MARIE	1474 OLD BRIDGE RD CANTONMENT FL 32533-9141	03/18/02	373074	03063038	B	\$0.00	\$655.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
RICHARD SCHECHTER, P.C.	11 GREENWAY PLZ STE 2010 HOUSTON TX 77046-1171	12/31/03	2116093	00185072	B	\$50,000.00	\$0.00	WORKERS COMPENSATION; Claim for post rehabilitation, claim-related legal services by attorney who represented a 3rd party claimant or worker's comp claimant against a Reliance insured or Reliance.	
RICHARD SCHECHTER, P.C.	11 GREENWAY PLZ STE 2010 HOUSTON TX 77046-1171	12/31/03	2116085	99205485	B	\$50,000.00	\$0.00	WORKERS COMPENSATION; Claim for post rehabilitation, claim-related legal services by attorney who represented a 3rd party claimant or worker's comp claimant against a Reliance insured or Reliance.	
RIVERA, HECTOR	46 TILLYER AVE SOUTHBRIDGE MA 01550-3123	02/11/02	1123863	000220150537	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
RIVERA,, SAMUEL	601 SOMERSET LOOP AUBURNDALE FL 33823	12/23/02	701512		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROADWAY CONSTRUCTION, INC.	633 W 5TH ST STE 4000 LOS ANGELES CA 90071-2005	12/29/03	2098660	000919851696	B	\$378,114.85	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROBERTS, JOHN J	8 CARDINAL DRIVE SHELTON CT 06484	06/27/08	2163239	000858531983	B	\$75,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROCAP WITCHGER, LLP	6666 E 75TH ST STE 410 INDIANAPOLIS IN 46250-2860	12/31/03	2122319	98059144	B	\$7,800.17	\$1,602.26	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
RODRIGUEZ LOPEZ, MANUEL	C/O RUBEN GARCIA LANCHARRO CALLE PERAL NUMERO 20, ESCALERA 1, 3'S SEVILLA 41002	01/15/04	2129259	000100451260	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ROEDER, MICHAEL L.	5167 UTICA RIDGE RD DAVENPORT IA 52807-3863	02/12/02	719248		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROLAND, LINDA J	PO BOX 1221 207 SUMMIT DR. ELEANOR WV 25070-1221	02/15/02	711660		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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ROMAIN, MICHAEL	6085 W 183RD ST STILWELL KS 66085-8741	12/29/03	2084304		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROMIC ENVIRONMENTAL TECHNOLOGIES CORPORATION	820 GESSNER RD STE 800 C/O ERP ENVIRONMENTAL SERVICES INC. HOUSTON TX 77024-4533	12/04/03	2081130	03041290	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROMIC ENVIRONMENTAL TECHNOLOGIES CORPORATION	820 GESSNER RD STE 800 C/O ERP ENVIRONMENTAL SERVICES INC. HOUSTON TX 77024-4533	12/04/03	2081124	03041288	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROSENBERG, JOHN W.	366 FORBES AVE SAN RAFAEL CA 94901-1762	02/26/02	724586		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROUND TWO REALTY LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955676		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROYCE MEDICAL CO A CALIFORNIA	742 PANCHO RD CAMARILLO CA 93012-8576	05/17/02	1930908		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROYCE MEDICAL CO A CALIFORNIA	742 PANCHO RD CAMARILLO CA 93012-8576	05/17/02	1930907		B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROYCE MEDICAL CO A CALIFORNIA	742 PANCHO RD CAMARILLO CA 93012-8576	05/17/02	1930906		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROYCE MEDICAL CO A CALIFORNIA	742 PANCHO RD CAMARILLO CA 93012-8576	05/17/02	1930905		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ROYERE, CHARLA L	935 MOHR LN CONCORD CA 94518-3852	01/05/04	2129477	00033544	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC. ET AL	666 GRAND AVE STE 3200 666 GRAND AVENUE DES MOINES IA 50309-2545	12/29/03	2096795		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC. ET AL	666 GRAND AVE STE 3200 666 GRAND AVENUE DES MOINES IA 50309-2545	12/29/03	2096791		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RUAN TRANSPORTATION MANAGEMENT SYSTEMS, INC. ET AL	666 GRAND AVE STE 3200 666 GRAND AVENUE DES MOINES IA 50309-2545	12/29/03	2096786		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RUSTY PELICAN RESTAURANTS, INC.	209 AVENIDA FABRICANTE STE 200 SAN CLEMENTE CA 92672-7544	12/30/03	910393		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	2067526		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	1883393		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	1128133		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	960349		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	919897		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	914412	000179962006	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	912894		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	912135		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	895982		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
RYAN INC. CENTRAL	PO BOX 206 JANESVILLE WI 53547-0206	12/15/03	960350		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
S. J. MCCULLAGH, INC.	245 SWAN ST BUFFALO NY 14204-2051	12/31/03	2114626	000719850123	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SACKS ELECTRIC COMPANY	PO BOX 96 SAINT LOUIS MO 63166-0096	10/28/02	1926834	99031601	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SADLER, BECKY	1581 VAN NESS AVE HOPE MILLS NC 28348-7917	04/19/04	2131503	03022331	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/31/03	2093889	91054159	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2103743	05043462	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080834	92068616	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080827	92068607	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080818		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080809	91002695	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080808	90039962	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080805	90063958	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080802	91002676	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/30/03	2080793		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/29/03	2082458		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/29/03	2096469		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062415	90063961	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062413	91002697	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062412	91002664	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062411	91002688	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062410	91002662	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062409	09000118	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062408	90033186	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062406	09000073	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062405	90033185	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062404	91002674	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062402	09000089	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062401	09000084	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062416	91002702	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062398	91059966	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062418	91002671	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062420	91002693	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2096476		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2096472		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2096468		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2096467		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/16/03	2069643	92127156	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/16/03	2069634	92031439	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/16/03	2069633	92052687	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/16/03	2069631	92068628	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/16/03	2069629	92031439	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062424	90033210	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062423	91002703	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062422	91002698	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062421	90063963	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062419	90033200	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062396	91059966	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062395		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062394	91084747	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SAKURA CONSTRUCTION CO., INC. DBA YAMAOKA BUILDERS, INC.	1221 BROADWAY STE 21 OAKLAND CA 94612-1823	01/03/05	2138076	000959852170	B	\$10,000,000.00	\$3,471.67	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SALTZ HOLLAENDER P.C.	993 OLD EAGLE SCHOOL RD STE 412 WAYNE PA 19087-1710	05/06/02	1737454	001420150321	B	\$693.58	\$27.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SAMMONS ENTERPRISES, INC	5949 SHERRY LN STE 1900 DALLAS TX 75225-8015	12/29/03	2124786		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SANTA, WANDA	3216 TEMBHOECK AVENUE BRONX NY 10469	12/24/03	2093965	000099850872	B	\$2,000,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SARA LEE CORPORATION	3500 LACEY ROAD DOWNERS GROVE IL 60515-5424	12/31/03	770467	96116889	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SASCO ELECTRIC	2750 MOORE AVE FULLERTON CA 92833	12/31/03	2120623	00029459	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SASCO ELECTRIC	2750 MOORE AVE FULLERTON CA 92833	12/31/03	2113360	99055776	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SBA COMMUNICATIONS	5900 BROKEN SOUND PARKWAY, NW BOCA RATON FL 33487	04/08/02	924236	000509961082	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SCHMALFELDT, AUDREY	1879 15TH AVE KENOSHA WI 53140- 1616	02/11/02	1915047	000549857810	B	\$75,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SCHMIDT, ROBERT J	26706 PRINCETON AVE SW KENT WA 98032	04/22/08	2161943	000948311147	B	\$2,529.50	\$2,529.50	PROPERTY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SCHUTTER, TIMOTHY	PO BOX 6982 LAKELAND FL 33807- 6982	12/12/02	1930569	02015193	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SCOTT ZARR, DOROTHY	1034 E SEDGWICK ST PHILADELPHIA PA 19150 3021	01/09/04	1042375	98034293	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SERVICE CORPORATION INTERNATIONAL	1929 ALLEN PKWY HOUSTON TX 77019- 2506	12/24/03	2085822	99015928	B	\$0.00	\$10,000,000.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SETON HEALTH SYSTEM	PO BOX 689 TROY NY 12181-0689	02/19/02	848559	000229950256	B	\$2,680.51	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SHAMROCK BUILDING MATERIAL INC.	PO BOX 23208 EUGENE OR 97402-0426	10/27/03	1966976		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SHAMROCK BUILDING MATERIAL INC.	PO BOX 23208 EUGENE OR 97402-0426	10/27/03	1114352		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SHARP BROTHERS SEED COMPANY	PO BOX 140 HEALY KS 67850-0140	12/31/03	2094816		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SHARP BROTHERS SEED COMPANY	PO BOX 140 HEALY KS 67850-0140	12/30/03	633860		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SHELL, JACK T	1400 EASTWOOD DR DOTHAN AL 36301-5422	11/25/03	1354510	00190082	B	\$1,030.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SHIRLEY, FRANCIS	252 COUNTY HIGHWAY 106 BEAR CREEK AL 35543-3501	04/16/04	2112706	03009254	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SIERRA STAR THREE DEVELOPMENT CORP.	6900 S MCCARRAN BLVD STE 3000 RENO NV 89509-6144	12/24/03	2095329		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SILCOX, GLENDA JC	5720 CHEROKEE ST KEYSTONE HEIGHTS FL 32656	11/24/03	551866	03103092	B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SILVER & FREEDMAN	2029 CENTURY PARK E STE 1900 LOS ANGELES CA 90067-2722	06/20/03	1738021	00087895	B	\$50,000.00	\$42,620.07	Claim for loss payments made by a TPA on behalf of a Reliance insured.	
SINGLETON, WALTER F	208 BAILEY PL DANVILLE VA 24540-2122	12/30/03	2086846	03015680	B	\$0.00	\$100,000.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	12/30/03	2080228	00171647	B	\$1,248.50	\$1,248.50	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	12/30/03	2080208	00116173	B	\$0.00	\$644.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080116	98036468	B	\$405.00	\$405.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	1901457	01041301	B	\$14.00	\$14.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	1738062	01042345	B	\$11.00	\$11.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080235	01042106	B	\$28.00	\$28.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080298	01041352	B	\$420.00	\$420.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080339	99180110	B	\$75.00	\$75.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080353	01050782	B	\$275.00	\$275.00	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2122672	00171641	B	\$554.50	\$554.50	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080982	01048582	B	\$62.50	\$62.50	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080745	99152727	B	\$589.50	\$589.50	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080735	00216362	B	\$882.00	\$882.00	AUTOMOBILE; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
SOUTH COAST WATERPROOFING	1851 SAMAR DR COSTA MESA CA 92626- 3649	01/26/07	1103339	06000814	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTH FINANCIAL GROUP F/K/A CAROLINA FIRST CORPORATION	102 S MAIN ST GREENVILLE SC 29601- 2711	09/09/03	1958826	99051565	B	\$284,195.46	\$184,195.46	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHEAST WOOD TREATING, INC.	3077 CARTER HILL RD MONTGOMERY AL 36111-1801	12/31/03	2116039	001420150384	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079510	ROBERT DENT- TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079509	WILLIE CARRADINE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079507	MARY SULLIVAN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079506	SEBELL CLARK- TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079505	WILLIE KING, JR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079503	JAMES BRAXTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079502	ALBERT FLEMING-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079500	CORNELIUS BRADLEY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079498	HAYWARD BECK-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079496	ELI IKARD, III-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079495	THOMAS OLIVER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079493	ARTHUR BROWN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079492	CLINTON DIXON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079512	JAMES ROBINSON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079491	WALTER SEWELL-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079513	JOE GARY-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079516	ALVIN NASH-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079541	LEWIS PATTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079540	KENNETH WESTROPE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079539	ROBERT MARTIN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079537	MERVIN ANDREWS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079532	CHARLESHUTC HINSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079530	JOHN HUTCHINSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079527	JOHN PRINCE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079525	DAVID MCLAURIN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079523	WILLIE BALDWIN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079522	WALTER MCDANIEL-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

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SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079521	MELVIN ROBERTS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079520	CORNELIUS KING-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079518	FRANKIE ULMER-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079514	CHARLES IRONS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079490	MASTER BOSTIC-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079489	GRADY LAWRENCE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079488	FRANK BLAND-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079462	JEFFREY KELLEY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079461	CURTIS JOHNSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079460	ROBERT MOORE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079459	SAM WESTMORELA ND-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079458	RAYFORD HICKS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079457	SAMUEL DAVIS- MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079456	SHERMAN HARRISON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079455	JESSIE DIXON, JR-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079454	EUGENE WILLIAMS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079453	LEE KING-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079452	PAUL RICHARDS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079451	BETTY BROADWAY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079449	DWIGHT SPENCER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079463	ROOSEVELT HICKS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079465	GLEN SANDERSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079466	JAMES WEDGEWORTH-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079468	JOHNNIE MOSS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079487	ROSIE STEWART-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079486	FRANKLIN ODOM-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079485	JUDGE MCLAURIN, JR-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079484	ERNESTINE ELLIS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079483	JAMES BROWN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079481	JOHN ARMSTEAD-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079543	BARNEY MCGEE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079479	ROBERT MCCOMB-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079475	STEVE JERNIGAN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079474	JIMMIE ELSTON MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079473	SAM BLAKENEY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079472	F. PERRY ADCOCK-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079471	JIMMY BIRMINGHAM-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079469	HARLIS HAMMONDS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079476	DARRELL OGAN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079448	EDWARD TURNAGE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079545	MARTIN HOUSTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079551	EDDIE HARGRO TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099203	JAMES BENTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099196	JOHNNIE BRIGGS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099184	JOE PONDER-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099176	LARRY CASMIRE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099149	DONALD HARVEY-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099142	BRUCE SHARP-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099133	ERNEST HARRIS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099132	ROBERT DOYLE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099104	CHARLES NORMAN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099087	DAVID HARROD TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099086	FRANCISCO DELGADO-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099081	HOWARD MCCOWIN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2099072	EMMIT WIEST-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079421	ARTHUR LEWIS, JR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2095751	BESSIE DANIELS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079464	ROBERT ARMSTRONG-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079482	GLEN AINSWORTH-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094867	TOMMY RYMAN TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094861	JACKIE LEE BARNES-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094852	DORSEY ARNOLD-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/30/03	2079832	JAMES HARRIED-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079581	JOHN JACKSON TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079563	C.W. FORTNEY-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079546	ELI WYATT-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079536	ROBERT WEATHERSBY-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079533	CURTIS CLARK-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079528	OTHA NICHOLS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079526	MAXINE WOODS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079517	JAMES MCDUFF-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079508	JIMMY BYRNE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/29/03	2079477	PATRICIA ADAMS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2095057	CALVIN ALFRED-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094958	JACK FLOYD-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094951	LOUIE ALBARADO-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079568	PERCY JENKINS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079567	JOHN HICKS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079566	LEATHA PITTMAN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079565	GEORGE MCCLAIN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079562	HENRY HARRINGTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079559	DUPERT MANNING-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079558	JULIUS SIMMONS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079557	G. HENRY NORTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079556	JOE PREE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079555	SCOTT KEYS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079554	LEE MORGAN, SR.-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079553	JAMES KELLER-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079552	RICHARD WILSON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079570	CALVIN COLENBURG-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079571	RAY PERRYMAN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079573	MAMIE TYLER- MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079576	DAVID PARKER- MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094928	RICHARD HERNANDEZ- TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094893	THOMAS HENSON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094879	WILLIE BATEMAN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094868	WALTER MCMILLER-LA	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094859	ANTONIO AGUILAR-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2094853	BOBBY BULLARD-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079547	LOWRN WILLIAMS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2080712	ANDREW JONES-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2080702	CHARLES CLAYTON-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079854	WILLIE RAMSEY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079834	WALTER LEOPOLD-LA	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079831	GLENDA ERVIN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079828	GERALD S MILLER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079577	OSBIE BOOTH, SR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2080706	CARL PATTERSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094884	ALBERT MEJIA, JR.-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079446	EINOR STRONG MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079443	ROY HUTCHINSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079444	ROBERT GEORGE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079423	HUBERT CRAFT, JR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079422	JOHN KNOTTS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079420	ALVIN WESCOTT-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079419	GIDEON CLAIBORNE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079418	CHARLES GREEN, JR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079417	OTTIS OVERLAND-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079415	LETHA GLASS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079414	CARL BELLE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079413	EDDIE BURRELL-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079411	JIMMY BRADLEY-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079408	CHARLES WOLFE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079405	LULA MOFFETT-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079404	JERRY MCBRIDE, SR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079424	JAMES UNDERWOOD-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079401	LOU BENDER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079426	MACK SPEARS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079428	MELVIN TYLER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079442	LARRY ROWZEE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079441	THORNTON WATKINS-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079440	DENSON ALLEN MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079439	WILSON SHEDD-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079438	THOMAS HALL-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079437	VINCOSON BROWN-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079436	TROY HUTCHINSON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079434	ROBERT HAMMETT-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079433	MARY ABLES-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079432	DANNY MCBRIDE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079431	LISH SUTTON-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079430	GROVER BUIE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079429	EDDIE GILMORE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079427	DAVID BREWER-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079400	V. TURBEVILLE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079399	FRED BROOK-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079397	CALVIN BRYANT-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079396	SAUL JONES, JR.-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079394	JAMES ESTES-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/24/03	2079391	JAMES GILLESPIE-MS	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/23/03	2079519	DAISY HOLT-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/23/03	2079511	LEE SHOWS-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094885	JACK COGBURN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094914	ORELL MANN-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094901	AUSTIN WOODARD-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	05/19/08	2163388	ROGER REDDITT*	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2095750	ANDREW ALLEN, JR.-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094956	ALLEN CHERRY TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHERN SILICA OF LOUISIANA, INC./MIDSTATE SAND & GRAVEL CO., INC.	37826 GREENWELL SPRINGS RD GREENWELL SPRINGS LA 70739-6624	12/31/03	2094919	JOHNNIE GILMORE-TX	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SOUTHWEST INSTALLERS	147 E 2ND ST SAN DIMAS CA 91773-2627	05/07/07	2160273	07003274	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SPANGLER JENNINGS & DOUGHERTY, PC	8396 MISSISSIPPI ST MERRILLVILLE IN 46410-6293	11/03/03	2058583	93143885	B	\$1,089.40	\$1,085.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
ST. CHARLES GAMING COMPANY, INC.	100 WESTLAKE AVE WESTLAKE LA 70669-5716	05/14/03	1948738	03000882	B	\$183,564.25	\$149,158.46	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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ST. CHARLES HOSPITAL AND REHAB	200 BELLE TERRE ROAD PORT JEFFERSON NY 11777-1928	11/11/03	2024678	02068878	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. CLARE'S HOSPITAL	600 MCCLELLAN ST SCHENECTADY NY 12304-1009	12/31/03	1444016	99271823	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026387	08000348	B	\$15,859.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026385	08000348	B	\$15,668.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026383	08000348	B	\$1,800.39	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026380	08000348	B	\$7,337.81	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026377	08000348	B	\$16,125.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026376	08000348	B	\$1,430.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026375	08000348	B	\$17,684.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026374	08000348	B	\$7,428.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026373	08000348	B	\$4,995.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026372	08000348	B	\$1,288.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026371	08000348	B	\$19,186.88	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026370	08000348	B	\$6,135.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026369	08000348	B	\$794.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026388	08000348	B	\$399.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026368	08000348	B	\$14,724.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026390	08000348	B	\$2,417.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026393	08000348	B	\$20,800.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051516	08000348	B	\$21,618.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051515	08000348	B	\$31,542.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051514	08000348	B	\$9,244.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051513	08000348	B	\$8,041.26	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051512	08000348	B	\$13,922.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051511	08000348	B	\$5,814.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051510	08000348	B	\$15,195.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051509	08000348	B	\$14,241.47	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026399	08000348	B	\$14,652.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026398	08000348	B	\$6,369.56	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026397	08000348	B	\$9,230.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026396	08000348	B	\$15,019.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026394	08000348	B	\$9,173.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026391	08000348	B	\$2,489.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026354	08000348	B	\$236.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026343	08000348	B	\$31,163.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026341	08000348	B	\$5,076.43	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026318	08000348	B	\$11,499.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026317	08000348	B	\$2,685.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026319	08000348	B	\$1,566.73	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026320	08000348	B	\$98.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026321	08000348	B	\$39,391.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026322	08000348	B	\$3,460.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026340	08000348	B	\$4,268.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026339	08000348	B	\$133.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026338	08000348	B	\$11,436.01	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026336	08000348	B	\$1,322.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026333	08000348	B	\$11,991.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026332	08000348	B	\$300.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051517	08000348	B	\$8,800.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026331	08000348	B	\$39,765.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026328	08000348	B	\$7,395.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026327	08000348	B	\$21,902.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026326	08000348	B	\$7,560.67	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026325	08000348	B	\$18,114.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026324	08000348	B	\$14,982.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026323	08000348	B	\$7,091.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026330	08000348	B	\$3,854.82	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051519	08000348	B	\$8,157.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051590	08000348	B	\$589.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051677	08000348	B	\$4,436.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051675	08000348	B	\$2,235.60	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051674	08000348	B	\$3,200.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051673	08000348	B	\$33,428.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051672	08000348	B	\$1,163.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051671	08000348	B	\$35,591.05	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051670	08000348	B	\$308.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051669	08000348	B	\$184.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051668	08000348	B	\$3,043.49	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051667	08000348	B	\$1,575.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051665	08000348	B	\$28,875.13	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051664	08000348	B	\$5,695.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051663	08000348	B	\$6,534.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051678	08000348	B	\$6,016.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051661	08000348	B	\$29,807.31	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160707	08000348	B	\$4,632.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160709	08000348	B	\$9,682.64	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051660	08000348	B	\$5,381.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051659	08000348	B	\$10,254.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051657	08000348	B	\$15,053.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051631	08000348	B	\$6,144.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051630	08000348	B	\$326.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051629	08000348	B	\$4,038.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051623	08000348	B	\$24.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051622	08000348	B	\$48,814.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051621	08000348	B	\$16,650.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051620	08000348	B	\$4,317.60	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051619	08000348	B	\$9,117.98	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051618	08000348	B	\$7,333.23	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051617	08000348	B	\$2,995.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051616	08000348	B	\$2,442.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051614	08000348	B	\$24,756.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051591	08000348	B	\$3,757.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051632	08000348	B	\$6,007.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051633	08000348	B	\$3,505.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051634	08000348	B	\$17,481.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051635	08000348	B	\$8,224.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUN. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051656	08000348	B	\$23,388.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051655	08000348	B	\$27,001.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051654	08000348	B	\$15,703.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051653	08000348	B	\$2,430.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051652	08000348	B	\$1,420.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051649	08000348	B	\$35,231.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051588	08000348	B	\$1,833.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051648	08000348	B	\$62,026.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051644	08000348	B	\$919.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051640	08000348	B	\$11,626.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051639	08000348	B	\$745.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051638	08000348	B	\$69,242.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051637	08000348	B	\$780.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051636	08000348	B	\$15,147.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HEALTH FOUND. OF NO. CALIF.	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051646	08000348	B	\$14,239.80	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160712	08000352	B	\$4,460.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160711	08000352	B	\$13,521.78	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160710	08000352	B	\$2,933.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025460	08000352	B	\$3,478.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025456	08000352	B	\$4,823.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025453	08000352	B	\$2,111.02	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025451	08000352	B	\$1,837.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025450	08000352	B	\$5,582.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025452	08000352	B	\$5,019.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025449	08000352	B	\$48,260.10	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025448	08000352	B	\$2,168.26	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025441	08000352	B	\$10,038.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025440	08000352	B	\$114,992.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025438	08000352	B	\$24,711.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025439	08000352	B	\$7,235.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025421	08000352	B	\$33,785.73	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025437	08000352	B	\$8,339.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025436	08000352	B	\$4,110.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025435	08000352	B	\$50,959.13	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025434	08000352	B	\$4,642.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025433	08000352	B	\$1,903.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025432	08000352	B	\$3,159.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025431	08000352	B	\$9,975.20	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025430	08000352	B	\$12,426.89	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025428	08000352	B	\$517.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025427	08000352	B	\$14,295.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025426	08000352	B	\$7,636.56	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025425	08000352	B	\$1,954.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JOSEPH HERITAGE MEDICAL GROUP/YORBA PARK MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/13/03	2025424	08000352	B	\$31,349.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051703	08000351	B	\$12,315.20	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051701	08000351	B	\$13,573.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051700	08000351	B	\$2,866.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051699	08000351	B	\$9,584.80	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051698	08000351	B	\$1,170.53	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051697	08000351	B	\$2,266.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051696	08000351	B	\$13,565.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051695	08000351	B	\$11,889.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051694	08000351	B	\$29,486.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051693	08000351	B	\$769.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051692	08000351	B	\$12,882.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051691	08000351	B	\$60,284.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051690	08000351	B	\$19,968.31	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051706	08000351	B	\$356.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051689	08000351	B	\$20,863.05	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2056483	08000351	B	\$36,372.73	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160713	08000351	B	\$27,589.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	09/20/07	2160715	08000351	B	\$5,076.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2058349	08000351	B	\$2,063.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051688	08000351	B	\$7,719.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051686	08000351	B	\$10,285.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051558	08000351	B	\$3,620.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051555	08000351	B	\$927.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051552	08000351	B	\$5,981.26	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051551	08000351	B	\$23,477.81	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051550	08000351	B	\$41,945.07	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051549	08000351	B	\$9,093.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051548	08000351	B	\$25,309.56	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051547	08000351	B	\$3,142.31	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051546	08000351	B	\$17,468.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051545	08000351	B	\$30,783.73	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051544	08000351	B	\$3,205.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051543	08000351	B	\$31,409.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051542	08000351	B	\$1,731.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051559	08000351	B	\$15,364.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051687	08000351	B	\$8,190.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051581	08000351	B	\$1,334.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051584	08000351	B	\$2,487.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051685	08000351	B	\$3,067.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051684	08000351	B	\$2,625.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051683	08000351	B	\$1,178.59	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051682	08000351	B	\$17,816.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051680	08000351	B	\$4,457.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051679	08000351	B	\$2,644.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051676	08000351	B	\$5,914.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051647	08000351	B	\$5,181.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051624	08000351	B	\$8,589.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051594	08000351	B	\$6,168.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051587	08000351	B	\$2,027.49	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051586	08000351	B	\$21,908.39	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051585	08000351	B	\$658.13	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051583	08000351	B	\$7,286.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051541	08000351	B	\$3,394.49	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051540	08000351	B	\$4,099.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051539	08000351	B	\$16,705.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051538	08000351	B	\$2,082.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026019	08000351	B	\$16,549.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026017	08000351	B	\$3,959.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026016	08000351	B	\$1,684.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026015	08000351	B	\$2,198.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026013	08000351	B	\$10,866.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026012	08000351	B	\$14,119.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026011	08000351	B	\$2,474.41	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026010	08000351	B	\$10,477.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026007	08000351	B	\$10,561.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026006	08000351	B	\$22,891.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026004	08000351	B	\$5,038.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026002	08000351	B	\$6,778.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026001	08000351	B	\$12,394.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026020	08000351	B	\$13,306.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026000	08000351	B	\$3,938.27	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026022	08000351	B	\$61,591.61	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026026	08000351	B	\$16,227.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026046	08000351	B	\$6,835.64	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026045	08000351	B	\$13,390.47	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026041	08000351	B	\$10,294.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026039	08000351	B	\$14,335.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026038	08000351	B	\$8,496.66	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026037	08000351	B	\$3,709.03	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026036	08000351	B	\$4,869.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026034	08000351	B	\$3,697.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026033	08000351	B	\$8,126.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026032	08000351	B	\$9,298.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026031	08000351	B	\$6,583.78	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026030	08000351	B	\$10,720.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026027	08000351	B	\$5,077.89	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026025	08000351	B	\$19,010.69	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025999	08000351	B	\$2,608.48	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025998	08000351	B	\$26,505.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025997	08000351	B	\$1,211.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025977	08000351	B	\$21,277.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025976	08000351	B	\$599.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025975	08000351	B	\$5,896.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025974	08000351	B	\$1,559.64	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025973	08000351	B	\$1,352.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025972	08000351	B	\$29,434.26	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025971	08000351	B	\$3,094.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025970	08000351	B	\$8,159.01	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025969	08000351	B	\$4,611.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025968	08000351	B	\$29,281.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025967	08000351	B	\$8,836.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025966	08000351	B	\$19,568.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025965	08000351	B	\$8,205.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025978	08000351	B	\$9,764.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025979	08000351	B	\$10,289.93	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025980	08000351	B	\$711.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025981	08000351	B	\$22,781.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025996	08000351	B	\$11,344.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025995	08000351	B	\$18,875.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025994	08000351	B	\$2,899.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025993	08000351	B	\$6,087.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025992	08000351	B	\$18,908.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025991	08000351	B	\$7,092.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026057	08000351	B	\$57,251.88	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025990	08000351	B	\$16,946.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025988	08000351	B	\$18,604.88	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025987	08000351	B	\$982.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025986	08000351	B	\$12,069.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025985	08000351	B	\$22,816.81	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025984	08000351	B	\$23,936.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025982	08000351	B	\$18,500.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025989	08000351	B	\$27,411.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2026061	08000351	B	\$1,973.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026228	08000351	B	\$20,787.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026312	08000351	B	\$9,932.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026311	08000351	B	\$4,365.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026310	08000351	B	\$9,440.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026309	08000351	B	\$4,835.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026308	08000351	B	\$15,996.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026307	08000351	B	\$8,131.86	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026306	08000351	B	\$7,809.45	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026305	08000351	B	\$10,098.82	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026304	08000351	B	\$9,264.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026303	08000351	B	\$9,408.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026302	08000351	B	\$2,323.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026300	08000351	B	\$3,721.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026299	08000351	B	\$11,949.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026313	08000351	B	\$5,497.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026298	08000351	B	\$1,133.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026314	08000351	B	\$20,264.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026395	08000351	B	\$10,241.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051537	08000351	B	\$950.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051536	08000351	B	\$17,005.37	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051535	08000351	B	\$597.79	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051534	08000351	B	\$9,662.34	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051532	08000351	B	\$7,456.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051531	08000351	B	\$4,223.70	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051530	08000351	B	\$36,000.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051529	08000351	B	\$21,940.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051526	08000351	B	\$11,901.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051525	08000351	B	\$812.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051524	08000351	B	\$1,562.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051521	08000351	B	\$1,722.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2051520	08000351	B	\$3,663.90	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026344	08000351	B	\$13,894.33	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026297	08000351	B	\$30,200.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026296	08000351	B	\$19,097.86	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026295	08000351	B	\$12,203.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026275	08000351	B	\$26,131.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026272	08000351	B	\$9,642.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026269	08000351	B	\$6,260.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026267	08000351	B	\$8,124.63	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026265	08000351	B	\$23,212.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026263	08000351	B	\$111.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026236	08000351	B	\$38,113.58	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026235	08000351	B	\$6,431.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026234	08000351	B	\$6,249.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026233	08000351	B	\$5,253.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026232	08000351	B	\$57.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026231	08000351	B	\$9,290.10	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026230	08000351	B	\$11,342.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026276	08000351	B	\$25,133.45	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026277	08000351	B	\$8,591.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026278	08000351	B	\$27,766.82	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026279	08000351	B	\$4,014.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026294	08000351	B	\$11,485.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026293	08000351	B	\$4,974.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026292	08000351	B	\$33,452.73	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026291	08000351	B	\$699.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026290	08000351	B	\$4,802.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026289	08000351	B	\$5,551.97	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026227	08000351	B	\$8,113.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026288	08000351	B	\$1,623.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026285	08000351	B	\$8,826.39	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026284	08000351	B	\$11,204.48	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026283	08000351	B	\$14,027.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026282	08000351	B	\$12,108.54	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026281	08000351	B	\$21,379.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026280	08000351	B	\$6,700.85	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/18/03	2026286	08000351	B	\$3,968.53	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025964	08000351	B	\$46,273.53	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025963	08000351	B	\$8,297.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025962	08000351	B	\$4,373.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025961	08000351	B	\$1,027.61	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025782	08000351	B	\$590.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025781	08000351	B	\$2,996.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025780	08000351	B	\$11,283.89	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025779	08000351	B	\$6,823.71	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025778	08000351	B	\$5,709.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025777	08000351	B	\$6,319.51	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025776	08000351	B	\$18,139.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025612	08000351	B	\$3,278.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025611	08000351	B	\$6,901.66	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025610	08000351	B	\$53,444.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025609	08000351	B	\$24,593.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025608	08000351	B	\$42,714.80	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025607	08000351	B	\$12,260.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025784	08000351	B	\$8,825.06	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025606	08000351	B	\$2,695.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025785	08000351	B	\$23,862.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025788	08000351	B	\$3,534.29	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025802	08000351	B	\$7,644.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025801	08000351	B	\$23,998.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025800	08000351	B	\$169.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025798	08000351	B	\$4,491.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025797	08000351	B	\$7,496.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025796	08000351	B	\$4,922.10	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025795	08000351	B	\$1,587.50	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025794	08000351	B	\$12,331.18	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025793	08000351	B	\$3,499.82	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025792	08000351	B	\$14,725.19	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025791	08000351	B	\$10,477.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025790	08000351	B	\$4,087.89	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025789	08000351	B	\$8,142.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025786	08000351	B	\$621.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025605	08000351	B	\$11,770.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025604	08000351	B	\$7,659.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025603	08000351	B	\$2,647.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025462	08000351	B	\$9,702.86	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025461	08000351	B	\$9,526.98	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025463	08000351	B	\$5,166.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025585	08000351	B	\$14,229.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025587	08000351	B	\$16,763.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025588	08000351	B	\$7,306.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025602	08000351	B	\$461.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025601	08000351	B	\$4,074.17	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025600	08000351	B	\$4,737.94	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025599	08000351	B	\$2,506.76	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025598	08000351	B	\$4,724.28	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025597	08000351	B	\$2,386.09	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025803	08000351	B	\$8,044.03	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025596	08000351	B	\$6,517.07	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025594	08000351	B	\$24,651.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025593	08000351	B	\$1,244.68	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025592	08000351	B	\$1,620.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025591	08000351	B	\$7,196.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025590	08000351	B	\$3,936.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025589	08000351	B	\$3,828.55	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025595	08000351	B	\$5,891.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025804	08000351	B	\$2,044.95	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025806	08000351	B	\$9,921.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025941	08000351	B	\$5,355.77	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025940	08000351	B	\$7,263.74	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025939	08000351	B	\$4,292.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025935	08000351	B	\$4,763.52	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025932	08000351	B	\$16,999.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025931	08000351	B	\$2,168.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025930	08000351	B	\$2,316.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025928	08000351	B	\$10,346.23	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025927	08000351	B	\$6,009.30	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025926	08000351	B	\$5,996.45	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025925	08000351	B	\$1,703.31	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025924	08000351	B	\$1,237.83	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025923	08000351	B	\$14,134.80	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025942	08000351	B	\$30,069.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025866	08000351	B	\$16,010.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025943	08000351	B	\$3,595.42	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025946	08000351	B	\$5,118.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025960	08000351	B	\$4,760.96	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025959	08000351	B	\$2,693.43	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025958	08000351	B	\$12,790.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025957	08000351	B	\$8,804.91	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025956	08000351	B	\$7,118.25	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025954	08000351	B	\$5,486.57	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025953	08000351	B	\$2,088.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025952	08000351	B	\$7,275.64	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025951	08000351	B	\$7,695.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025950	08000351	B	\$5,251.36	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025949	08000351	B	\$3,706.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025948	08000351	B	\$5,870.11	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025947	08000351	B	\$3,649.15	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/17/03	2025944	08000351	B	\$18,752.12	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025858	08000351	B	\$5,590.35	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025843	08000351	B	\$9,927.61	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025842	08000351	B	\$3,670.08	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025821	08000351	B	\$522.24	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025820	08000351	B	\$825.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025819	08000351	B	\$8,664.87	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025817	08000351	B	\$1,251.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025816	08000351	B	\$2,847.44	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025814	08000351	B	\$15,408.81	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025813	08000351	B	\$3,446.14	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025812	08000351	B	\$1,706.74	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025811	08000351	B	\$7,810.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025810	08000351	B	\$12,963.00	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025809	08000351	B	\$10,498.98	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025808	08000351	B	\$2,868.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025807	08000351	B	\$9,243.46	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025822	08000351	B	\$2,180.47	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025823	08000351	B	\$2,603.62	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025824	08000351	B	\$17,405.65	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025825	08000351	B	\$1,706.75	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025841	08000351	B	\$4,875.72	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025840	08000351	B	\$18,371.84	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025839	08000351	B	\$442.48	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025838	08000351	B	\$61,853.32	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025837	08000351	B	\$54,759.07	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025836	08000351	B	\$31,494.03	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025805	08000351	B	\$2,616.92	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025835	08000351	B	\$14,930.21	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025832	08000351	B	\$3,751.40	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025830	08000351	B	\$573.99	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025829	08000351	B	\$574.20	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025828	08000351	B	\$1,681.16	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025827	08000351	B	\$88.38	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025826	08000351	B	\$10,842.22	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
ST. JUDE HERITAGE MEDICAL GROUP	500 S MAIN ST STE 700 ORANGE CA 92868-4514	11/14/03	2025834	08000351	B	\$523.04	\$0.00	ACCIDENT & HEALTH; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2111903	02065426	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2109905	01035736	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2109904	00023562	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2109903		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2109902		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
STAMFORD HOSPITAL /STAMFORD HEALTH SYSTEM	SHELBOURNE ROAD AT WEST BROAD STREET STAMFORD CT 06904	12/31/03	2109901		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STARWOOD CERUZZI, C.E., LLC	1720 POST RD FAIRFIELD CT 06824-5764	10/07/02	1898154	02063816	B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STATEWIDE HI-WAY SAFETY, INC.	PO BOX 616 HAMMONTON NJ 08037-0616	12/27/07	2161648	000100850468	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRANO, MICHAEL P	16 HAPPY ACRES DR SHIRLEY NY 11967-3015	06/21/02	1591592	03080095	B	\$3,387.45	\$3,387.45	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2133363		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2133350		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2133349		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2133348		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	935177		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
STRATTON BROTHERS, INC.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	915980		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUMMIT ENGINEERING CORPORATION	5405 MAE ANNE AVE RENO NV 89523-1813	11/24/03	1444644	98013237	B	\$97,577.07	\$42,992.09	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

*Multiple Claim numbers are associated with this POC.

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097725	01040403	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097715	01040389	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097714	01040388	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097691	00188246	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097669	00152940	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SUNBELT CORP/CEMEX USA	920 MEMORIAL CITY WAY SUITE 100 HOUSTON TX 77024	12/29/03	2097716	01040391	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SWAN, ELIZABETH MORGAN	5838 PADGETT CIR ORLANDO FL 32839-4811	11/11/03	2024746	000100253698	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
SWINDLE, THURMON L	3705 PIN OAK AVE MILTON FL 32583	12/08/03	1044620		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SYRACUSE ORTHOEPEDIC SPECIALISTS	5719 WIDEWATERS PKWY SYRACUSE NY 13214-1880	12/22/03	2077694	03047811	B	\$12,747.73	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
SYSTEMS CONTRACTING CORPORATION	PO BOX 2118 EL DORADO AR 71731-2118	12/31/03	936207	000170058370	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TABOR, DENNIS	7880 POPLAR ST COMMERCE CITY CO 80022-1222	08/25/03	1956916	97136443	B	\$104,138.50	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TALLULAH LLC	1881 BROADWAY C/O A.J. CLARKE MANAGEMENT NEW YORK NY 10023-7035	08/18/03	1955607	99163502	B	\$0.00	\$0.00	PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TEXAS INDUSTRIES, INC.	1341 W MOCKINGBIRD LN DALLAS TX 75247-6913	12/29/03	2083964	00015969	B	\$166,733.62	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THALLE CONSTRUCTION CO., INC.	263 PALISADE AVENUE YONKERS NY 10703	02/24/03	895419	000180051103	B	\$5,000,000.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE ASSOC. OF APT. OWNERS	C/O BEK, INC 99-870 IWAENA ST AIEA HI 96701	12/30/03	1908931	000100451426	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097074		B	\$0.00	\$0.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097196		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097194		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097193		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097186		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097124		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097102		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097089		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097086		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097064		B	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097198		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097201		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BRICKMAN GROUP, LTD, LLC	18227 FLOWER HILL WAY, SUITE D GAITHERSBURG MD 20879	06/17/08	2163268	08000631	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE BURLINGTON NORTHERN SANTA FE CORP	2500 LOU MERK DRIVE AOB-1 FORT WORTH TX 76131	06/03/03	1939756	WAYNE HUNTER	B	\$750,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
THE CHAMELEON GROUP, INC.	21000 OSBORNE ST STE 2 CANOGA PARK CA 91304-1792	12/30/03	2095743	00212845	B	\$22,865.59	\$22,865.59	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
THE JEWISH HOME OF EASTERN PA	1101 VINE ST SCRANTON PA 18510-2126	01/20/05	2138177	05021841	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE LLOYD PEST CONTROL CO., INC.	935 SHERMAN ST SAN DIEGO CA 92110-4016	12/29/03	2082982		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE MAY DEPARTMENT STORES COMPANY	C/O MACY'S CORPORATE SERVICES 7 WEST SEVENTH STREET CINCINNATI OH 45202	07/11/03	1952836	03103200	B	\$216,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE MAY DEPARTMENT STORES COMPANY	C/O MACY'S CORPORATE SERVICES 7 WEST SEVENTH STREET CINCINNATI OH 45202	07/11/03	1952818	00060109	B	\$234,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE PAIN INSTITUTE OF NEVADA	600 S RANCHO DR STE 113 LAS VEGAS NV 89106-4806	04/24/02	1897589	000488603513	B	\$4,792.36	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
THE PAPE GROUP INC	PO BOX 407 EUGENE OR 97440-0407	12/31/03	895585		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THE WILL-BURT COMPANY INC	169 S MAIN ST ORRVILLE OH 44667-1801	01/20/03	1933231		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THOLL, PATRICK	14 JONES RD JASPER AL 35501-7320	12/29/03	2032100	02061136	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
THOMAS HART ACADEMY	852 FLINNS RD HARTSVILLE SC 29550-7160	02/11/02	1429909		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THOMAS, DAVID	70 LEUBA RD COVENTRY RI 02816	02/14/03	49770	03097451	B	\$175,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
THOMPSON TRACTOR CO., INC.	2401 PINSON HWY BIRMINGHAM AL 35217-2051	11/06/08	2163672	000100850650	B	\$0.00	\$52,678.01	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
THOMPSON TRACTOR CO., INC.	2401 PINSON HWY BIRMINGHAM AL 35217-2051	12/23/03	2077765	KURT VAN WADE	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THOMPSON TRACTOR CO., INC.	2401 PINSON HWY BIRMINGHAM AL 35217-2051	12/23/03	2077764	CHARLES PATILLO	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
THURAU, JOHN P.	5254 E OSBORN RD PHOENIX AZ 85018-6157	07/28/03	724061		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TIMAEUS & ROSE, L.L.P.	1612 INTERSTATE 10 S BEAUMONT TX 77707-4418	07/30/07	2160521	001429401984*	B	\$5,528.16	\$637.89	GENERAL LIABILITY; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
TIMES MIRROR COMPANY	435 N. MICHIGAN AVE., 6TH FLOOR CHICAGO IL 60611	05/21/08	2163100	02058615	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TISSUE BANKS INTERNATIONAL	815 PARK AVE BALTIMORE MD 21201-4806	12/31/03	2112287	97050510	B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TMESYS	PO BOX 30054 TAMPA FL 33630-3054	10/28/03	1967011	000468907758	B	\$259.70	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TMESYS	PO BOX 30054 TAMPA FL 33630-3054	07/18/03	1952853	000189853496	B	\$35.75	\$0.00	WORKERS COMPENSATION; Claim by insured or vendor for claim-related expenses incurred post-liquidation, other than attorney fees.	
TOLBERT, LUCILLE	P O BOX 8725 NORFOLK VA 23503	05/19/08	2162944	000189149752	B	\$6,748,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TORRES, CORNEJO	5400 PORT ALICE WAY SALIDA CA 95368-9637	02/11/02	1050003	00133381	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TOWN OF GREENBURGH (REDMOND)	PO BOX 205 ELMSFORD NY 10523-0205	03/19/02	901662	000099952530	B	\$2,000,000.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TOWN OF KEARNY	250 CORPORATE CT STE D C/O GEORGE BRADY, SCIBAL ASSOCIATES SOUTH PLAINFIELD NJ 07080- 2430	10/20/04	2163055	04020772	B	\$51,724.93	\$129,624.01	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TOWNE BUS CORP. WE TRANSPORT,	75 COMMERCIAL ST PLAINVIEW NY 11803	11/18/03	2073265		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TOWNE BUS CORP. WE TRANSPORT,	75 COMMERCIAL ST PLAINVIEW NY 11803	11/18/03	2051579		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TOWNE BUS CORP. WE TRANSPORT,	75 COMMERCIAL ST PLAINVIEW NY 11803	11/18/03	823066		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063886	99206811	B	\$54,095.46	\$54,095.46	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063885	98018707	B	\$11,204.24	\$11,112.24	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063884	99150168	B	\$133,032.87	\$133,032.87	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063879	98051343	B	\$3,194.62	\$3,194.62	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063889	99129267	B	\$26,063.40	\$25,494.40	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063890	00037545	B	\$13,844.69	\$12,469.34	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2063895	08000862	B	\$165,058.95	\$162,084.59	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2064043	01034255	B	\$49,087.41	\$46,156.67	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2064038	00193730	B	\$2,442.51	\$620.38	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064032	04020762	B	\$32,219.26	\$32,219.26	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064029	01029355	B	\$12,313.08	\$7,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064027	00015510	B	\$30,640.77	\$30,640.77	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064026	99106094	B	\$168,396.06	\$168,186.48	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064025	01015430	B	\$34,340.67	\$32,552.17	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063908	00015491	B	\$70,461.45	\$70,461.45	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063907	99178161	B	\$194,044.87	\$194,044.87	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063905	99129232	B	\$167,519.13	\$163,444.38	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063904	99008587	B	\$22,085.50	\$20,815.48	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063901	98005369	B	\$62,590.00	\$62,560.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063899	99062543	B	\$509,144.17	\$509,144.17	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2063891	98066997	B	\$44,565.84	\$41,759.82	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2064047	00123059	B	\$17,938.23	\$17,938.23	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	10/26/07	2161194	00037548	B	\$223,004.80	\$223,004.80	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	09/18/08	2161212	99008535	B	\$637.36	\$298.30	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	09/17/08	2163490	00219958	B	\$2,469.10	\$1,491.18	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	04/15/08	2161905	08000466	B	\$4,800.06	\$4,739.86	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	03/31/08	2163369	99150160	B	\$4,473.51	\$4,473.51	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	10/26/07	2161305	99083588	B	\$790.31	\$790.31	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	10/26/07	2161213	00057976	B	\$5,410.67	\$4,973.78	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	12/11/03	2070934		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TUAN, PHAN MANH	9231 ORCHID DR WESTMINSTER CA 92683-7339	01/29/02	1543589	03066369	B	\$15,000.00	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TURBES, DANIEL	PO BOX 776 SCHNEIDER LAW FIRM C/O RONALD H. SCHNEIDER, ESQ. WILLMAR MN 56201-0776	12/30/03	2115351	04002515	B	\$125,000.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
TURNER CONSTRUCTION COMPANY	375 HUDSON ST NEW YORK NY 10014-3658	12/31/03	1491785	02065737	B	\$0.00	\$99,000.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TURNER CONSTRUCTION COMPANY	375 HUDSON ST NEW YORK NY 10014-3658	11/21/03	2057812		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
TURTLE WAX INC	625 WILLOWBROOK CENTRE PKWY WILLOWBROOK IL 60527	12/15/03	2075526	000549961632	B	\$9,534.34	\$8,995.34	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

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TWR ENTERPRISES	1661 RAILROAD ST CORONA CA 92880-2503	05/02/07	2160267	000100750368	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
U.S. XPRESS ENTERPRISES, INC.	4080 JENKINS RD CHATTANOOGA TN 37421-1174	12/31/03	579615	98152826	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UMPQUA EXCAVATION & PAVING CO.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2133287		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UMPQUA EXCAVATION & PAVING CO.	1940 NE NEWTON CREEK RD ROSEBURG OR 97470-1121	12/30/03	2107774		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNISYS CORPORATION	UNISYS WAY BLUE BELL PA 19424-0001	03/31/03	1410568		B	\$0.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNISYS CORPORATION	UNISYS WAY BLUE BELL PA 19424-0001	04/03/03	1941695		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNISYS CORPORATION	UNISYS WAY BLUE BELL PA 19424-0001	10/10/07	2160914	94136952	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNISYS CORPORATION	UNISYS WAY BLUE BELL PA 19424-0001	04/03/03	1941713		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNISYS CORPORATION	UNISYS WAY BLUE BELL PA 19424-0001	03/31/03	1938414		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNITED EL SEGUMDO, INC.	17311 S MAIN ST GARDENA CA 90248-3131	10/16/06	606502	05022844*	B	\$2,000.00	\$0.00	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
UNITED STATES DEPARTMENT OF THE INTERIOR	1111 JACKSON ST; STE 700 OAKLAND CA 94607-4807	06/23/03	918196	001429801740	B	\$1,441,580.00	\$664,387.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
VALERO ENERGY CORPORATION	PO BOX 696080 SAN ANTONIO TX 78269-6080	12/17/03	2070822	01040054	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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VANDEMARK CHEMICAL COMPANY, INC.	1 N TRANSIT RD LOCKPORT NY 14094-2323	02/07/03	1936132	98802698	B	\$0.00	\$18,000.00	ENVIRONMENTAL; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	Y
VENTRELLO, CHRISTINA	17 MAPLE ST MINOOKA IL 60447-9504	12/30/03	2095977		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
VERVE, LLC	8127 MESA DR STE B206 AUSTIN TX 78759-8632	02/12/02	635009	99189391	B	\$1,000,000.00	\$0.00	INTELLECTUAL PROPERTY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
VINCAM HUMAN RESOURCES	5800 WYNWARD PARKWAY MAIL STOP B135 ALPHARETTA GA 30005	01/27/03	1934337	02065425	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
W.E. LYONS CONSTRUCTION CO	50 HEGENBERGER LOOP OAKLAND CA 94621-1324	10/21/02	1927021		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WAI & CONNER, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	06/19/09	2164222	03037481	B	\$514.95	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1925623	01039791	B	\$689.79	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1925594	98151063	B	\$756.93	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1925587	99061520	B	\$1,682.04	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928521	03036792	B	\$200.87	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928538	03036831	B	\$89.12	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1949973	99148991	B	\$5,244.24	\$0.00	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928625	98117607	B	\$1,058.20	\$969.15	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928610	00079714	B	\$6,774.08	\$2,903.42	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WALTON LANTAFF SCHROEDER & CARSON, LLP	9350 S DIXIE HWY FL 10 MIAMI FL 33156-2951	11/13/03	2058883	98011194	B	\$188.90	\$186.35	WORKERS COMPENSATION; Claim for claim-related legal fees incurred post-liquidation on behalf of a Reliance insured or Reliance.	
WARNER, CARTER	109 GILLESPIE ST VIDALIA LA 71373-4219	08/21/02	1775870	91N04017	B	\$100,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WARNER, CARTER DARNELL	109 GILLESPIE ST VIDALIA LA 71373-4219	12/30/03	2104642	92N03187	B	\$150,000.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	08/30/07	2160661	99076127	B	\$134,344.84	\$134,344.84	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	08/30/07	2160656	99196819	B	\$156,032.39	\$156,032.39	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	06/12/06	2158435	99167532	B	\$2,733.95	\$2,733.95	AUTOMOBILE; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	12/18/03	2082362		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WATSON PHARMACEUTICALS, INC.	311 BONNIE CIR CORONA CA 92880-2882	12/31/03	1435566	00087586	B	\$43,689.00	\$42,414.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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WE TRANSPORT, L.P.	303 SUNNYSIDE BLVD PLAINVIEW NY 11803-1597	11/18/03	2051582		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WEINER, DR. MITCHELL	984 N BROADWAY YONKERS NY 10701-1318	05/28/02	1916008	02075941	B	\$558.36	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WENTWORTH, T. JEAN	19 CAROLYN DR DANVERS MA 01923-1908	01/29/02	684227		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WERNER ENTERPRISES, INC. ETAL	PO BOX 45308 OMAHA NE 68145-0308	11/04/02	1587886		B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WERNER ENTERPRISES, INC. ETAL	PO BOX 45308 OMAHA NE 68145-0308	12/04/07	2161590	07004767	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WERNER, ROGER	18 WEYANT DR CEDARHURST NY 11516-2515	12/12/02	1930568	98159481	B	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WEST SALEM MACHINERY CO.	PO BOX 5288 SALEM OR 97304-0288	02/03/03	1928591		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WEST SALEM MACHINERY CO.	PO BOX 5288 SALEM OR 97304-0288	02/03/03	939211		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WEST SALEM MACHINERY CO.	PO BOX 5288 SALEM OR 97304-0288	01/14/03	1933817		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WESTERN WIRE WORKS, INC.	4025 NW EXPRESS AVE PORTLAND OR 97210-1401	01/10/07	2159068		B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WHEREHOUSE ENTERTAINMENT, INC.	PO BOX 5389 NORCO CA 92860	12/29/03	901264	000600150549	B	\$8,435,432.25	\$5,250,000.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WHEREHOUSE ENTERTAINMENT, INC.	PO BOX 5389 NORCO CA 92860	10/03/03	1963020	000959951146	B	\$0.00	\$98,855.62	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
WILCOX, TIM	9983 96TH AVE ZEELAND MI 49464-9434	12/22/03	2074256	97038890	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WILLIAM MUHR AND MUHR PROFESSIONAL BUILDINGS	7035 CAMPUS DR COLORADO SPRINGS CO 80920-3164	12/23/03	2086546	99071457	B	\$500,000.00	\$300,000.00	ERRORS & OMISSIONS; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WILLIAMS, BURGESS E	591 WATSON RD UKIAH CA 95482-4140	12/23/03	2094755		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WILSON GREATBATCH LTD	10000 WEHRLE DR CLARENCE NY 14031-2086	02/24/03	1935536	000719650021	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WILSON, DANIEL P	PO BOX 844 CENTERVILLE IA 52544-0844	12/10/02	1930068		B	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WOLFE, MICHELLE	312 S STAFFORD ST YELLOW SPRINGS OH 45387-1725	12/31/03	2044831	000100351207	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
WOMEN'S RESOURCE CENTER	1963 APPLE ST OCEANSIDE CA 92054-4426	03/03/05	2138656		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WOMEN'S RESOURCE CENTER	1963 APPLE ST OCEANSIDE CA 92054-4426	03/03/05	2138655		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WOMEN'S RESOURCE CENTER	1963 APPLE ST OCEANSIDE CA 92054-4426	02/28/02	959774		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WOMEN'S RESOURCE CENTER	1963 APPLE ST OCEANSIDE CA 92054-4426	03/03/05	2138654		B	\$0.00	\$0.00	MULTI-LINE POLICY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
WUTHERING HEIGHTS LLC	1325 KILDEER CT VIRGINIA BEACH VA 23451-4920	05/16/02	754736	00165235	B	\$54,000.00	\$0.00	PROPERTY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	02/21/07	2159179	06002531	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	04/19/06	2154163	04002370	B	\$0.00	\$0.00	GENERAL LIABILITY; Claim by insured for reimbursement of defense and indemnity paid due to Liquidation.	
YOCTER, IGOR	2801 EAST 28TH STREET, APT 1A BROOKLYN NY 11235	11/26/07	2161572	01040896	B	\$28,420.25	\$25,000.00	GENERAL LIABILITY; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ZAMORA, LUZ MARIA	2018 DULCE DR OXNARD CA 93036-8228	01/20/04	2129752	02010082	B	\$0.00	\$0.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ZIMMERMAN, JOHN A	4041 S MCCLINTOCK DR STE 307 C/O LAW OFFICES OF PAUL J. SACCO, P.C. TEMPE AZ 85282-5879	04/12/04	2041799	99217996	B	\$77,577.60	\$0.00	AUTOMOBILE; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
ZYWICKI, SHERYL LYNN	4794 KROLL RD SAGINAW MN 55779-9777	12/10/02	1930070	04021159	B	\$12,500.00	\$12,500.00	WORKERS COMPENSATION; Claim by insured under first party RIL policy for policy benefits, or claim by third party claimant for amounts claimed to be due under an insured's RIL policy.	
A. F. BEAZLEY SYNDICATE 623	ONE ALDGATE LONDON EC3N1-AA	12/31/03	2109147		E	\$11,906.11	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
A. F. BEAZLEY SYNDICATE 623	ONE ALDGATE LONDON EC3N1-AA	12/31/03	2109141		E	\$2,572.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
AARDEMA & LONDON	5850 CANOGA AVE, SUITE 250 WOODLAND HILLS CA 91367	02/27/02	1478998	00023672	E	\$10,403.55	\$3,031.50	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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ABRAMS, GORELICK, FRIEDMAN & JACOBSON, P.C.	1 BATTERY PARK PLAZA-4TH FLOOR NEW YORK NY 10004	02/21/02	1918587	99019053	E	\$742.50	\$742.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADAMS & HAYDON, P.C.	19 ARNOLD AVE EAST GREENWICH RI 02818-4101	05/16/03	1947511	98172962	E	\$887.50	\$850.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADAMS & HAYDON, P.C.	19 ARNOLD AVE EAST GREENWICH RI 02818-4101	05/16/03	1947507	99238917	E	\$362.50	\$362.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/05/02	1924413	98110429	E	\$270.20	\$270.20	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/05/02	1924405	99001445	E	\$276.20	\$171.20	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/05/02	1924362	98160469	E	\$484.00	\$484.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/04/02	1948899	00130087	E	\$409.50	\$409.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/04/02	1924718	99191469	E	\$398.50	\$398.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	08/04/02	1924260	99191364	E	\$346.50	\$346.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	07/15/02	1924557	99221957	E	\$508.00	\$508.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ADELSON, TESTAN & BRUNDO	23622 CALABASAS RD STE 250 CALABASAS CA 91302-3387	07/15/02	1924516	00002011	E	\$281.24	\$281.24	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
AEROFRANCASSUR	23, RUE NOTRE DAME DES VICTOIRES PARIS 75002	01/18/05	2138158		E	\$25,493.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AEROFRANCASSUR	23, RUE NOTRE DAME DES VICTOIRES PARIS 75002	01/18/05	2138157		E	\$25,493.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AEROFRANCASSUR	23, RUE NOTRE DAME DES VICTOIRES PARIS 75002	01/18/05	2138156		E	\$25,493.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AEROFRANCASSUR	23, RUE NOTRE DAME DES VICTOIRES PARIS 75002	12/31/03	2110836		E	\$25,493.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AEROFRANCASSUR	23, RUE NOTRE DAME DES VICTOIRES PARIS 75002	01/18/05	2138164		E	\$25,493.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ALABAMA REINSURANCE TRUST	PO BOX 2408 C/O ATTENTA BIRMINGHAM AL 35201-2408	12/29/03	2102563	07004269	E	\$171,849.67	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ALABAMA REINSURANCE TRUST	PO BOX 2408 C/O ATTENTA BIRMINGHAM AL 35201-2408	12/29/03	2097219	07004255	E	\$216,716.88	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ALABAMA REINSURANCE TRUST	PO BOX 2408 C/O ATTENTA BIRMINGHAM AL 35201-2408	12/29/03	2097218	07004254	E	\$255,881.37	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ALLIANCE EMPLOYEE LEASING, INC	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2124495		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
ALLIANZ GLOBAL CORPORATE & SPECIALTY	27 LEADENHALL STREET LONDON EC3A -1AA	09/28/06	2158861	06002075	E	\$120.85	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AMERICAN REINSURANCE COMPANY	555 COLLEGE RD E PLAZA 1 PRINCETON NJ 08540-6616	02/27/06	2153636		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ARBELLA PROTECTION INSURANCE COMPANY	1100 CROWN COLONY DR P.O. BOX 699103 QUINCY MA 02169-0934	12/29/03	2133759		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ASPIS PRONOIA PROPERTY & CASUALTY	62 KIFFISSIAS AVE 15125 MAROUSSI ATHENS	12/10/03	2062717		E	\$297,862.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
AUBERT & PAJARES, LLC	506 E RUTLAND ST COVINGTON LA 70433-3219	04/26/02	1921124	00016573	E	\$955.00	\$955.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
B & B BOATBUILDERS INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2124597		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
BATEMAN CHAPMAN LTD	WYCOMBE PARK MARLOW, BUCKS SL7 3DR	02/24/03	1936480	99219376	E	\$1,630.39	\$0.00	OCEAN MARINE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
BENCKENSTEIN & OXFORD, L.L.P.	3535 CALDER AVE P.O. BOX 150 BEAUMONT TX 77706-5025	12/09/02	1944751	99041520	E	\$870.88	\$870.88	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BENCKENSTEIN & OXFORD, L.L.P.	3535 CALDER AVE P.O. BOX 150 BEAUMONT TX 77706-5025	12/09/02	1930040	99205788	E	\$406.40	\$406.40	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BENCKENSTEIN & OXFORD, L.L.P.	3535 CALDER AVE P.O. BOX 150 BEAUMONT TX 77706-5025	12/09/02	1930025	98135364	E	\$671.54	\$671.54	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BERGER, KAHN, SHAFTON, MOSS, FIGLER, SIMON, & GLADSTONE	4551 GLENCOE AVE STE 300 MARINA DEL REY CA 90292-7925	12/29/03	2084326	01005749	E	\$849.69	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BERRIGAN LITCHFIELD SCHONEKAS MANN, TRAINA & BOLNER LLC	201 ST. CHARLES, SUITE 4204 PLACE ST. CHARLES NEW ORLEANS LA 70170	12/30/03	2079802	00022097	E	\$254.05	\$254.05	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BERRIGAN LITCHFIELD SCHONEKAS MANN, TRAINA & BOLNER LLC	201 ST. CHARLES, SUITE 4204 PLACE ST. CHARLES NEW ORLEANS LA 70170	12/30/03	2079816		E	\$1,043.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BOEHM BROWN ET AL	PO BOX 11830 DAYTONA BEACH FL 32120-1830	02/26/02	1919463	03024493	E	\$996.00	\$996.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BOUNDAS, SKARZYNSKI, WALSH & BLACK	200 E RANDOLPH ST STE 7200 CHICAGO IL 60601-7719	08/25/04	2136564	02057802	E	\$752.50	\$752.50	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BRANDYWINE REINSURANCE CO. (UK) LIMITED	KENT HOUSE, ROMNEY PLACE MAIDSTONE, KENT ME15 -6LT	12/31/03	2122810		E	\$101.89	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
BRENTWOOD SERVICES ADM, INC.	104 CONTINENTAL PLACE, SUITE 200 BRENTWOOD TN 37027	04/25/02	1934272	00145947	E	\$378.46	\$350.46	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/10/06	2153286	02134298	E	\$790.50	\$416.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153238	02103863	E	\$682.00	\$682.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BRITE WAY PRODUCTS CO. INC.	PO BOX 2155 NEW YORK NY 10101-2155	02/05/02	827367		E	\$147.22	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
BROOKS, STEVENS & POPE	PO BOX 1870 CARY NC 27512-1870	04/03/02	1922709	03022331	E	\$646.98	\$646.98	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BROOKS, STEVENS & POPE	PO BOX 1870 CARY NC 27512-1870	04/03/02	1922694	01017206	E	\$616.49	\$616.49	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
BUTTNER ASSOCIATES	1122 E GREEN ST PASADENA CA 91106- 2500	05/28/02	1922582	00147032	E	\$982.00	\$982.00	PROPERTY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
BYRNE & ASSOCIATES PLC	8051 MOORS BRIDGE RD PORTAGE MI 49024- 4073	02/11/02	1918824	03091027	E	\$286.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CALIFORNIA SELF INSURERS' SECURITY FUND	100 PRINGLE AVE; SUITE 525 WALNUT CREEK CA 94596-7368	01/29/09	2163898		E	\$0.00	\$0.00	SURETY; Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CAMPBELL, MICHAEL K	7711 DESMOND STREET N. CHARLESTON SC 29418	09/16/02	1906123	02064166	E	\$45,999.00	\$0.00	GENERAL LIABILITY; Claims under a General Liability policy for Integrated Health Services pursuant to a settlement agreement between RIL and the Amended Joint Plan of Reorganization of Integrated Health Services, Inc. and Its Subsidiaries Under Chapter 11	Y
CANDEE DOTSON, HEARING REPORTER	1326 WEAST RD SCHENECTADY NY 12306-6903	01/16/03	1933499	99235067	E	\$68.75	\$68.75	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CAPITAL SERVICE BUREAU, INC.	640 JOHNSON AVE STE 101 BOHEMIA NY 11716 2624	08/22/02	1924626	99153035	E	\$380.50	\$380.50	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161430		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161429		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161428		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161427		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161426		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161425		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161424		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161423		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161422		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161421		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/01/07	2161322		E	\$4,702,323.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161431		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161432		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CENTURY SURETY COMPANY	465 CLEVELAND AVENUE WESTERVILLE OH 43082	11/12/07	2161433		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CHARLIE MARTINEZ, P.A.	8005 NW 155TH ST STE A MIAMI LAKES FL 33016-5874	12/09/02	1930101	01035293	E	\$274.50	\$274.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CHARLIE MARTINEZ, P.A.	8005 NW 155TH ST STE A MIAMI LAKES FL 33016-5874	12/09/02	1930096	00042861	E	\$619.52	\$619.52	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CHARLIE MARTINEZ, P.A.	8005 NW 155TH ST STE A MIAMI LAKES FL 33016-5874	12/09/02	1930087	98074095	E	\$490.64	\$490.64	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CHARLIE MARTINEZ, P.A.	8005 NW 155TH ST STE A MIAMI LAKES FL 33016-5874	12/09/02	1930088	99111967	E	\$421.10	\$421.10	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CHESNEY & MURPHY, LLP	2305 GRAND AVE BALDWIN NY 11510-3108	12/19/03	2072403	99008428	E	\$1,703.45	\$1,703.45	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CLAIMS RESOURCE MANAGEMENT. INC	33345 SANTIAGO RD P.O. BOX 250 ACTON CA 93510-1416	05/30/02	1924907	99091460	E	\$1,825.45	\$1,825.45	PROFESSIONAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS RESOURCE MANAGEMENT. INC	33345 SANTIAGO RD P.O. BOX 250 ACTON CA 93510-1416	05/30/02	1924911	99115012	E	\$121.00	\$121.00	PROFESSIONAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS RESOURCE MANAGEMENT. INC	33345 SANTIAGO RD P.O. BOX 250 ACTON CA 93510-1416	05/30/02	1924921	96100123	E	\$544.17	\$544.17	PROFESSIONAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS RESOURCE MANAGEMENT. INC	33345 SANTIAGO RD P.O. BOX 250 ACTON CA 93510-1416	05/30/02	1924913	99114771	E	\$190.45	\$190.45	PROFESSIONAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS RESOURCE MANAGEMENT. INC	33345 SANTIAGO RD P.O. BOX 250 ACTON CA 93510-1416	05/30/02	1924909	99115886	E	\$61.00	\$61.00	PROFESSIONAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS SERVICE BUREAU OF NY, INC.	21 HEMSTEAD AVENUE LYNBROOK NY 11563	03/25/02	1921407	00116172	E	\$556.35	\$556.35	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CLAIMS VERIFICATION, INC.	6700 N. ANDREWS AVE, SUITE 200 FT. LAUDERDALE FL 33309	07/18/02	1945890	98142390	E	\$575.00	\$575.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
CONROY, SIMBERG, GANON, KREVANS, AND ABEL	3440 HOLLYWOOD BLVD SECOND FL HOLLYWOOD FL 33021-6927	12/29/03	2101432	99133810	E	\$411.83	\$411.83	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CORREA, JESUS	96 MEADOWS END RD MILFORD CT 06460-4226	12/31/03	2113431	03103132	E	\$0.00	\$0.00	AUTOMOBILE; Claim by a Reliance insured for amounts within the policy deductible.	
CORVEL CORPORATION #3	333 E RIVER DR STE 501 EAST HARTFORD CT 06108-4207	10/21/03	2119051	000090052668	E	\$17.06	\$0.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
COSTANTINO PRESTA	619 E PALISADE AVE C/O OWENS GROUP ENGLEWOOD CLIFFS NJ 07632-1812	08/19/03	2025392		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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Resolved Claims as of 06/30/2009**

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COVENANT MANAGEMENT, INC.	PO BOX 740042 ATLANTA GA 30374-0042	12/31/03	2134638	00098051	E	\$275.00	\$0.00	WORKERS COMPENSATION; Claim by (org role description) settled pursuant to an agreement.	
COVENANT MANAGEMENT, INC.	PO BOX 740042 ATLANTA GA 30374-0042	12/31/03	2134564	00172931	E	\$116.00	\$0.00	WORKERS COMPENSATION; Claim by (org role description) settled pursuant to an agreement.	
COZEN & O'CONNOR	1900 MARKET ST FL 3 PHILADELPHIA PA 19103 3511	12/31/03	2111641	99050425	E	\$0.00	\$209.09	PROPERTY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
COZEN & O'CONNOR	1900 MARKET ST FL 3 PHILADELPHIA PA 19103 3511	12/31/03	2111627	98091455	E	\$661.07	\$661.07	PROPERTY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CRANFILL, SUMNER & HARTZOG, LLP	5420 WADE PARK BLVD; STE 300 RALEIGH NC 27607-4189	04/22/02	1928726	00212178	E	\$616.80	\$616.80	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CULLEN & DYKMAN BLEAKLEY PLATT LLP	177 MONTAGUE ST BROOKLYN NY 11201- 3602	12/31/03	2116711	95047569	E	\$1,026.00	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CULLEN & DYKMAN BLEAKLEY PLATT LLP	177 MONTAGUE ST BROOKLYN NY 11201- 3602	12/31/03	2116668	94038030	E	\$985.50	\$985.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CULLEN & DYKMAN BLEAKLEY PLATT LLP	177 MONTAGUE ST BROOKLYN NY 11201- 3602	12/31/03	2116644	96059030	E	\$906.85	\$906.85	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
CUNNINGHAM LINDSAY INTERNATIONAL LTD	INTERNATIONAL HOUSE 1 KATHERINE'S WAY LONDON E1 9U-N	09/09/03	1960778		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
CUNNINGHAM LINDSAY INTERNATIONAL LTD	INTERNATIONAL HOUSE 1 KATHERINE'S WAY LONDON E1 9U-N	09/09/03	1960776		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
D. L. PRICE INVESTIGATIONS	PO BOX 475875 SAN FRANCISCO CA 94147- 5875	05/24/02	1924901	01026519	E	\$156.56	\$156.56	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017- 2733	02/10/03	1934898	01027183	E	\$466.87	\$466.87	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017- 2733	02/10/03	1934845	99051846	E	\$611.00	\$611.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934654	99054380	E	\$580.50	\$580.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934903	99119799	E	\$567.00	\$567.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934905	00089203	E	\$575.98	\$100.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934934	00089716	E	\$687.50	\$687.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	09/09/03	996058	99172091	E	\$378.00	\$378.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934940	99143673	E	\$531.10	\$531.10	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934935	99093584	E	\$594.05	\$594.05	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DALE, BRADEN & HINCHCLIFFE	888 W 6TH ST, STE 600 LOS ANGELES CA 90017-2733	02/10/03	1934933	00184898	E	\$459.00	\$459.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DAP HOLDING	POSTBUS 1074 2280 CB RIJSWIJK ZH 1100 DV AMSTERDAM	02/23/05	2138544		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
DAP HOLDING	POSTBUS 1074 2280 CB RIJSWIJK ZH 1100 DV AMSTERDAM	02/23/05	2138543		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
DAP HOLDING	POSTBUS 1074 2280 CB RIJSWIJK ZH 1100 DV AMSTERDAM	02/23/05	2138542		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
DAP HOLDING	POSTBUS 1074 2280 CB RIJSWIJK ZH 1100 DV AMSTERDAM	02/23/05	2138541		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
DAP HOLDING	POSTBUS 1074 2280 CB RIJSWIJK ZH 1100 DV AMSTERDAM	02/23/05	2138509		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
DBA:MIDDLEBROOK, KAISER POPKA & HENGESBACH	PO BOX 1319 SAN BERNARDINO CA 92402-1319	12/31/03	2106136	00140904	E	\$375.00	\$375.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064583	96089881	E	\$499.40	\$499.40	GENERAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064564	98153449	E	\$491.70	\$491.70	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064541	00064620	E	\$416.65	\$416.65	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064508	99070557	E	\$735.00	\$735.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064507	00175722	E	\$320.29	\$320.29	GENERAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/12/03	2064506	97082081	E	\$293.60	\$293.60	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/11/03	2064427	01042054	E	\$499.35	\$499.35	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/11/03	2064395	01042269	E	\$329.95	\$329.95	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/11/03	2064372	98137338	E	\$406.32	\$406.32	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/11/03	2064274	95022753	E	\$255.00	\$255.00	GENERAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIAMOND REPORTING, INC.	16 COURT ST STE 907 BROOKLYN NY 11241-1001	12/11/03	2064257	96089881	E	\$483.55	\$483.55	MULTI-LINE POLICY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
DIETZ, GILMOR & ASSOCIATES	7071 CONVOY CT STE 300 SAN DIEGO CA 92111-1023	12/30/03	2114214	97155288	E	\$366.75	\$324.25	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DUANE MORRIS LLP	30 S 17TH ST PHILADELPHIA PA 19103 4001	12/29/03	2132782	99219840	E	\$11,010.99	\$11,010.99	DIRECTORS & OFFICERS; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
DUANE MORRIS LLP	30 S 17TH ST PHILADELPHIA PA 19103 4001	12/28/03	2132793	99115975	E	\$747.55	\$747.55	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ECO TEST LABORATORIES, INC.	377 SHEFFIELD AVE WEST BABYLON NY 11704-5326	01/29/02	1493469		E	\$17,452.00	\$0.00	SURETY; Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/26/02	1955148	98027647	E	\$315.00	\$315.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/26/02	1955103	99143397	E	\$280.00	\$280.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/26/02	1955095	99143502	E	\$735.00	\$735.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955119	00132941	E	\$265.00	\$265.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955122	99172001	E	\$280.00	\$280.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955127	99143478	E	\$490.00	\$490.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955129	99253277	E	\$385.00	\$385.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955189	99252873	E	\$490.00	\$490.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955170	99172006	E	\$315.00	\$315.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WM. CECIL, ATTORNEY AT LAW	107 TRUMAN DR NOVATO CA 94947-4482	08/11/03	1955141	99198288	E	\$490.00	\$490.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	03/11/09	2163982		E	\$0.00	\$0.00	Claims by miscellaneous general creditors.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105952	98159405	E	\$0.00	\$0.00	Claim seeking extracontractual damages against Reliance.	
EDWARD WOLKOWITZ, CHAPTER 7 TRUSTEE	C/O IRELL & MANELLA ESQ 840 NEWPORT CENTER DR SUITE 400 NEWPORT BEACH CA 92660	12/29/03	2105942	98159405	E	\$0.00	\$0.00	Claim seeking extracontractual damages against Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932288	99111978	E	\$404.27	\$376.52	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932265	00120957	E	\$901.16	\$901.16	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932254	98141764	E	\$341.22	\$341.22	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932252	98141764	E	\$28.50	\$28.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932245	00174680	E	\$434.00	\$431.60	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932239	00138554	E	\$667.68	\$667.68	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/29/02	1932238	00138554	E	\$1,867.69	\$1,869.69	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EDWARDS & EDWARDS P.A.	2200 S DIXIE HWY STE 605 MIAMI FL 33133- 2300	04/24/02	1958784	00138554	E	\$772.50	\$762.90	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EVANS & DIXON LLC	515 OLIVE ST STE 1100 SAINT LOUIS MO 63101- 1836	03/03/03	1936177	99260955	E	\$675.46	\$675.46	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
EXCESS & TREATY MANAGEMENT CORPORATION	TWO LOGAN SQUARE - 6TH FLOOR PHILADELPHIA PA 19103	12/17/07	2094067		E	\$46,745,836.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	Y

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
FACTORY MUTUAL INSURANCE COMP	PO BOX 7500 JOHNSTON RI 02919-0750	03/08/04	2130855	00211613	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
FIRST ADVANTAGE INVESTIGATIVE SERVICES	PO BOX 3030 SEMINOLE FL 33775-3030	07/19/04	2136294	00205673	E	\$500.00	\$500.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
FIRST ADVANTAGE INVESTIGATIVE SERVICES	PO BOX 3030 SEMINOLE FL 33775-3030	07/19/04	2136290	00205673	E	\$900.00	\$900.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
FLAHIVE, OGDEN & LATSON	PO BOX 13367 AUSTIN TX 78711-3367	08/29/03	1957622	98077346	E	\$375.00	\$375.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FLAHIVE, OGDEN & LATSON	PO BOX 13367 AUSTIN TX 78711-3367	08/29/03	1957538	98077346	E	\$827.10	\$827.10	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FLAHIVE, OGDEN & LATSON	PO BOX 13367 AUSTIN TX 78711-3367	08/29/03	1957360	99061582	E	\$125.00	\$125.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FLETCHER & SPRINGER, LLP	8750 N CENTRAL EXPY STE 1600 DALLAS TX 75231-6409	12/29/03	2108046	00067607	E	\$13,356.38	\$12,318.88	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FOSECO INC.	321 E BAY ST STE 100 CHARLESTON SC 29401-1680	12/31/03	2113541	BURMA CASTROL	E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
FRANCISCO J. COLON-PAGAN	PO BOX 9023355 SAN JUAN 00902-3355	12/31/03	2131636	96077420	E	\$778.80	\$778.80	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FRANCISCO J. COLON-PAGAN	PO BOX 9023355 SAN JUAN 00902-3355	12/31/03	2131585	95044474	E	\$403.00	\$403.00	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
FREDERICKS, JEFF SCOTT	1960 THE ALAMEDA STE 100 SAN JOSE CA 95126-1441	03/12/09	2163986	00088736	E	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
GAITENS, TUCCERI & NICHOLAS, P.C.	519 COURT PL PITTSBURGH PA 15219-2002	05/21/02	1734712	93082069	E	\$1,851.82	\$1,851.82	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENERAL INTERNATIONAL LIMITED	3RD FLOOR, AIG BUILDING 29 RICHMOND ROAD PEMBROKE HM08	12/16/03	2070244	97133482	E	\$113,620.57	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	Y
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1941320	99228100	E	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1941988		E	\$6.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/07/03	1940079		E	\$4.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/07/03	1939660	98090392	E	\$348.20	\$348.20	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1942627	95002705	E	\$6.00	\$6.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1941455	99154498	E	\$5.92	\$0.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/02	1940716		E	\$6.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949085	98165409	E	\$405.00	\$405.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948710	00134772	E	\$435.00	\$435.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948699	00134805	E	\$325.00	\$325.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942311		E	\$6.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/17/03	1942135		E	\$8.40	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/29/03	1943726	98186462	E	\$537.76	\$537.76	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1946286		E	\$12.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1945295	98199497	E	\$499.90	\$499.90	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1944615	98186462	E	\$668.16	\$668.16	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1944611	98186462	E	\$683.15	\$683.15	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1944469	99058459	E	\$579.64	\$579.64	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	05/06/03	1944457	99058459	E	\$616.37	\$616.37	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1943043		E	\$6.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948562	99197936	E	\$961.14	\$961.14	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948674	00031151	E	\$430.00	\$430.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948939	00134772	E	\$430.00	\$430.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1956637	99145680	E	\$325.00	\$325.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949556	00031161	E	\$293.60	\$293.60	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949308	00202519	E	\$344.00	\$344.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949307	00202519	E	\$344.00	\$344.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949201	00153831	E	\$325.40	\$325.40	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949173		E	\$120.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949066	00031161	E	\$450.00	\$450.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949062	00031161	E	\$350.00	\$350.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1949060	00031161	E	\$450.00	\$450.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #2	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	06/03/03	1948937	98062202	E	\$405.00	\$405.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	07/01/03	1954432	99201225	E	\$3.45	\$3.45	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	07/01/03	1954392	00031161	E	\$9.20	\$9.20	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	08/25/03	1956812	99253426	E	\$68.40	\$68.40	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #4	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2099685	00133035	E	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024826		E	\$11.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	2023381	99221413	E	\$377.16	\$377.16	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951868		E	\$7.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951745	00133035	E	\$7.20	\$7.20	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951701		E	\$7.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951699		E	\$7.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #3	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	04/25/03	1951680		E	\$7.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056813		E	\$23.33	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967477	99143634	E	\$2,245.88	\$2,245.88	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967478	99221413	E	\$2,576.40	\$2,576.40	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #5	440 E. SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967462	99143700	E	\$1,100.90	\$1,100.90	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056892		E	\$20.40	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056878		E	\$23.70	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2056795		E	\$22.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024956		E	\$11.48	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024952		E	\$11.48	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024834		E	\$11.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024827		E	\$11.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/12/03	2024825		E	\$11.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967778		E	\$122.40	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057119		E	\$33.60	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057216		E	\$32.40	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	11/19/03	2057114		E	\$33.60	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967731	99253279	E	\$363.90	\$363.90	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/19/03	2056793		E	\$22.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967204	99174253	E	\$816.47	\$816.47	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967371	99217714	E	\$231.30	\$231.30	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #6	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	10/28/03	1967269	99214111	E	\$290.25	\$290.25	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073582	99174253	E	\$19.20	\$19.20	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2073847		E	\$15.60	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074079		E	\$13.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074063		E	\$13.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/20/03	2074057		E	\$13.20	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #7	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075209		E	\$13.85	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2101226		E	\$10.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2100145		E	\$10.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099987		E	\$10.03	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099972		E	\$9.68	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099865	00071228	E	\$9.60	\$0.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2101229		E	\$10.80	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2101236	00201439	E	\$10.80	\$10.80	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/29/03	2099663	00008442	E	\$9.60	\$9.60	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/23/03	2076301		E	\$8.54	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075269		E	\$14.40	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GENEX SERVICES INC #8	440 E SWEDESFORD RD STE 3000 WAYNE PA 19087-1842	12/22/03	2075254		E	\$14.38	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
GORDON & REES LLP	275 BATTERY ST STE 2000 SAN FRANCISCO CA 94111-3367	06/26/02	1923181	99094570	E	\$9,917.31	\$8,585.89	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
GORDON & REES LLP	275 BATTERY ST STE 2000 SAN FRANCISCO CA 94111-3367	06/26/02	1923127	99070788	E	\$1,420.48	\$983.89	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
GREAT WESTERN COLLECTION BUREA	3785 BRICKWAY BLVD, STE 210 SANTA ROSA CA 95403-9034	07/25/02	2163901	00211800	E	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
GULF INSURANCE COMPANY	C/O SCHNADER ATTORNEYS AT LAW 1600 MARKET STREET, STE 3600 PHILADELPHIA PA 19103 7286	12/22/03	2132508		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
HALLORAN & SAGE LLP	225 ASYLUM ST HARTFORD CT 06103- 4300	09/16/02	1924336	99049427	E	\$837.50	\$837.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HARTER, CHRISTINE L	PO BOX 1779 OCALA FL 34478-1779	05/06/02	1928063	03024480	E	\$1,143.53	\$1,143.53	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HARTER, SECREST & EMERY	1600 BAUSCH AND LOMB PL ROCHESTER NY 14604-2711	07/22/02	1394583	98805552	E	\$3,731.60	\$2,594.00	ENVIRONMENTAL; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/29/03	2086805		E	\$242,500.00	\$0.00	Claims by miscellaneous general creditors.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/23/03	2094492		E	\$6,856.00	\$0.00	Claims by miscellaneous general creditors.	
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/23/03	2094447		E	\$0.00	\$0.00	Claims by miscellaneous general creditors.	
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/23/03	2094444		E	\$7,439.00	\$0.00	Claims by miscellaneous general creditors.	
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/23/03	2094437		E	\$3,898.00	\$0.00	Claims by miscellaneous general creditors.	
HARTFORD FIRE INSURANCE CO	HARTFORD PLAZA HARTFORD CT 06115	12/23/03	2086810		E	\$4,921,282.00	\$0.00	Claims by miscellaneous general creditors.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931291	03008621	E	\$367.99	\$354.79	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931279	03011104	E	\$459.68	\$459.68	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931214	03011605	E	\$690.50	\$690.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931198	03019894	E	\$407.54	\$407.54	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931169	03008060	E	\$332.06	\$332.06	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HEIDELL, PITTONI, MURPHY & BACH	99 PARK AVE NEW YORK NY 10016-1601	10/11/02	1927381	98012203	E	\$790.70	\$790.70	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HEIDELL, PITTONI, MURPHY & BACH	99 PARK AVE NEW YORK NY 10016-1601	10/11/02	1927382	98012203	E	\$925.00	\$925.00	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HILLER INVESTMENTS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125348		E	\$62,106.48	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
HILLER INVESTMENTS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125340		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
HOLLSTEIN, KEATING, CATTELL, JOHNSON & GOLDSTEIN, PC	1628 JOHN F KENNEDY BLVD STE 2000 PHILADELPHIA PA 19103 2111	12/23/03	2080143	01025610	E	\$583.90	\$583.90	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/22/04	2138440		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/22/04	2138438		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
INQUEST, INC.	PO BOX 96 PERRY HALL MD 21128-0096	03/03/02	1919568	99181109	E	\$929.04	\$929.04	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
INSTITUTO OE RESSEGUROS DO BRAZIL	AVENINA MARECTAL CAMANA, 171 CAIZA POSTA 1.440 RIO DE JANEIRO - CEP 20020901	12/22/08	2163826	98026027	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
INSURANCE MANAGEMENT SOLUTIONS, INC.	801 94TH AVENUE NORTH ST. PETERSBURG FL 33702	12/31/03	2116330		E	\$0.00	\$0.00	Claims by miscellaneous general creditors.	
INTERGOVERNMENTAL RISK MGNT AGENCY	4 WESTBROOK CORPORATE CTR STE 940 WESTCHESTER IL 60154-5724	12/31/03	2112342	04001463	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
INTERGOVERNMENTAL RISK MGNT AGENCY	4 WESTBROOK CORPORATE CTR STE 940 WESTCHESTER IL 60154-5724	08/22/03	1958331	04001463	E	\$0.00	\$524,455.10	Claim against a Reliance reinsurance contract issued by Reliance.	
INTERNATIONAL MARINE & INDUSTRIAL APPLICATORS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125391		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
INTERNATIONAL MARINE & INDUSTRIAL APPLICATORS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125386		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
INTERNATIONAL MARINE & INDUSTRIAL APPLICATORS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125384		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
INTERNATIONAL MARINE & INDUSTRIAL APPLICATORS, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125417		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
INTRACORP	5144 COLLECTION CENTER DR CHICAGO IL 60693	10/22/02	1929223	99221373	E	\$745.22	\$745.22	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
J. BRUCE ALVERSON, LTD	7401 W CHARLESTON BLVD LAS VEGAS NV 89117-1401	04/26/02	1920509	000929852711	E	\$8,729.40	\$5,295.80	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
J. BRUCE ALVERSON, LTD	7401 W CHARLESTON BLVD LAS VEGAS NV 89117-1401	04/17/02	1920510	000929851095	E	\$3,831.10	\$2,551.70	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JEFFREY KURTZMAN/JDM SERVICES	PO BOX 530 WANTAGH NY 11793-0530	04/11/02	1932231	00094589	E	\$737.90	\$737.90	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
JOHANSON & FAIRLESS, LLP	1456 FIRST COLONY BLVD SUGAR LAND TX 77479-4084	12/29/03	2105921	000569952311	E	\$4,272.00	\$4,272.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JOHNSTONE, ADAMS, BAILEY, GORDON & HARRIS, LLC	PO BOX 1988 MOBILE AL 36633-1988	03/06/02	1920628	00043346	E	\$800.50	\$800.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966726	99153148	E	\$608.31	\$608.31	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966724	99153367	E	\$610.60	\$610.60	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966722	98036639	E	\$606.81	\$606.81	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966717	98052020	E	\$789.56	\$789.56	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966708	97141481	E	\$935.68	\$935.68	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966703	98172140	E	\$367.50	\$367.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966701	98137323	E	\$473.00	\$473.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966695	99152892	E	\$2,149.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966690	98120651	E	\$1,792.20	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966687	98100995	E	\$1,384.93	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966674	98153407	E	\$628.10	\$628.10	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966673	98085718	E	\$12,567.38	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966654	98101020	E	\$1,802.32	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966733	98085947	E	\$2,178.10	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966647	97114053	E	\$1,604.55	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966737	98120689	E	\$5,099.56	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966761	98085921	E	\$3,307.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021902	98085852	E	\$7,573.71	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021900	98069310	E	\$3,126.43	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021899	98172112	E	\$5,914.49	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021898	98052195	E	\$2,126.51	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966805	98036707	E	\$3,633.55	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966803	98019694	E	\$264.15	\$264.15	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966802	99180159	E	\$2,774.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966799	99153414	E	\$742.71	\$742.81	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966790	98101058	E	\$1,267.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966788	99153282	E	\$254.05	\$254.05	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966784	99153100	E	\$2,547.24	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966779	99152766	E	\$566.93	\$566.93	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966774	98120688	E	\$4,641.89	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966743	98085947	E	\$1,261.39	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966598	00010098	E	\$995.79	\$995.79	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966575	99152892	E	\$3,558.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966574	01006690	E	\$2,718.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966453	01027508	E	\$777.26	\$777.26	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966447	97097137	E	\$688.75	\$688.75	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966446	98137339	E	\$722.08	\$722.08	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966445	98036431	E	\$4,605.33	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966443	97097123	E	\$2,101.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966440	99010292	E	\$1,303.55	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966435	97141530	E	\$1,023.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966431	97097132	E	\$3,860.10	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966428	00124605	E	\$496.50	\$496.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966426	99153149	E	\$5,769.65	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966425	99153272	E	\$1,861.11	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966424	98036533	E	\$404.00	\$404.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966420	99153296	E	\$280.00	\$280.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966465	00104244	E	\$3,682.88	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966503	00046312	E	\$651.35	\$651.35	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966548	98052268	E	\$418.00	\$418.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966549	99153097	E	\$1,551.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966573	98019763	E	\$562.50	\$562.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966570	98101082	E	\$587.50	\$587.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966569	98051952	E	\$438.00	\$438.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966568	98172149	E	\$445.78	\$445.78	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966566	99153211	E	\$1,905.31	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966565	99153238	E	\$431.89	\$431.89	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021904	98153388	E	\$921.85	\$921.85	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966563	98036734	E	\$469.39	\$469.39	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966561	99153250	E	\$1,210.05	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966560	99153393	E	\$3,138.72	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966559	98120688	E	\$3,677.75	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966558	98172176	E	\$1,543.24	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966553	99152692	E	\$468.00	\$468.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966552	98006367	E	\$468.00	\$468.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966562	99152930	E	\$4,549.92	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966419	99153214	E	\$1,308.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021906	98069328	E	\$408.08	\$408.08	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	2021922	98052085	E	\$2,185.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966417	98069209	E	\$2,338.55	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966413	98085689	E	\$1,320.15	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965701	98036632	E	\$2,524.60	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965697	98172175	E	\$2,091.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965695	97114069	E	\$453.40	\$453.40	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965694	98006383	E	\$2,202.31	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965692	98006466	E	\$1,316.98	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965686	99010336	E	\$4,258.53	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965685	98006320	E	\$3,233.20	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965684	98006532	E	\$1,122.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965680	98019979	E	\$765.20	\$765.20	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965679	98085879	E	\$668.80	\$668.80	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965677	98085671	E	\$2,737.30	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965674	98019899	E	\$842.50	\$842.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965671	98019836	E	\$920.39	\$920.39	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965702	98036534	E	\$1,490.57	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965668	98036604	E	\$1,099.49	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965705	97128080	E	\$2,393.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965707	98036593	E	\$2,960.97	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965751	98153326	E	\$1,506.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965747	98019857	E	\$2,938.79	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965736	98006343	E	\$3,689.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965735	98019950	E	\$1,367.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965730	98085839	E	\$6,097.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965729	98036587	E	\$377.95	\$377.95	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965726	99108427	E	\$6,009.76	\$5,603.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965723	98036706	E	\$1,316.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965721	98036604	E	\$3,369.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965716	97128135	E	\$3,459.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965711	98085735	E	\$2,929.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965710	98006325	E	\$1,952.30	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965708	97097354	E	\$714.00	\$714.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965706	98006299	E	\$1,430.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965665	98006377	E	\$8,489.33	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965645	97128179	E	\$1,350.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965641	98069357	E	\$2,278.89	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965601	98006367	E	\$1,476.85	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965496	95079893	E	\$454.75	\$454.75	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965479	98006648	E	\$3,911.24	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965476	98086101	E	\$755.31	\$755.31	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965460	98023733	E	\$633.00	\$633.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1679934	98069252	E	\$1,714.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965607	98006466	E	\$315.00	\$315.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965611	98006561	E	\$1,707.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965612	97141557	E	\$4,305.72	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965617	97097076	E	\$6,697.60	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965640	97114046	E	\$2,646.05	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965639	98006424	E	\$4,609.19	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965638	98019777	E	\$2,055.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965637	98019680	E	\$3,573.33	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965635	99153100	E	\$1,899.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965634	98006719	E	\$1,372.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965753	98036488	E	\$3,559.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965630	97097103	E	\$3,502.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965627	97128135	E	\$1,651.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965626	97128142	E	\$634.00	\$634.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965625	97141445	E	\$2,530.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965624	97113985	E	\$16,399.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965620	98006408	E	\$339.50	\$339.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965618	98019765	E	\$1,712.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965629	97141530	E	\$1,213.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966415	98172087	E	\$1,662.02	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965754	97097132	E	\$3,609.85	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965760	97097174	E	\$2,420.60	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966372	98153467	E	\$3,467.51	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966371	98069410	E	\$4,674.48	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966366	98006541	E	\$607.00	\$607.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966363	99153459	E	\$2,181.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966360	98052268	E	\$3,655.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966164	98019907	E	\$1,027.36	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966163	99010361	E	\$2,485.37	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966157	99153297	E	\$2,769.80	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966148	97141553	E	\$2,333.17	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966144	98006277	E	\$2,791.81	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966141	97097243	E	\$7,307.16	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966137	98019905	E	\$1,960.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966095	98137363	E	\$4,153.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966374	98120601	E	\$3,917.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966091	98036687	E	\$300.00	\$300.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966376	98194776	E	\$3,959.61	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966381	98036437	E	\$9,798.29	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966406	98036557	E	\$2,602.69	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966405	98019826	E	\$1,413.06	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966403	98172219	E	\$3,143.44	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966402	97097088	E	\$7,923.06	\$7,512.98	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966401	98137301	E	\$341.50	\$341.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966399	98019821	E	\$2,246.96	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966396	97141416	E	\$5,212.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966395	97097180	E	\$2,974.18	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966392	98085671	E	\$2,100.21	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966388	98085802	E	\$574.00	\$574.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966384	98120669	E	\$1,594.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966383	98036494	E	\$3,326.82	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966382	98019889	E	\$1,715.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966378	97114071	E	\$819.30	\$819.30	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966090	99010291	E	\$3,503.64	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966088	97128219	E	\$2,659.86	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966080	97128221	E	\$5,605.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965800	98052149	E	\$1,257.85	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965797	97141416	E	\$1,479.46	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965795	97128221	E	\$1,029.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965794	97097122	E	\$2,742.05	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965789	97114015	E	\$4,639.11	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965782	98019978	E	\$5,591.19	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965776	98051955	E	\$1,697.91	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965773	99010368	E	\$2,432.41	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965772	98052197	E	\$1,702.99	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965771	98019819	E	\$981.30	\$981.30	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965770	98069385	E	\$368.30	\$368.30	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965768	98069411	E	\$3,917.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965766	98006651	E	\$445.30	\$445.30	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965801	98036593	E	\$2,713.80	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965804	98085872	E	\$3,560.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965806	97097355	E	\$847.85	\$847.85	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965810	98137403	E	\$4,241.11	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966077	98069466	E	\$475.00	\$475.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1966076	98153476	E	\$4,457.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965931	98006280	E	\$603.50	\$603.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965927	98006383	E	\$3,380.20	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965857	98036511	E	\$965.10	\$965.10	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965845	98069319	E	\$6,983.56	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965756	98019821	E	\$1,927.71	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965843	98069466	E	\$2,284.80	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965837	99152640	E	\$540.00	\$540.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965834	98153326	E	\$2,004.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965827	98137301	E	\$4,047.92	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965826	98006705	E	\$848.50	\$848.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965818	98036628	E	\$5,101.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965817	98172187	E	\$367.00	\$367.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
JONES HIRSCH CONNORS & BULL P.C.	1 BATTERY PARK PLZ FL 28 NEW YORK NY 10004-1479	11/04/03	1965840	99152640	E	\$3,909.78	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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KELLEY, KRONENBERG, GILMARTIN, FICHTEL & WANDER, P.A.	8201 PETERS RD STE 4000 PLANTATION FL 33324-3267	04/08/02	1921779	98039452	E	\$1,574.18	\$1,574.18	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KELLEY, KRONENBERG, GILMARTIN, FICHTEL & WANDER, P.A.	8201 PETERS RD STE 4000 PLANTATION FL 33324-3267	04/08/02	1921790	99013689	E	\$296.10	\$296.10	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KELLEY, KRONENBERG, GILMARTIN, FICHTEL & WANDER, P.A.	8201 PETERS RD STE 4000 PLANTATION FL 33324-3267	04/08/02	1921781	98039452	E	\$936.92	\$936.92	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KRAVIT GASS HOVEL & LEITNER	825 N JEFFERSON ST MILWAUKEE WI 53202-3721	12/05/03	2060660	97018582	E	\$921.05	\$921.05	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KUBICKI DRAPER	25 W FLAGLER ST PH MIAMI FL 33130-1712	05/09/03	1945727	97131600	E	\$864.59	\$864.59	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KUBICKI DRAPER	25 W FLAGLER ST PH MIAMI FL 33130-1712	05/09/03	1945719	96008677	E	\$728.22	\$728.22	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
KUTAK ROCK LLP	1650 FARNAM ST OMAHA NE 68102-2104	12/17/03	2094182	99136154	E	\$19,647.32	\$19,016.86	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1943162	97154353	E	\$278.65	\$278.65	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1918929	00046862	E	\$1,943.69	\$1,928.09	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1918927	00130024	E	\$322.43	\$321.98	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1918918	99072749	E	\$355.48	\$304.88	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1918912	98128076	E	\$875.86	\$457.21	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LANGSTON, HESS, BOLTON, SHEPARD, & AUGUSTINE, P.A.	111 S MAITLAND AVE MAITLAND FL 32751-5647	02/25/02	1918911	98005729	E	\$282.29	\$282.29	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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LATHAM & WATKINS, LLP	633 W 5TH ST STE 4000 LOS ANGELES CA 90071-2005	10/02/03	1962778	000919851696	E	\$378,114.85	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LAUREL REHAB SVCS INC	216 HADDON AVE STE 702 HADDON TOWNSHIP NJ 08108-2815	04/15/02	1920264	99049533	E	\$771.53	\$771.53	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
LAW OFFICES OF MARIE MARTINELLI	11661 SAN VICENTE BLVD STE 200 LOS ANGELES CA 90049-5110	01/21/03	1396672	000919950142	E	\$0.00	\$0.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LAW OFFICES OF RICHARD J. YRULEGUI	5088 N FRUIT AVE FRESNO CA 93711-3061	12/17/02	1904908	00152210	E	\$391.31	\$391.31	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LDC, INC.	2850 SERENDIPITY CIRCLE WEST COLORADO SPRINGS CO 80917	04/20/09	2164118	99071457	E	\$77.70	\$77.70	ERRORS & OMISSIONS; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
LENAHAN, LEE, SLATER & PEARSE, LLP	1030 15TH ST STE 300 SACRAMENTO CA 95814-4030	04/11/02	1921191	97059809	E	\$409.15	\$409.15	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LENAHAN, LEE, SLATER & PEARSE, LLP	1030 15TH ST STE 300 SACRAMENTO CA 95814-4030	04/11/02	1921187	97048359	E	\$449.96	\$449.96	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LEONARD & LEONARD, LTD	701 ROBLEY DR STE 210 LAFAYETTE LA 70503-5200	12/30/02	1931128	97039243	E	\$421.90	\$184.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961697	97090518	E	\$2,721.70	\$2,721.70	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961696	97090518	E	\$2,908.70	\$2,908.70	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961693	98013521	E	\$255.00	\$255.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961615	00153490	E	\$777.50	\$777.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961568	00094570	E	\$642.00	\$642.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961699	97090518	E	\$15,593.78	\$13,832.02	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LESTER SCHWAB KATZ & DWYER	120 BROADWAY NEW YORK NY 10271-0002	09/30/03	1961738	98013521	E	\$404.80	\$404.80	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LEWIS BRISBOIS BISGAARD & SMITH LLP	221 N FIGUEROA ST FL 12 LOS ANGELES CA 90012-2646	11/04/03	2075340	98141511	E	\$952.20	\$952.20	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LEWIS BRISBOIS BISGAARD & SMITH LLP	221 N FIGUEROA ST FL 12 LOS ANGELES CA 90012-2646	12/23/03	2075782	98142871	E	\$759.00	\$759.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LEWIS BRISBOIS BISGAARD & SMITH LLP	221 N FIGUEROA ST FL 12 LOS ANGELES CA 90012-2646	11/04/03	2076105	97088134	E	\$631.12	\$631.12	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LEWIS BRISBOIS BISGAARD & SMITH LLP	221 N FIGUEROA ST FL 12 LOS ANGELES CA 90012-2646	11/04/03	2076104	00153439	E	\$1,197.84	\$1,197.84	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LIEBMAN, QUIGLEY, SHEPPARD, & SOULEMA	PO BOX 92902 LOS ANGELES CA 90009-2902	10/24/03	1966765	99112854	E	\$374.16	\$374.16	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086091		E	\$7,844.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086090		E	\$6,902.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086089		E	\$81,862.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086087		E	\$73,450.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086086		E	\$7,839.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086084		E	\$102,128.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086083		E	\$720,716.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086082		E	\$4,489.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086081		E	\$70,909.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086080		E	\$201,988.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086092		E	\$187,279.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086093		E	\$28,347.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086094		E	\$263,494.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086095		E	\$1,850.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086120		E	\$1,850.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086113		E	\$1,084.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086110		E	\$6.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086109		E	\$188,421.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086108		E	\$42,883.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086107		E	\$40,863.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086106		E	\$63,200.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086104		E	\$133,752.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086103		E	\$236,997.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086102		E	\$59,249.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086099		E	\$1,156.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086098		E	\$52,575.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086097		E	\$1,517.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LLOYD'S SYNDICATE 735	55 BISHOPSGATE (2ND FLOOR) LONDON EC2N3-AS	12/22/03	2086105		E	\$10,000.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101842	03001610	E	\$851.00	\$851.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101841	03001610	E	\$369.00	\$369.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101835	00022430	E	\$458.50	\$458.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101833	99136285	E	\$862.85	\$862.85	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101822	98091520	E	\$370.26	\$370.26	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101820	00046172	E	\$940.33	\$940.33	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101818	99054563	E	\$457.76	\$457.76	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101809	00022430	E	\$336.00	\$336.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101808	00211385	E	\$328.80	\$328.80	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101806	00110880	E	\$323.50	\$323.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101798	99164384	E	\$685.83	\$685.83	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101794	00147451	E	\$409.33	\$409.33	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101786	99054572	E	\$350.98	\$350.98	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101844	99137590	E	\$361.90	\$361.90	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	717817	00022430	E	\$337.50	\$337.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101849	00110361	E	\$334.50	\$334.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101855	00165580	E	\$310.72	\$310.72	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2129843	00066262	E	\$276.75	\$276.75	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101862	00147450	E	\$399.45	\$399.45	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101860	99054553	E	\$590.43	\$590.43	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LONDON FISCHER LLP	59 MAIDEN LN FL 41 NEW YORK NY 10038-4641	12/30/03	2101854	00147450	E	\$779.25	\$779.25	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MACRO-PRO INC.	PO BOX 90459 LONG BEACH CA 90809-0459	08/05/03	1955074	00184739	E	\$323.26	\$323.26	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MACRO-PRO INC.	PO BOX 90459 LONG BEACH CA 90809-0459	06/20/03	1950972	00067352	E	\$421.10	\$421.10	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MARKOW, WALKER & REEVES, PA	PO BOX 13669 JACKSON MS 39236-3669	04/11/02	1922902	99269861	E	\$83.00	\$83.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARKS, O'NEILL, O'BRIEN & COURTNEY, P.C.	1800 JOHN F KENNEDY BLVD STE 1900 PHILADELPHIA PA 19103 7422	03/14/02	1928659	04018686	E	\$666.30	\$666.30	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963106	90011442	E	\$698.00	\$698.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963049	01031364	E	\$797.85	\$797.85	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963046	01008887	E	\$337.60	\$337.60	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963040	00129157	E	\$4,386.60	\$4,386.60	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963038	00129157	E	\$2,130.00	\$2,130.00	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963032	00087974	E	\$806.51	\$806.51	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1963287	98012066	E	\$788.05	\$788.05	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962962	99000755	E	\$978.77	\$978.77	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962960	01000161	E	\$955.80	\$955.80	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962952	97040103	E	\$749.68	\$749.68	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962912	00210406	E	\$713.81	\$713.81	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963155	01041980	E	\$1,151.29	\$1,145.74	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/03/03	1963171	98172692	E	\$659.90	\$659.90	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962832	00039961	E	\$262.60	\$26.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962723	00147516	E	\$762.80	\$762.80	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962704	98012066	E	\$353.72	\$353.72	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	2023369	99215894	E	\$427.41	\$427.41	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962644	99068484	E	\$1,426.42	\$1,426.42	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962643	96041616	E	\$639.40	\$639.40	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962642	96041616	E	\$755.20	\$755.20	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962640	96041616	E	\$521.75	\$521.75	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962626	99100216	E	\$260.40	\$260.40	ACCIDENT & HEALTH; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/01/03	1962641	96041616	E	\$322.50	\$322.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MATHEWS SANDERS & SAYES	825 W 3RD ST LITTLE ROCK AR 72201-2103	03/06/02	1613524	00026251	E	\$3,317.03	\$3,317.03	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MATTHEWS DANIEL INTERNATIONAL (LONDON) LTD	37-39 LIME STREET LONDON ECEM -7AY	12/31/03	2128665	96078285	E	\$3,110.01	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MATTHEWS DANIEL INTERNATIONAL (LONDON) LTD	37-39 LIME STREET LONDON ECEM -7AY	12/31/03	2128654	96078283	E	\$2,810.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MATTHEWS DANIEL INTERNATIONAL (LONDON) LTD	37-39 LIME STREET LONDON ECEM -7AY	12/20/03	2128657	96078285	E	\$2,334.79	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MAWSON & MAWSON, INC.	C/O MYERS BRIER & KELLY STE 200, 425 SPRUCE ST, PO BOX 551 SCRANTON PA 18501-0551	12/31/03	2164135	000079753913	E	\$0.00	\$0.00	Claim seeking extracontractual damages against Reliance.	
MCALOON & FRIEDMAN, PC	123 WILLIAM ST NEW YORK NY 10038-3804	12/27/02	1931580	98143612	E	\$522.25	\$522.25	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MCALOON & FRIEDMAN, PC	123 WILLIAM ST NEW YORK NY 10038-3804	12/27/02	1931582	99271753	E	\$3.74	\$3.74	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MCCONNAUGHAY, DUFFY, COONROD, POPE & WEAVER, P.A.	PO BOX 229 TALLAHASSEE FL 32302- 0229	12/29/03	2132202	99122426	E	\$971.25	\$971.25	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MCCONNAUGHAY, DUFFY, COONROD, POPE & WEAVER, P.A.	PO BOX 229 TALLAHASSEE FL 32302- 0229	12/29/03	2132200	99254814	E	\$1,502.03	\$1,392.43	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MCCONNELL VALDES	PO BOX 364225 SAN JUAN PR 00936-4225	03/12/02	1396964	99114601	E	\$65,259.04	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MCCUSKER, ANSELM, ROSEN, & CARVELLI, PC	210 PARK AVENUE STE 301 FLORHAM PARK NJ 07932	06/26/02	1916931	99169220	E	\$72,907.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1950116	00094589	E	\$340.00	\$340.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1950134	00171574	E	\$530.00	\$530.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1950210	01003726	E	\$275.00	\$275.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951921	97052670	E	\$333.00	\$333.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951832	98153402	E	\$365.00	\$365.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951820	98120683	E	\$365.00	\$365.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951802	98120683	E	\$490.00	\$490.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951797	98069376	E	\$955.00	\$955.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951390	98147213	E	\$300.00	\$300.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951258	99153035	E	\$490.00	\$490.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951254	98085671	E	\$440.00	\$440.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951195	98052195	E	\$365.00	\$365.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951090	98085788	E	\$440.00	\$440.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951079	98036494	E	\$490.00	\$490.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1950789	01021305	E	\$275.00	\$275.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MEDICAL MANAGEMENT GROUP OF NY INC.	640 JOHNSON AVE STE 101B BOHEMIA NY 11716-2624	07/30/02	1951260	98069410	E	\$490.00	\$490.00	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MICHAEL BEST & FRIEDRICH LLP	100 E WISCONSIN AVE STE 3300 MILWAUKEE WI 53202-4124	12/31/03	2116006	98804542	E	\$73,374.82	\$73,317.32	ERRORS & OMISSIONS; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MIDDLE EAST INSURANCE COMPANY	UM UTHAINA, AL KINDI STREET P.O. BOX 1802 AMMAN 11118	09/03/02	1924811		E	\$4,689,407.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MILLER, KAGAN, RODRIGUEZ & SILVER, P.A.	1000 SOUTH PINE ISLAND ROAD #520 PLANTATION FL 33324	11/05/03	2023527	99242567	E	\$3,570.19	\$3,186.34	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MILLER, KAGAN, RODRIGUEZ & SILVER, P.A.	1000 SOUTH PINE ISLAND ROAD #520 PLANTATION FL 33324	11/05/03	2023508	99048597	E	\$1,331.54	\$176.16	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MILLER, KAGAN, RODRIGUEZ & SILVER, P.A.	1000 SOUTH PINE ISLAND ROAD #520 PLANTATION FL 33324	09/17/03	1959772	00035660	E	\$1,398.50	\$571.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MINGTAI FIRE & MARINE INSURANCE CO., LTD	JEN AI ROAD, SEC 4 TAIPEI 106	12/30/03	2101880		E	\$17,205.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069791	02064438	E	\$1,659.00	\$1,659.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069744		E	\$137.50	\$0.00	Claims by miscellaneous general creditors.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069724		E	\$13.30	\$0.00	Claims by miscellaneous general creditors.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069718		E	\$12.80	\$0.00	Claims by miscellaneous general creditors.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069676	02064833	E	\$467.10	\$467.10	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069575		E	\$287.50	\$0.00	Claims by miscellaneous general creditors.	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069530		E	\$111.44	\$0.00	Claims by miscellaneous general creditors.	
MJM INC.	910 PAVERSTONE DR RALEIGH NC 27615-4701	03/08/02	910738	99059478	E	\$828.13	\$828.13	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
MORSE, GIESLER & CALLISTER	330 N BRAND BLVD; SUITE 300 GLENDALE CA 91203	06/14/02	1924077	01020512	E	\$321.10	\$321.10	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MORSE, GIESLER & CALLISTER	330 N BRAND BLVD; SUITE 300 GLENDALE CA 91203	06/14/02	1924105	00029054	E	\$740.35	\$740.35	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MULLEN & FILIPPI LLP	1601 RESPONSE RD STE 300 SACRAMENTO CA 95815-5258	12/24/03	2081706	00127473	E	\$309.50	\$309.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
MUTUAL MARINE OFFICE INC.	919 3RD AVE FL 10 NEW YORK NY 10022-3922	12/15/04	2137950		E	\$250,000.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MUTUAL MARINE OFFICE INC.	919 3RD AVE FL 10 NEW YORK NY 10022-3922	12/15/04	2137949		E	\$302,489.35	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
MUTUAL MARINE OFFICE INC.	919 3RD AVE FL 10 NEW YORK NY 10022-3922	12/15/04	2137948		E	\$375,000.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
NATHAN,BREMER, DUMM, & MYERS, P.C.	3900 E MEXICO AVE DENVER CENTERPOINT, SUITE 1000 DENVER CO 80210 3940	12/08/03	2061241	00013768	E	\$836.00	\$836.00	WORKERS COMPENSATION; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
NATIONAL FEDERATION OF FISHERIES CO-OP	11-6 SHINGHUN-DONG SONGPA-KU SEOUL 138-730	12/09/03	2062445		E	\$21,715.75	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
NATIONAL SCHOOL BUS SERVICE, INC.	C/O FIRST VEHICLE SERVICES 600 VINE STREET; STE 1200 CINCINNATI OH 45202-2474	12/23/03	2081118		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
NATIONAL SCHOOL BUS SERVICE, INC.	C/O FIRST VEHICLE SERVICES 600 VINE STREET; STE 1200 CINCINNATI OH 45202-2474	12/23/03	2081119		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
NEALE & NEWMAN LLP	PO BOX 10327 SPRINGFIELD MO 65808-0327	04/08/02	1920394	02113844	E	\$661.05	\$289.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
OHRENSTEIN & BROWN, LLP	1010 FRANKLIN AVE GARDEN CITY NY 11530-2900	12/15/03	2067464	00205737	E	\$10,041.63	\$10,041.63	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
OHRENSTEIN & BROWN, LLP	1010 FRANKLIN AVE GARDEN CITY NY 11530-2900	12/15/03	2067458	00205737	E	\$403.00	\$403.00	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
OHRENSTEIN & BROWN, LLP	1010 FRANKLIN AVE GARDEN CITY NY 11530-2900	12/15/03	2067453	00192123	E	\$1,004.95	\$1,004.95	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160577		E	\$9,256.01	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160576		E	\$490.33	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160564		E	\$528.07	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160563		E	\$43,127.38	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160562		E	\$5,848.05	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160561		E	\$924.01	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160560		E	\$327,008.56	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160559		E	\$37,500.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160558		E	\$217.35	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160557		E	\$487.20	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160556		E	\$199.48	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160555		E	\$46,960.22	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160578		E	\$5,331.34	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160579		E	\$39,918.88	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160580		E	\$234,760.39	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160581		E	\$55,413.32	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160587		E	\$10,678.16	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160586		E	\$731.51	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160585		E	\$1,478.19	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160584		E	\$686.11	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160583		E	\$27,672.02	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160582		E	\$100.90	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
OMNIUM INSURANCE & REINSURANCE CO LTD.	CLARENDON HOUSE CHURCH STREET WEST HAMILTON HMDX	08/15/07	2160588		E	\$70,867.46	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
ORTALE, KELLEY, HERBERT & CRAWFORD	200 4TH AVE N FL 3 NASHVILLE TN 37219-8985	12/03/02	1929898	00174814	E	\$399.00	\$399.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ORTALE, KELLEY, HERBERT & CRAWFORD	200 4TH AVE N FL 3 NASHVILLE TN 37219-8985	12/03/02	1929882	00184096	E	\$504.40	\$504.40	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PACIFIC INSURANCE GROUP	10/F., DOMINION CENTRE 43-59 QUEEN'S ROAD EAST WANCHAI	05/18/09	2163926		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161876		E	\$861,510.84	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161875		E	\$678,959.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161874		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161878		E	\$6,473.02	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161879		E	\$667,502.81	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PAKISTAN REINSURANCE CO. LTD.	PRC TOWERS, 32-A, LALAZAR DRIVE M.T. KHAN ROAD KARACHI	04/01/08	2161880		E	\$387,918.38	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PALMERI & GAVEN	80 MAIDEN LN SUITE 505 NEW YORK NY 10038-4895	02/21/03	1935407	97051524	E	\$1,150.00	\$1,150.00	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PARKER, MCCAY & CRISCUOLO, P.A.	PO BOX 974 3 GREENTREE CENTER 7001 LINCOLN DRIVE W MARLTON NJ 08053-0974	12/09/02	1930352	98158597	E	\$327.40	\$289.90	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PEARLMAN, BORSKA & WAX	15910 VENTURA BLVD FL 18 ENCINO CA 91436-2819	09/19/02	1911360	01040387	E	\$642.00	\$642.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PETERSON & ROSS	200 E RANDOLPH ST STE 7300 CHICAGO IL 60601-7012	12/31/03	2133646	99244957	E	\$689.60	\$689.60	DIRECTORS & OFFICERS; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PETERSON & ROSS	200 E RANDOLPH ST STE 7300 CHICAGO IL 60601-7012	12/31/03	2133544	98108389	E	\$1,845.84	\$1,841.84	DIRECTORS & OFFICERS; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PETERSON & ROSS	200 E RANDOLPH ST STE 7300 CHICAGO IL 60601-7012	12/31/03	2133537	98144038	E	\$2,802.44	\$2,789.69	DIRECTORS & OFFICERS; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PHILIBOSIAN RUSSELL KILLMURRAY & KINNEALLY	40 PATERSON STREET NEW BRUNSWICK NJ 08901	11/21/03	2058219	99069481	E	\$413.60	\$413.60	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PHILIBOSIAN RUSSELL KILLMURRAY & KINNEALLY	40 PATERSON STREET NEW BRUNSWICK NJ 08901	11/20/03	2057369	99131519	E	\$373.70	\$373.70	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PIPE TRADES DISTRICT COUNCIL NO 36 TRUST FUNDS	595 MARKET ST STE 2200 C/O MCCARTHY, JOHNSON & MILLER SAN FRANCISCO CA 94105-2834	11/07/03	2024291		E	\$7,929.11	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
PRINCETON REINSURANCE GROUP	301 CARNEGIE CENTER BLVD; SUITE 404 PRINCETON NJ 08540	03/01/05	2138633		E	\$0.00	\$0.00	ACCIDENT & HEALTH; Claims by miscellaneous general creditors.	
PRINCETON REINSURANCE GROUP	301 CARNEGIE CENTER BLVD; SUITE 404 PRINCETON NJ 08540	03/01/05	2138632		E	\$0.00	\$0.00	ACCIDENT & HEALTH; Claims by miscellaneous general creditors.	
PRINCETON REINSURANCE GROUP	301 CARNEGIE CENTER BLVD; SUITE 404 PRINCETON NJ 08540	12/19/03	2072482		E	\$130,152.98	\$0.00	ACCIDENT & HEALTH; Claims by miscellaneous general creditors.	
PRINDLE DECKER & AMARO, LLP	310 GOLDEN SHORE FL 4 LONG BEACH CA 90802-4232	12/30/03	2131517	99068034	E	\$552.50	\$552.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PROFESSIONAL SERVICES INSURANCE COMPANY LIMITED	VICTORIA HALL 11 VICTORIA STREET HAMILTON HM 11	04/24/06	2154170	02290017	E	\$10,000,000.00	\$10,000,000.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PT ASURANSI DAYIN MITRA TBK	WISMA DINERS CLUB ANNEX JEND. SUDIRMAN ROAD LOT 34 JAKARTA 10220	03/13/09	2163990		E	\$11,935.93	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PT. ASURANSI RAMAYANA TBK	JL. KEBON SIRIH NO. 49 JAKARTA 10340	03/13/09	2163988		E	\$2,936,764.52	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PT. ASURANSI RAMAYANA TBK	JL. KEBON SIRIH NO. 49 JAKARTA 10340	03/13/09	2163987		E	\$26,450.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PUBLIC ENTITY PROPERTY INS	PO BOX 6450 NEWPORT BEACH CA 92658-6450	06/04/02	855505	99245349	E	\$1,189,000.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
PUBLIC INVESTIGATION SERVICE INC	38 E 29TH ST FL 7 NEW YORK NY 10016-7911	07/16/03	1952489	01027436	E	\$379.95	\$379.95	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
PUBLIC INVESTIGATION SERVICE INC	38 E 29TH ST FL 7 NEW YORK NY 10016-7911	07/08/02	1923428	01027436	E	\$379.95	\$379.95	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
PUBLIC INVESTIGATION SERVICE INC	38 E 29TH ST FL 7 NEW YORK NY 10016-7911	07/08/02	1923421	01011563	E	\$253.75	\$253.75	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PUBLIC INVESTIGATION SERVICE INC	38 E 29TH ST FL 7 NEW YORK NY 10016-7911	07/08/02	1923418	01021316	E	\$541.90	\$541.90	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
PUBLIC INVESTIGATION SERVICE INC	38 E 29TH ST FL 7 NEW YORK NY 10016-7911	07/08/02	1923417	01003774	E	\$343.10	\$343.10	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1948178	00138618	E	\$370.50	\$370.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1924007	00013938	E	\$2,042.54	\$2,042.54	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1923985	99186452	E	\$2,206.64	\$1,714.14	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1923983	99030631	E	\$555.16	\$555.16	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1923982	99134183	E	\$400.00	\$400.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1923978	98199108	E	\$743.30	\$743.30	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
PYSZKA, BLACKMON,LEVY,MOWERS & KELLEY	14750 NW 77TH CT STE 300 MIAMI LAKES FL 33016-1537	08/22/02	1923977	98074016	E	\$336.00	\$336.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
QUEENSBROOK INS. LTD/ ST. VINCENT CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2077745	09000476	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
QUEENSBROOK INS. LTD/ ST. VINCENT CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2077739	01036028	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
QUEENSBROOK INS. LTD/ ST. VINCENT CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2077729	00223936	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
QUEENSBROOK INS. LTD/ ST. VINCENT CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/23/03	2077748	09000474	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
R.W. BECK GROUP, INC.	1001 4TH AVE STE 2500 SEATTLE WA 98110	05/21/07	2160325	98802150	E	\$0.00	\$0.00	ERRORS & OMISSIONS; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
RABBITT, PITZER & SNODGRASS, P.C.	100 SOUTH FOURTH STREET, SUITE 400 ST. LOUIS MO 63102-1821	12/31/03	2111188	00152679	E	\$638.86	\$766.36	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RABBITT, PITZER & SNODGRASS, P.C.	100 SOUTH FOURTH STREET, SUITE 400 ST. LOUIS MO 63102-1821	12/31/03	2111174	99144358	E	\$1,696.04	\$1,696.04	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RAMOS INC	2600 MICHELSON DR, 17TH FLOOR IRVINE CA 92612	06/20/03	1952806	00206526	E	\$1,664.00	\$1,664.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
RAY QUINNEY & NEBEKER, P.C.	36 S STATE ST STE 1400 SALT LAKE CTY UT 84111-1451	12/16/03	1737724	98126702	E	\$42,998.58	\$26,406.32	ACCIDENT & HEALTH; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RBA INC,	45 MAIN ST STE 709 BROOKLYN NY 11201-1075	04/22/02	1926449	01003759	E	\$400.91	\$400.91	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
REBORE, THORPE & PISARELLO, P.C.	500 BI COUNTY BLVD STE 214N FARMINGDALE NY 11735-3996	12/31/03	2091653	95022753	E	\$802.05	\$668.75	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
REBORE, THORPE & PISARELLO, P.C.	500 BI COUNTY BLVD STE 214N FARMINGDALE NY 11735-3996	12/17/03	2091664	95101846	E	\$644.85	\$644.85	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095366	04019681	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095365	04019335	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095364	04019686	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095363	04019371	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095362	04019339	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095361	04019688	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095360		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095359	04019680	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095358		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095357	04019370	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095356	04019340	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095355	04019376	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095354	04019375	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095367	04019689	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095353	04019343	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095368	04019440	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095370	04019441	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095383	04019444	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095382	04019682	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095381	04019683	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095380	04019699	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095379	04019687	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095378	04019685	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095377	04019373	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095376	04019698	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095375	04019323	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095374	04019443	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095373	04019442	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095372	04019697	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095371	04019372	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095369	04019690	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095352	04019369	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095351	04019679	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095350		E	\$0.00	\$0.00	Claims by miscellaneous general creditors.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	1516978	04019368	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	1012003	04019337	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	1009352		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095384	04019684	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095385	04019342	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095386	04019445	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095387	04019446	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140295	05022212	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140294	05022211	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140293	05022210	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140292	05022209	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140291	05022206	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140290	05022205	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140289	05022204	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140288	05022208	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140287	05022207	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095418	04019700	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095416		E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095393	04019374	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	12/23/03	2095388	04019447	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140296	05022213	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
REPUBLIC WESTERN INSURANCE CO	2721 N CENTRAL AVE PHOENIX AZ 85004-1127	07/01/05	2140297	05022214	E	\$0.00	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922312	99010447	E	\$314.59	\$314.59	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922295	00205635	E	\$1,786.99	\$1,692.36	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922290	00078054	E	\$666.55	\$666.55	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922272	99186256	E	\$960.00	\$746.68	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922271	99216912	E	\$280.00	\$280.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RISSMAN, WEISBERG, BARRETT, HURT, DONAHUE & MCLAIN, P.A.	201 E PINE ST FL 15 ORLANDO FL 32801-2728	05/28/02	1922273	99158022	E	\$390.00	\$390.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RJH INC. DBA ATLAS INVESTIGATIONS	319 N. NAPERVILLE RD., SUITE 173 BOLINGBROOK IL 60490	09/27/04	2136743	02115851	E	\$1,950.00	\$0.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
ROBERT F. TARDIFF, JR	14045 HASTINGS RANCH LANE RANCHO CUCAMONGA CA 91739	06/08/04	2137544	00182682	E	\$1,090.00	\$1,090.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ROBERT F. TARDIFF, JR	14045 HASTINGS RANCH LANE RANCHO CUCAMONGA CA 91739	06/08/04	2134120	96136692	E	\$724.50	\$724.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
ROBERT J. BAGGETT, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125412		E	\$47,862.96	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
ROBERT J. BAGGETT, INC.	PO BOX 573 MOBILE AL 36601-0573	12/24/03	2125410		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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ROBERT M. CLYATT, PC	PO BOX 5799 VALDOSTA GA 31603-5799	08/11/03	1955219	93086412	E	\$140.52	\$139.47	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUIZ, ANNEISE	849 SYMPHONY ISLES BLVD APOLLO BEACH FL 33572-2765	02/05/02	1610070	04005585	E	\$500.00	\$0.00	AUTOMOBILE; Claim by a Reliance insured for amounts within the policy deductible.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2072178	97083800	E	\$441.75	\$441.75	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128535	99116436	E	\$1,293.60	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128536	99116436	E	\$704.00	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128541	99116436	E	\$1,936.85	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/31/03	2128542	99116436	E	\$732.90	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128550	99116436	E	\$20.00	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128547	99116436	E	\$1,877.28	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128543	99116436	E	\$5,820.40	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUMRELL, COSTABEL, WARRINGTON & BROCK, LLP	9995 GATE PKWY STE 190 JACKSONVILLE FL 32246-4482	12/22/03	2128539	99116436	E	\$394.55	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062165	99137627	E	\$706.40	\$656.40	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062160	99116508	E	\$1,180.00	\$1,180.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062159	98144422	E	\$6,473.28	\$6,272.03	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062154	96089881	E	\$1,417.60	\$1,392.60	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062143	99051609	E	\$14,811.98	\$13,736.15	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062133	98013522	E	\$6,189.26	\$6,087.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062131	99137639	E	\$712.50	\$712.50	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062128	98127623	E	\$1,338.45	\$1,338.45	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062169	99016443	E	\$1,586.00	\$1,536.00	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004-2112	12/09/03	2062171	97090508	E	\$257.90	\$220.40	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SANDS ANDERSON MARKS & MILLER	PO BOX 1998 RICHMOND VA 23218-1998	10/22/03	1966648	00108645	E	\$933.50	\$993.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SANDS ANDERSON MARKS & MILLER	PO BOX 1998 RICHMOND VA 23218-1998	11/03/03	2022985	00108645	E	\$271.13	\$271.13	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SANDS ANDERSON MARKS & MILLER	PO BOX 1998 RICHMOND VA 23218-1998	11/03/03	2022987	00108645	E	\$364.93	\$364.93	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SCHMIDT, ROBERT J	26706 PRINCETON AVE SW KENT WA 98032	04/22/08	2161942		E	\$160.00	\$0.00	Claim by policyholder or premium finance company for unearned premium or other premium refund.	
SERVICE MANAGEMENT SYSTEMS, INC.	7135 CHARLOTTE PIKE STE 100 NASHVILLE TN 37209-5015	12/30/03	1734931		E	\$1,050,969.32	\$0.00	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SIAT - SOCIETA' ITALIANA ASSICORAZIONI E RIASS.NI	VIA V DICEMBRE 3 GENOA	10/04/05	2141392	07003728	E	\$200.59	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/02/03	2024590	98137414	E	\$1,468.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023687	98100917	E	\$4,259.54	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023669	98172198	E	\$512.50	\$512.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023668	99010397	E	\$539.50	\$539.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023667	98194720	E	\$531.50	\$531.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023665	98194744	E	\$539.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023661	98085757	E	\$551.50	\$551.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023657	97141485	E	\$527.00	\$527.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038-3111	11/06/03	2023654	99153260	E	\$1,139.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023652	98052098	E	\$1,158.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023650	99153458	E	\$527.00	\$527.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023648	98137329	E	\$745.00	\$745.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023646	99153110	E	\$639.00	\$639.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	996769	99152992	E	\$527.00	\$527.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023696	98120762	E	\$2,445.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023698	99153209	E	\$5,377.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023707	98120733	E	\$2,414.54	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024184	98153475	E	\$2,306.05	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024182	99153188	E	\$2,818.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024168	98172183	E	\$2,618.26	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024158	99058149	E	\$636.47	\$636.47	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024148	00046321	E	\$2,613.00	\$2,966.35	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024124	00171647	E	\$2,342.00	\$2,342.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024117	00202519	E	\$648.50	\$648.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024116	00171641	E	\$504.00	\$504.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024115	00064620	E	\$2,798.03	\$2,798.03	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024111	99123395	E	\$993.00	\$993.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024094	01042389	E	\$882.00	\$882.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2023983	01042402	E	\$1,302.00	\$1,302.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2023965	01041757	E	\$643.50	\$643.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024192	98120541	E	\$2,127.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2060735	97141513	E	\$847.50	\$847.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024195	98006371	E	\$2,833.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024204	99010287	E	\$656.00	\$656.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024376	97114131	E	\$1,035.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024366	98052168	E	\$1,867.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024334	97128167	E	\$1,787.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024332	98153455	E	\$1,411.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024253	01042033	E	\$802.00	\$802.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024240	01042269	E	\$451.50	\$451.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024229	98100960	E	\$1,809.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024225	99152803	E	\$687.50	\$687.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024218	99010297	E	\$876.00	\$876.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024215	98006305	E	\$905.00	\$905.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024213	99152827	E	\$2,211.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024209	98153424	E	\$613.50	\$613.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024208	99153019	E	\$1,553.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2024201	98100993	E	\$803.50	\$803.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2057063	98101043	E	\$639.00	\$639.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2025058	99152853	E	\$480.95	\$480.95	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2024339	99152949	E	\$592.40	\$592.40	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023896	98069215	E	\$5,542.35	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023895	97128142	E	\$342.50	\$342.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023890	99010380	E	\$406.50	\$406.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023876	98019862	E	\$925.50	\$925.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023854	97141476	E	\$2,138.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023848	98019862	E	\$1,781.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023808	97147835	E	\$656.00	\$656.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023795	00078449	E	\$3,261.70	\$3,161.70	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023792	00192137	E	\$681.00	\$681.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023754	00064380	E	\$1,373.27	\$1,373.27	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023741	99173453	E	\$705.00	\$705.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023718	00010045	E	\$441.80	\$441.80	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023712	00207592	E	\$864.50	\$864.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023901	99153003	E	\$5,088.10	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023902	98006479	E	\$1,540.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023903	99153071	E	\$2,173.85	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023904	99153001	E	\$2,106.80	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023961	98036712	E	\$2,224.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023960	97105207	E	\$1,848.29	\$1,848.29	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023953	95023448	E	\$642.50	\$642.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023933	98153455	E	\$791.12	\$791.12	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023928	99152949	E	\$2,421.60	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023926	98085861	E	\$4,275.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023705	99010353	E	\$300.00	\$300.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023924	98085861	E	\$1,564.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023913	98006344	E	\$2,438.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023912	97097330	E	\$567.95	\$567.95	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023911	97097330	E	\$1,340.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023907	99153424	E	\$1,628.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023906	99153305	E	\$2,080.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023905	99153126	E	\$2,785.25	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/06/03	2023921	98100917	E	\$1,581.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2062117	99100831	E	\$667.00	\$667.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2062207	99153077	E	\$636.50	\$636.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024368	98120613	E	\$3,068.30	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024492	98137290	E	\$1,057.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024489	98085684	E	\$3,575.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024479	98085684	E	\$5,278.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024477	98194675	E	\$261.50	\$261.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024475	98019780	E	\$2,496.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024474	98172204	E	\$1,939.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024471	98052211	E	\$4,931.26	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024470	99153349	E	\$1,252.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024467	98153379	E	\$8,914.42	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024466	98194675	E	\$1,584.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024465	99152926	E	\$359.00	\$359.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024459	98052239	E	\$682.75	\$682.75	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024454	98153379	E	\$1,099.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024493	98019913	E	\$1,404.80	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024453	98101026	E	\$1,161.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024495	98019913	E	\$354.75	\$354.75	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024502	98051969	E	\$8,208.36	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024610	98194702	E	\$2,732.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024604	99010294	E	\$462.50	\$462.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024601	98006605	E	\$1,115.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024595	98085714	E	\$287.00	\$287.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024592	98085732	E	\$2,797.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024588	98006423	E	\$355.50	\$355.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024584	98172186	E	\$693.06	\$693.06	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024583	98194702	E	\$1,985.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024577	98052058	E	\$3,521.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024573	98019980	E	\$3,369.15	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024566	97141612	E	\$3,762.60	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024564	98036537	E	\$760.25	\$760.25	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024560	98120683	E	\$2,402.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024496	99238605	E	\$3,900.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024450	98120694	E	\$3,837.29	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024449	98120694	E	\$1,055.70	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024447	98120694	E	\$2,048.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024409	98069195	E	\$4,384.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024407	98101072	E	\$1,551.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024401	98069235	E	\$4,059.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024397	98101108	E	\$1,500.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024396	99152965	E	\$1,653.35	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024395	98153471	E	\$451.52	\$451.52	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024392	98101039	E	\$1,923.15	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024388	98006547	E	\$5,927.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024386	99153341	E	\$984.50	\$984.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024385	97141455	E	\$2,719.79	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024384	99152796	E	\$656.50	\$656.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024378	98137290	E	\$3,282.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024373	99153265	E	\$2,632.90	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024412	99152661	E	\$1,610.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024420	98036468	E	\$4,006.95	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024421	98036468	E	\$3,896.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024422	97141514	E	\$5,275.86	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024446	98120694	E	\$1,815.20	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024445	97097172	E	\$5,077.12	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024444	98085931	E	\$2,779.45	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024442	98036607	E	\$775.35	\$775.35	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024441	98120715	E	\$1,347.30	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024440	98036607	E	\$932.00	\$932.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024613	99153194	E	\$2,322.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024439	98069466	E	\$313.00	\$313.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024432	98137435	E	\$1,044.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024430	98069254	E	\$674.00	\$674.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024429	98194731	E	\$7,409.03	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024428	98085869	E	\$1,695.65	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024424	98194726	E	\$3,163.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024423	99153171	E	\$9,034.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024436	98120674	E	\$6,154.40	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024614	98172222	E	\$520.50	\$520.50	AUTOMOBILE; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024616	98194724	E	\$1,172.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080132	98194731	E	\$1,158.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2025336	98172142	E	\$841.50	\$841.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024633	99010335	E	\$3,490.20	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024631	98069312	E	\$3,347.50	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024627	98085695	E	\$402.50	\$402.50	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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Resolved Claims as of 06/30/2009**

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SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024626	99152718	E	\$1,760.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024624	98085695	E	\$6,811.10	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024618	98052018	E	\$1,277.37	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/10/03	2024615	98019766	E	\$787.00	\$787.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	03/11/09	2163983	97128137	E	\$527.00	\$527.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	12/30/03	2080663	98153496	E	\$2,244.00	\$0.00	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SMITH MAZURE DIRECTOR WILKINS YOUNG YAGERMAN, P.C.	111 JOHN ST FL 20 NEW YORK NY 10038- 3111	11/07/03	2105224	01042085	E	\$5,056.95	\$5,056.95	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SPAGNOLETTI & ASSOCIATES	401 LOUISIANA STREET HOUSTON TX 77002	12/31/03	2116489	99080338	E	\$573.38	\$573.38	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SPANGLER JENNINGS & DOUGHERTY, PC	8396 MISSISSIPPI ST MERRILLVILLE IN 46410- 6293	11/03/03	2023049	93143885	E	\$5,668.88	\$4,058.88	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
STEINBERG, ROBERT M	465 NEXT DAY HILL DR ENGLEWOOD NJ 07631- 1921	12/29/03	2083082		E	\$0.00	\$0.00	All employee claims other than those for services performed within one year of liquidation.	
STEINBERG, ROBERT M	465 NEXT DAY HILL DR ENGLEWOOD NJ 07631- 1921	12/29/03	2083078		E	\$0.00	\$0.00	All employee claims other than those for services performed within one year of liquidation.	

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SULLIVAN, OGDEN &	113 S ARMENIA AVE TAMPA FL 33609-3307	06/17/02	1926819	98013413	E	\$459.00	\$459.00	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
SWARTZ CAMPBELL LLC	TWO LIBERTY PLACE 50 S 16TH ST; 28TH FLOOR PHILADELPHIA PA 19102	12/30/03	2101779	00077129	E	\$3,169.21	\$3,169.21	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
TERRE HAUTE FIRST NATIONAL BANK	1 FIRST FINANCIAL PLZ P O BOX 540 TERRE HAUTE IN 47807-3226	09/24/02	1917685		E	\$5,037.16	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
TETRAHEDRON CONSULTANTS, INC.	PO BOX 152 OXFORD PA 19363-0152	06/09/09	2164211	001429231131	E	\$0.00	\$8,743.73	GENERAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
THE BENNETT LAW FIRM, P.A.	PO BOX 7799 PORTLAND ME 04112- 7799	04/01/02	1927915	99271582	E	\$466.74	\$466.74	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
THE BENNETT LAW FIRM, P.A.	PO BOX 7799 PORTLAND ME 04112- 7799	04/01/02	1927907	99136601	E	\$884.48	\$884.48	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2083611		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2083612		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2083622		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097174		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	

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**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097172		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097170		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097165		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2097098		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2103607		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE BOEING COMPANY	INSURANCE LITIGATION AND CLAIMS MGT 100 N RIVERSIDE PLZ CHICAGO IL 60606	12/29/03	2130444		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
THE MCS GROUP INC	1601 MARKET ST STE 800 PHILADELPHIA PA 19103-2311	12/15/03	2067769	99059985	E	\$99.86	\$0.00	GENERAL LIABILITY; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
TIMMERMIER, GROSS & PRENTISS	8712 W DODGE RD STE 401 OMAHA NE 68114-3419	04/22/02	1933266	96076227	E	\$175.50	\$175.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
TIMMERMIER, GROSS & PRENTISS	8712 W DODGE RD STE 401 OMAHA NE 68114-3419	04/22/02	1738241	01037075	E	\$656.50	\$656.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TOMPKINS, SHARON	16220 BEECHWOOD DR CHARLESTOWN IN 47111-9756	05/28/02	1916210	01000495	E	\$150,000.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	Y
TRANSATLANTIC REINSURANCE COMPANY	701 NW 62ND AVE STE 790 MIAMI FL 33126- 4672	12/17/03	2071588	97050560	E	\$538,084.40	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TROUP, LARRY	4617 WHEATLEY CT NORTH LAS VEGAS NV 89031-2193	04/12/07	2159795		E	\$0.00	\$0.00	Claims unrelated to Reliance policy or Reliance matter, claim for reinsurance cut-through, or claim relating to a policy novated to, assumed by, or issued by a carrier other than Reliance.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	12/11/03	2064046	00102508	E	\$2,410.23	\$2,010.23	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	03/27/09	2164048	00219958	E	\$351.84	\$348.44	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	03/27/09	2164047	00123059	E	\$912.50	\$912.50	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	03/26/09	2164045	01034255	E	\$264.50	\$264.50	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631- 3505	03/19/09	2164038		E	\$1,651.69	\$0.00	Claims by miscellaneous general creditors.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	03/19/09	2163997	99062543	E	\$2,675.86	\$2,144.36	AUTOMOBILE; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	03/04/09	2163974	98018707	E	\$34.50	\$34.50	WORKERS COMPENSATION; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	10/06/08	2163565	99129267	E	\$152.50	\$152.50	WORKERS COMPENSATION; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	03/31/09	2164051	00015491	E	\$448.50	\$32.50	AUTOMOBILE; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSERV CORPORATION	8600 W BRYN MAWR AVE CHICAGO IL 60631-3505	04/17/09	2164121	00193730	E	\$1,958.79	\$0.00	GENERAL LIABILITY; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132925		E	\$3,097,905.09	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132922		E	\$73,888.46	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132921		E	\$277,237.14	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	581961		E	\$14,241.43	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	1415769		E	\$8,079,111.27	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132920		E	\$103,634.21	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132919		E	\$34,985.12	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132918		E	\$7,945.70	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132917		E	\$87,382.45	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132915		E	\$296,141.38	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132914		E	\$30,521.77	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132913		E	\$93,720.97	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132911		E	\$109,356.02	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132910		E	\$53,744.30	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132909		E	\$166,284.96	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132908		E	\$29,804.02	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132903		E	\$131,243.57	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132902		E	\$535,437.56	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TRUSTEES OF SYNDICATE 1121	2ND FLOOR BANKSIDE HOUSE 107-112 LEADENHALL STREET LONDON EC3A4DD	05/12/04	2132912		E	\$303.21	\$0.00	Claim against a Reliance reinsurance contract issued by Reliance.	
TUFANO, ANTHONY C	25 BRUCE LN E NORTHPORT NY 11731-2701	02/11/02	115650	03098785	E	\$200.00	\$0.00	AUTOMOBILE; Claim by a Reliance insured for amounts within the policy deductible.	
VEATCH CARLSON GROGAN & NELSON	700 S FLOWER ST STE 2200 LOS ANGELES CA 90017-4209	11/04/03	2023309	00089122	E	\$712.50	\$712.50	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
VEATCH CARLSON GROGAN & NELSON	700 S FLOWER ST STE 2200 LOS ANGELES CA 90017-4209	11/04/03	2023331	00129240	E	\$400.00	\$400.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
VEATCH CARLSON GROGAN & NELSON	700 S FLOWER ST STE 2200 LOS ANGELES CA 90017-4209	11/04/03	2023282	00199081	E	\$399.85	\$399.85	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
VEATCH CARLSON GROGAN & NELSON	700 S FLOWER ST STE 2200 LOS ANGELES CA 90017-4209	11/04/03	2023275	00149055	E	\$503.40	\$503.40	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
VEATCH CARLSON GROGAN & NELSON	700 S FLOWER ST STE 2200 LOS ANGELES CA 90017-4209	11/03/03	2022689	00148789	E	\$700.10	\$700.10	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
VIAD CORP	1635 MARKET STREET 7TH FLOOR PHILADELPHIA PA 19103	01/21/04	2129258	00045508	E	\$286,867.06	\$0.00	FIDELITY; Claim by a Reliance insured for amounts within the policy deductible.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928482	03036827	E	\$265.35	\$265.35	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928500	03036847	E	\$419.91	\$419.91	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	09/23/02	1928514	00176013	E	\$575.86	\$575.86	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	06/03/09	2164202	99148991	E	\$520.59	\$519.14	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	03/20/06	2153821	98151063	E	\$371.32	\$371.32	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WAI & CONNOR, LLP	2566 OVERLAND AVE STE 570 LOS ANGELES CA 90064-5600	06/19/09	2164225	03036792	E	\$378.00	\$378.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WALTON LANTAFF SCHROEDER & CARSON, LLP	9350 S DIXIE HWY FL 10 MIAMI FL 33156-2951	11/13/03	2064375	99197727	E	\$51.53	\$51.53	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WALTON LANTAFF SCHROEDER & CARSON, LLP	9350 S DIXIE HWY FL 10 MIAMI FL 33156-2951	11/13/03	2025288	98011194	E	\$238.05	\$238.05	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WARD, GAYNEL MARIE	212 EAST CENTER STREET EATONVILLE WA 98328	06/16/03	1950989		E	\$350.00	\$0.00	GAP; Claims by miscellaneous general creditors.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	10/03/06	2158880	99167532	E	\$3,921.47	\$3,921.47	AUTOMOBILE; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	06/12/06	2158428	99167904	E	\$595.00	\$595.00	AUTOMOBILE; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
WASTE MANAGEMENT, INC.	1001 FANNIN ST STE 4000 HOUSTON TX 77002-6711	06/01/06	2154387	99161559	E	\$246.50	\$246.50	AUTOMOBILE; Claim by a policyholder for reimbursement of pre-rehabilitation attorneys fees or other expenses, or a claim by an insured for administrative expense not covered by the policy.	
WEBER GALLAGHER SIMPSON STAPLETON ET AL.	2000 MARKET ST 13TH FL PHILADELPHIA PA 19103	11/21/03	2058125	99086009	E	\$844.00	\$844.00	WORKERS COMPENSATION; Claim by vendor for claim-related pre-rehabilitation expenses, other than attorney fees.	
WEBER GALLAGHER SIMPSON STAPLETON ET AL.	2000 MARKET ST 13TH FL PHILADELPHIA PA 19103	11/13/03	2057144	00145676	E	\$424.50	\$424.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WERNER AND AYERS	2000 W. LOOP SOUTH, SUITE 1550 HOUSTON TX 77027	07/23/02	1901627	00000764	E	\$124.98	\$124.98	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WHITE & WILLIAMS LLP	1800 ONE LIBERTY PLACE PHILADELPHIA PA 19103-7301	10/30/03	2022503	00056761	E	\$270.40	\$270.40	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WHITE & WILLIAMS LLP	1800 ONE LIBERTY PLACE PHILADELPHIA PA 19103-7301	10/29/03	2022166	01030821	E	\$1,210.00	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WICKER SMITH TUTAN O'HARA MCCOY GRAHAM & FORD, PA	2900 SW 28TH TER GROVE PLAZA, 5TH FLOOR MIAMI FL 33133- 3766	01/13/03	1932124	02137494	E	\$564.15	\$564.15	PROFESSIONAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILLIAM E. GREGORY P.A.	2223 CORAL WAY CORAL GABLES FL 33145-3508	08/12/03	1960853	00089741	E	\$389.50	\$389.50	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILLIAM E. GREGORY P.A.	2223 CORAL WAY CORAL GABLES FL 33145-3508	08/12/03	1960872	00167814	E	\$646.00	\$646.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILLIAMS MONTGOMERY & JOHN LTD.	20 N WACKER DR 2100 CIVIC OPERA BUILDING CHICAGO IL 60606-2806	06/21/02	1926360	95121230	E	\$3,706.21	\$3,706.21	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSEER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/29/03	2079010	00078327	E	\$722.60	\$722.60	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079101	00205739	E	\$973.45	\$973.45	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079057	01043018	E	\$528.00	\$528.00	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079052	01023260	E	\$1,679.30	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079021	00218956	E	\$815.20	\$815.20	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079017	00218973	E	\$1,007.20	\$0.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2078963	00078424	E	\$965.40	\$965.40	MULTI-LINE POLICY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2078958	00042629	E	\$831.68	\$831.68	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/29/03	2080698	98059186	E	\$1,539.00	\$1,539.00	GENERAL LIABILITY; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WILSON, KENNA & BORYS LLP	515 S FLOWER ST STE 1100 LOS ANGELES CA 90071-2213	04/01/02	1927931	99130593	E	\$10,656.30	\$10,239.80	AUTOMOBILE; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WIMBERLY, LAWSON, SEALE, WRIGHT & DAVES, PLLC	1420 NEAL ST STE 201 COOKEVILLE TN 38501- 4332	11/27/02	1929310	00027326	E	\$651.30	\$651.30	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
WIMBERLY, LAWSON, SEALE, WRIGHT & DAVES, PLLC	1420 NEAL ST STE 201 COOKEVILLE TN 38501- 4332	11/27/02	1929307	000550050527	E	\$1,457.40	\$0.00	WORKERS COMPENSATION; Claim for pre-rehabilitation, claim-related legal services on behalf of a Reliance insured or Reliance.	
(FREEMAN) CARRON, ELAYNE	19 W ROSS ST IRON RIVER MI 49935-1829	02/25/02	1538514	03043416	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
133 WEST 13TH ASSOC., LLC	1881 BROADWAY CLARKE C/O A.J. CLARKE MGT. HAVERY POTTER HARVEY A. NEW YORK NY 10023-7035	08/18/03	757204		G	\$0.00	\$0.00	PROPERTY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
320 EAST 81ST STREET REALTY CO	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955599		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ACUITY F/K/A HERITAGE MUTUAL INSURANCE CO.	PO BOX 58 SHEBOYGAN WI 53082-0058	12/31/03	2111828	00199921	G	\$52,413.50	\$38,913.50	Claims where payment is provided by other benefits or advantages including subrogation claims	
ADAMS, DALTON JOSEPH	1446 WADLEY AVE EAST POINT GA 30344-2668	09/12/08	2163484	03107286	G	\$7,558.34	\$0.00	Late filed Claim not allowed under 221.37	
ADESA IMPACT	2 WESTBROOK CORPORATE CTR STE 500 WESTCHESTER IL 60154-5779	12/29/03	2082809	03087467	G	\$2,715.18	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ADVANCED OVERHEAD DOOR, INC.	15829 STAGG ST VAN NUYS CA 91406-1922	12/29/03	2079346	000100352663	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ADVANCED OVERHEAD DOOR, INC.	15829 STAGG ST VAN NUYS CA 91406-1922	12/29/03	2079342	000100451317	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AEROTEK, INC. N/K/A ALLEGIS GROUP, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/29/03	2124605	97074617	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AIG INS CO AS SUBROGEE FOR ANTONIA N. ALIBRANDI	PO BOX 17016 WILMINGTON DE 19520-7016	04/22/02	1914766	03102269	G	\$947.73	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AIU INSURANCE COMPANY	175 WATER STREET 19TH FL NEW YORK NY 10038	06/14/04	1901384	01043955	G	\$21,210.52	\$16,968.41	Claims where payment is provided by other benefits or advantages including subrogation claims	
ALLSTATE INSURANCE COMPANY	PO BOX 168288 IRVING TX 75016-8288	05/10/02	1944439	03065350	G	\$2,474.41	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ALLSTATE INSURANCE COMPANY A/S/O JAMES QUERRY	PO BOX 4264 ATLANTA GA 30302-4264	05/08/03	1946530	03085787	G	\$1,896.29	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ALLSTATE INSURANCE COMPANY A/S/O JOSIE MCCLUNG	PO BOX 4264 ATLANTA GA 30302	05/09/03	1946062	980000030163	G	\$744.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ALLSTATE INSURANCE COMPANY AS SUBROGEE OF EDWIN KAUFMAN	3800 ELECTRIC RD ROANOKE VA 24018-4569	03/14/03	1942900	00188822	G	\$17,374.77	\$17,374.77	Claims where payment is provided by other benefits or advantages including subrogation claims	
ALLSTATE INSURANCE C/O SECOND LOOK INC	3279 VETERANS MEMORIAL HWY STE D8 RONKONKOMA NY 11779-7671	05/02/03	1946278	00205833	G	\$5,173.98	\$5,173.98	Claims where payment is provided by other benefits or advantages including subrogation claims	
ALWINDOR MANUFACTURING, INC.	202 SIERRA PL UPLAND CA 91786-5626	06/27/07	2160422	000100750543	G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ALWINDOR MANUFACTURING, INC.	202 SIERRA PL UPLAND CA 91786-5626	10/12/06	2158904	000100651055	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMBOY BUS CO., INC. (AETC)	7 NORTH ST STATEN ISLAND NY 10302-1227	12/30/03	2116995	01041735	G	\$3,050,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AMBOY BUS CO., INC. (AETC)	7 NORTH ST STATEN ISLAND NY 10302-1227	12/30/03	2104286	01041858	G	\$10,510,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AMEDISYS, INC.	111000 MEAD RD, 300 BATON ROUGE LA 70816	02/06/02	1911748	01044379	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AMERICAN FAMILY INSURANCE GROUP	6301 JAMES A REED RD KANSAS CITY MO 64133-4776	11/25/02	1923738	04018646	G	\$11,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN HOME ASSURANCE COMPANY	C/O THE HUDGINS LAW FIRM 24 GREENWAY PLAZA - STE 2000 HOUSTON TX 77046	08/26/02	718227	07003022	G	\$79,904.67	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102447	000100351924	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102444	000100352491	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102442	000100352490	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102433	000100351835	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102394	000100351834	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102373	000820150397	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096543	001420150159	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096101	001420150021	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096055	001420150021	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096047	001420150021	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096045	001420150021	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096033	001420150021	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2096017	001420150035	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2102474	000100451086	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2094432	05029607	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2105525	SHAW INDUSTRIES	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2105526	SHAW INDUSTRIES	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2094022	000930052005	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2093960	HOME DEPOT	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN INTERNATIONAL GROUP INC. (AIG)	70 PINE ST NEW YORK NY 10270-0002	12/31/03	2093878	01056002	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AMERICAN REINSURANCE COMPANY	555 COLLEGE RD E PLAZA 1 PRINCETON NJ 08540-6616	02/27/06	2153637		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ANDERSON, BILLIE S.	3031 BAKER PARK DR SE GRAND RAPIDS MI 49508-1474	12/30/03	2104637	03100263	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ANDERSON, WENDELL R.	PO BOX 49097 BLAINE MN 55449-0097	12/31/03	2122929	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ARNOLD & ARNOLD, INC.	2329 INDIA ST SAN DIEGO CA 92101-1209	12/29/03	2098418		G	\$522.77	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ASTLEFORD CONSTRUCTION INC.	1010 LINDA VISTA DR SAN MARCOS CA 92078-2614	05/08/07	2160280	000100750244	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963526		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963523		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963370		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963366		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963354		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963314		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963240		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963236		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963231		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATCHLEY BROTHERS, INC.	PO BOX 553 LEBANON OR 97355-0553	10/06/03	1963233		G	\$0.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATLANTIC EXPRESS TRANSPORTATION GROUP, INC.	7 NORTH ST STATEN ISLAND NY 10302-1227	12/30/03	2116999	01041488	G	\$2,250,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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ATLANTIC PARATRANS	7 NORTH ST STATEN ISLAND NY 10302-1227	04/12/04	2100438	01041397	G	\$950,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ATLANTIC PARATRANS CALIFORNIA, INC.	7 NORTH ST STATEN ISLAND NY 10302-1227	02/07/08	2161902	01042033	G	\$2,197.37	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
AUTO-OWNERS INSURANCE	2415 WESTGATE DR P.O. BOX 71988 ALBANY GA 31707-2225	05/08/02	1900383	03069511	G	\$3,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
AVIVA CANADA INC.	2206 EGLINTON AVENUE EAST SCARBOROUGH ON M1L 4SB	11/17/04	1911547	000549951862	G	\$16,731.98	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
BALSAVAGE, JANET	718 CENTRE ST., APT 4 ASHLAND PA 17921-1285	03/06/02	1526818	99008369	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BARNES, ROSE	3021 A ST TOLEDO OH 43608-2030	03/11/02	264032		G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BARTOSEK, DONNA	21049 W. BRAXTON LN. PLAINFIELD IL 60544	04/30/03	710514		G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BATES, ANNIE RUTH	83 VOYLES RD EVA AL 35621-8252	05/14/03	1947580	08000551	G	\$13,689.20	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BEACON INSURANCE CO. LTD.	C/O CROWLEY MARITIME CORP P. O. BOX 2110 JACKSONVILLE FL 32225	12/16/03	2063228		G	\$2,605.14	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BERNARD, CASSISA, ELLIOTT AND DAVIS	1615 METAIRIE RD METAIRIE LA 70005-3974	06/07/05	1393781	99162461	G	\$601.41	\$601.41	Late filed Claim not allowed under 221.37	

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Resolved Claims as of 06/30/2009**

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BHS HOLDINGS, LLC	770 LEXINGTON AVE NEW YORK NY 10021-8165	05/22/02	1484527	99220055	G	\$200,000.00	\$0.00	ERRORS & OMISSIONS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BIG WARRIOR CORPORATION	PO BOX 181 CLEVELAND AL 35049-0181	12/22/03	2076881		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BLUE NORTH FISHERIES, INC.	2930 WESTLAKE AVE N STE 300 SEATTLE WA 98109-1968	11/11/02	1928159	00103344	G	\$0.00	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BMT SALVAGE LTD	40 FULTON ST NEW YORK NY 10038-1850	11/06/06	2158961	01025787	G	\$505.12	\$0.00	Late filed Claim not allowed under 221.37	
BMT SALVAGE LTD	40 FULTON ST NEW YORK NY 10038-1850	11/06/06	2158958	00000526	G	\$246.25	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BMT SALVAGE LTD	40 FULTON ST NEW YORK NY 10038-1850	11/06/06	2158957	01008741	G	\$505.76	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153199	02134421	G	\$880.25	\$0.00	WORKER'S COMPENSATION; CLAIM AGAINST THE ESTATE FOR WHICH THE CLAIMANT FAILED TO PROVIDE INFORMATION PURSUANT TO THE CLAIMS INFORMATION ORDERS.	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/10/06	2153334		G	\$17.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153224	02136504	G	\$161.50	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153219	02111371	G	\$918.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153215	02114460	G	\$501.50	\$501.50	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

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BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/04/06	2153198	02134421	G	\$916.75	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/10/06	2153350		G	\$285.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/11/06	2153367	ARCHIE WEAVER	G	\$510.50	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/11/06	2153377		G	\$493.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/11/06	2153383		G	\$323.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/11/06	2153376		G	\$561.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/10/06	2153311		G	\$90.00	\$0.00	CLAIM AGAINST THE ESTATE FOR WHICH THE CLAIMANT FAILED TO PROVIDE INFORMATION PURSUANT TO THE CLAIMS INFORMATION ORDERS.	
BRIAN K MCBREARTY DBA MCBREARTY, HART & KELLY	222 S CENTRAL AVE STE 200 SAINT LOUIS MO 63105-3527	01/10/06	2153290	02129464	G	\$0.00	\$0.00	WORKER'S COMPENSATION; CLAIM AGAINST THE ESTATE FOR WHICH THE CLAIMANT FAILED TO PROVIDE INFORMATION PURSUANT TO THE CLAIMS INFORMATION ORDERS.	
BUCCI, ADAM	1928 HELDEBERG AVE SCHENECTADY NY 12306-4212	09/29/02	1599531	03089936	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BUCK KEMMIS EQUIPMENT, INC.	25800 WASHINGTON AVE MURRIETA CA 92562-9748	10/26/06	2158932	000100651129	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BURR LAWRENCE RISING & BATES	1145 BROADWAY STE 1200 TACOMA WA 98402-3524	01/21/03	1949755	98159093	G	\$69,813.00	\$0.00	ERRORS & OMISSIONS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
BURR LAWRENCE RISING & BATES	1145 BROADWAY STE 1200 TACOMA WA 98402-3524	01/21/03	654672	99092552	G	\$49,872.00	\$0.00	ERRORS & OMISSIONS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
BURTON, JOHN	2526 BRONX PARK E; APT 1H NEW YORK NY 10467	02/19/02	477637		G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115838	00036475	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115831	00036475	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115829	00101719	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115814	00079771	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115813	00101718	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
C.C. MYERS, INC.	3286 FITZGERALD RD RANCHO CORDOVA CA 95742-6811	12/31/03	2115809	00206526	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
CAIN, DONNA N	11201 FLOCK AVE WEEKI WACHEE FL 34613-4610	09/23/02	1695765		G	\$4,133.55	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CAL PAC SHEET METAL, INC.	2720 S MAIN ST STE B SANTA ANA CA 92707- 3404	05/21/07	2160318	000100750446	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CALIFORNIA CONCRETE PUMPING	PO BOX 160011 SACRAMENTO CA 95816 0011	09/08/06	2158810	000100650959	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CALIFORNIA TILE COMPANY	2356 TORRANCE BLVD TORRANCE CA 90501- 2567	05/12/06	2154265	06001091	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CARMEL ARCHITECTURAL SALES	4907 E LONDON DR ANAHEIM CA 92807-1972	12/21/06	2159055	000100651039	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CAROM ASSOCIATES LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955646		G	\$0.00	\$0.00	PROPERTY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CENTEX HOMES	3200 N CENTRAL AVE STE 2300 C/O KOELLER, NEBEKER, CARLSON & HALRICK PHOENIX AZ 85012-2443	12/11/03	2063671		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CENTRAL RADIOLOGY SERVICES, P.C.	7901 METROPOLITAN AVE MIDDLE VILLAGE NY 11379-2930	08/08/05	2140916	05029521	G	\$879.73	\$0.00	Late filed Claim not allowed under 221.37	
CENTRAL RADIOLOGY SERVICES, P.C.	7901 METROPOLITAN AVE MIDDLE VILLAGE NY 11379-2930	08/08/05	2140912	05029521	G	\$879.73	\$0.00	Late filed Claim not allowed under 221.37	
CHAIM, WEISS	3 ADAR CT MONSEY NY 10952-3343	05/03/02	1556297	03045274	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CHARLENE, GLASS	7950 CREEKSTONE WAY RIVERDALE GA 30274-3929	03/11/02	1543950	03067613	G	\$10,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CHRYSLER FINANCIAL	2050 ROANOKE RD WESTLAKE TX 76262-9818	06/09/03	1949914	02137890	G	\$3,027.98	\$0.00	GAP; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CHYEN, OLIVIA	52 HOLLYWOOD AVE WEST HARTFORD CT 06110-2217	03/12/07	1518094		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
CII CARBON, L.L.C., F/K/A CALCINER INDUSTRIES, INC.	2627 CHESTNUT RIDGE ROAD, SUITE 200 KINGWOOD TX 77339	12/29/03	2100846	98804260	G	\$0.00	\$0.00	ENVIRONMENTAL; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CITY OF MOBILE ,AL C/O ASHTON HILL, LEGAL DEPARTMENT	PO BOX 1827 MOBILE AL 36633-1827	07/01/02	1923256	01055118	G	\$12,981.03	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CITY OF PHILADELPHIA	1515 ARCH ST FL 14 PHILADELPHIA PA 19102 1504	05/08/03	1945979		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CITY OF PHILADELPHIA	1515 ARCH ST FL 14 PHILADELPHIA PA 19102 1504	05/08/03	960825		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CITY OF WILDWOOD	C/O SCIBAL ASSOCIATES PO BOX 500 SOMERS POINT NJ 08244	02/23/07	16390	97147449	G	\$51,140.17	\$29,300.25	Late filed Claim not allowed under 221.37	
CLARENDON AMERICA INSURANCE COMPANY	7 TIMES SQ 37TH FLOOR NEW YORK NY 10036-6524	12/30/03	2100458		G	\$709.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CLARENDON AMERICA INSURANCE COMPANY	7 TIMES SQ 37TH FLOOR NEW YORK NY 10036-6524	12/30/03	2100453		G	\$156,317.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CMT SHEET METAL	350 GODDARD IRVINE CA 92618-4601	06/25/07	2160419	000100651025	G	\$174,402.36	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CO PART INC	4665 BUSINESS CENTER DR FAIRFIELD CA 94534-1675	12/24/03	2124183	03054792	G	\$133,380.29	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COAST INSULATION CONTRACTORS, INC.	2339 BELVILLE ROAD DAYTONA BEACH FL 32119	03/13/06	2153770	000100750185	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COLONIAL PENN	PO BOX 8133 FORT WASHINGTON PA 19034- 8133	07/01/02	1923286	03077221	G	\$4,562.55	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2082538	93122279	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2082530	93021067	G	\$124,923.99	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2082529	93056019	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2082524	93151177	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2082656	97057986	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CONAGRA FOODS, INC.	1 CONAGRA DR OMAHA NE 68102-5003	12/24/03	2103749	92097327	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CONLEY, THOMAS EDWARD	816 S COMMERCIAL AVE EMMETT ID 83617-3566	09/08/09	2164471	000930150049	G	\$0.00	\$487,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
CONNER, ELMER LEE	SPURLIN MHP #182 RICHMOND KY 40475	06/03/03	1035796	99047648	G	\$234,630.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COOK, KYLE J	PO BOX 28 VERSAILLES NY 14168-0028	05/28/02	1602304	03097123	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CORESTAFF, INC.	1775 SAINT JAMES PL STE 300 HOUSTON TX 77056-3416	12/24/02	1931433	97075376	G	\$520.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CORESTAFF, INC.	1775 SAINT JAMES PL STE 300 HOUSTON TX 77056-3416	12/24/02	1931432	97075201	G	\$117,284.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940828	GEORGE ECHOLS	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940824	TRACI CUETO	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940822	LINDA COLLUM	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940821	RICHARD COHEN	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940817	SEAN BRADLEY	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940807	ROBERT AVESIAN	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940800	DONALD ALDERSON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940797	RAYMOND ALDANA	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1677762	DOUGLAS ABDELLA	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940829	FRANCES ERICSON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940830	CARLA FORD	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940833	MARTHA GOMEZ	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940852	BARBARA MARTINEZ	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940851	JUDITH ELLEN LUX	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940850	CAROL LUMLEY	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940849	RAYMOND LOPEZ	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940846	KAY LOPEZ	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940843	MARLEN KELLAS	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940842	RODNEY IVY	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940841	PHILLIP HUGHES	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940840	KAREN HOUCK	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940838	MARIE HOLLINSHEAD	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940837	JAMES HOLLAERT	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940836	GWENDOLYN HENDERSON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940835	BARBARA HAMILTON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940853	JOHN MICHAELSON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940854	ALTA MILES	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940857	ROBBIN PATTERSON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940859	ROBERT RAND	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	05/13/08	2163046	08000575	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940832	CHERYL LYN GARNICA	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

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COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940871	PATRICIA G. WEAVER	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940868	CARLOS VILLARRUEL	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940864	ALCINA TALBOTT	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940862	CAROL SMITH	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940861	WALTER SIMON	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940860	SYLVIA ROBLES	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COUNTY OF SAN BERNARDINO	222 W HOSPITALITY LANE 3RD FLOOR SAN BERNARDINO CA 92415-0001	04/08/03	1940874	VICTOR ZYSS	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
COZEN & O'CONNOR	1900 MARKET ST FL 3 PHILADELPHIA PA 19103 3511	12/22/03	2111642		G	\$147,946.08	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
CRUSADER INSURANCE CO	23251 MULHOLLAND DR PO BOX 4176 WOODLAND HILLS CA 91364-2732	12/29/03	2107956	000780052353	G	\$4,590.00	\$3,894.16	Claims where payment is provided by other benefits or advantages including subrogation claims	
DANIEL, EARNEST	1411 LA FONDA CIR SEAGOVILLE TX 75159-1611	02/18/02	1079868	00019521	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DATA QUEST INVESTIGATIONS INC	180 LINCOLN ST BOSTON MA 02111-2400	02/26/02	1120454		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DAVIDON HOMES	1600 S MAIN ST STE 150 WALNUT CREEK CA 94596-5341	05/09/02	935252		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/20/06	2159031	000100750087	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DAVIS & DAVIS, INC. DBA: STATE ROOFING CO.	228 E PLAZA ST, SUITE B-207 EAGLE ID 83616	12/07/06	2159002	000100651288	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DAVIS, RICHARD KEITH	718 FORD AVE MUSCLE SHOALS AL 35661-2204	05/28/02	1929831	08000430	G	\$40,000.00	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DEIDRE, DAVENPORT	1987 PLYMOUTH ST PHILADELPHIA PA 19138 2721	04/05/02	1541028	03056020	G	\$60,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DEPAUL HEALTH CARE COMPANY	1750 WALTON RD BLUE BELL PA 19422- 2303	12/23/03	2077566	99092513	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DESILVIO & COMPANY, INC.	38 SOUTH CEDARBROOK RD CEDAR BROOK NJ 08018	02/03/03	983503		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DICENZO & HEROLD CONSTRUCTION	2356 TORRANCE BLVD C/O POST INSURANCE SERVICES TORRANCE CA 90501-2567	05/10/06	2154234	06001097	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DICENZO & HEROLD CONSTRUCTION	2356 TORRANCE BLVD C/O POST INSURANCE SERVICES TORRANCE CA 90501-2567	03/13/06	2153736	05043717	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DIONNEV, GAJADHAR	140 PARSONS AVE FREEPORT NY 11520- 2506	03/03/02	1553399	03097086	G	\$2,200,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
DUKEMAN, PETER (DECEASED)	24107 87TH AVE . BELLEROSE NY 11426- 1207	07/11/03	1272399	01036029	G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
DWYER, CONNELL AND LISBONA	100 PASSAIC AVE FAIRFIELD NJ 07004-3573	03/19/08	2161843	00202475	G	\$3,481.73	\$890.00	Late filed Claim not allowed under 221.37	
DWYER, CONNELL AND LISBONA	100 PASSAIC AVE FAIRFIELD NJ 07004-3573	03/19/08	2161846	99218848	G	\$1,374.26	\$1,256.66	Late filed Claim not allowed under 221.37	
DWYER, CONNELL AND LISBONA	100 PASSAIC AVE FAIRFIELD NJ 07004-3573	03/19/08	2161856	99014863	G	\$1,736.87	\$1,284.95	Late filed Claim not allowed under 221.37	
DWYER, CONNELL AND LISBONA	100 PASSAIC AVE FAIRFIELD NJ 07004-3573	03/19/08	2161849	00127807	G	\$2,530.64	\$836.71	Late filed Claim not allowed under 221.37	
EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH	PO BOX 820 VALLEY FORGE PA 19482-0820	05/17/02	1918004		G	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
EDWARD LLOYD, LTD	100 MERRICK RD STE 510 ROCKVILLE CTR NY 11570-4800	09/19/02	1530248	99050962	G	\$3,611.14	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
EDWARD LLOYD, LTD	100 MERRICK RD STE 510 ROCKVILLE CTR NY 11570-4800	09/19/02	889252		G	\$672.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
EDWARD, HOSKINS	112 BROSS ST CAIRO NY 12413-3013	04/01/02	1580286	03068877	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
EMPLOYERS MUTUAL CAS CO.	PO BOX 712 DES MOINES IA 50306-0712	08/15/03	1955373	01001008	G	\$22,936.66	\$5,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
EMPLOYERS MUTUAL CAS CO.	PO BOX 712 DES MOINES IA 50306-0712	07/24/03	1953376	01019428	G	\$4,560.71	\$366.42	Claims where payment is provided by other benefits or advantages including subrogation claims	
EMPLOYERS MUTUAL CASUALTY COMPANY	25541 COMMERCENTRE DR STE 200 LAKE FOREST CA 92630-8898	02/25/03	1943401	01026328	G	\$2,611.49	\$312.50	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
EMPLOYERS MUTUAL CASUALTY COMPANY	25541 COMMERCENTRE DR STE 200 LAKE FOREST CA 92630-8898	08/27/02	1925216	00129625	G	\$472.10	\$54.33	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O BETTY LOWE	PO BOX 605 MURRYVILLE PA 15668	09/21/06	2158831	00178781	G	\$3,300.00	\$3,300.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O BILLY M. PRITTS	PO BOX 605 MURRYVILLE PA 15668	09/21/06	1898005	00178781	G	\$6,000.00	\$6,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O CLARENCE H. LOWE	PO BOX 605 MURRYVILLE PA 15668	09/21/06	2158835	00178781	G	\$5,500.00	\$5,500.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O CONNIE L. DEBOLT	PO BOX 605 MURRYVILLE PA 15668	09/21/06	2158834	00178781	G	\$13,500.00	\$13,500.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O JANET PRITTS	PO BOX 605 MURRYVILLE PA 15668	09/21/06	2158833	00178781	G	\$25,000.00	\$25,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ERIE INSURANCE CO A/S/O RUTH OHLER	PO BOX 605 MURRYVILLE PA 15668	09/21/06	2158832	00178781	G	\$38,217.00	\$38,217.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
EUROPA RUCKVERSICHERUNG AKRIENGESELLSCHAFT	SEDANSTRASSE 4 COLOGNE D5066-8	09/27/04	2136753		G	\$3,855.09	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
EXECUTIVE PLUMBING, INC.	3080 BRISTOL ST STE 540 C/O HINES SMITH CARDER COSTA MESA CA 92626-7321	08/02/06	2158663	000100650384	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FALCON INSURANCE CO (HK) LTD.	36/F THE LEE GARDENS 33 HYSAN AVENUE CAUSEWAY BAY HONG KONG	04/26/04	2131570		G	\$1,000.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FAM MARINE SERVICES, INC.	6601 SPRINGER ST HOUSTON TX 77087-3449	06/17/02	873224	01006346	G	\$9,589.33	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

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FARMERS INSURANCE CO OF WA	555 S RENTON VILLAGE PL STE 500 RENTON WA 98057-3286	09/17/02	1917866	990000033155	G	\$1,196.87	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
FEDERATED MUTUAL INSURANCE	PO BOX 3150 11030 WHITE ROCK RD RANCHO CORDOVA CA 95741-3150	11/12/03	2024888	000780150964	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
FELICE SECURITY, INC	PO BOX 1570 LAKE FOREST CA 92609-9570	03/07/02	804883	99191946	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FERNANDEZ, KEVIN	10054 SW 222ND ST CUTLER BAY FL 33190-1563	08/14/02	1552500	03090907	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FERNANDEZ, MIRIAM E	10054 SW 222ND ST CUTLER BAY FL 33190-1563	08/14/02	1599920	03090907	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FIELDSTONE COMMUNITIES, INC	895 DOVE ST FL 5 C/O NEWMAYER & DILLION NEWPORT BEACH CA 92660-2999	12/23/03	2096167	03001395	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FIREMAN'S FUND A/S/O PESTANA LEWIS	225 WATER STREET #1700 JACKSONVILLE FL 32202	07/30/02	1926377	990000060704	G	\$838.23	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
FONDIARIA-SAI S.P.A.	VIA LORENZO IN MAGNIFICO, 1 FIRENZE 50129	04/26/04	2094012		G	\$464,337.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FOSTER, CLIFFORD	C/O HERZKA INSURANCE AGENCY INC 5415 18TH AVE BROOKLYN NY 11204	12/31/03	2111560		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
FRANKENMUTH MUTUAL INSURANCE COMPANY	1 MUTUAL AVE FRANKENMUTH MI 48787-0001	10/14/02	1010224	98183775	G	\$260,000.00	\$260,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
G.E.I.C.O. A/S/O ANNIE TEJADA	750 WOODBURY RD WOODBURY NY 11797-2519	12/15/03	2066009	03069851	G	\$11,870.29	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GABRIEL, MAZZAROTTO	1878 E KIRKLAND LN TEMPE AZ 85281-4452	07/26/02	1549512	03085959	G	\$6,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GANGL, ALLAN J	PO BOX 404 (BOX 404) SAINT CLOUD MN 56302-0404	12/31/03	1016864	99225629	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GARRETT ENGINEERS, INC.	PO BOX 91659 LONG BEACH CA 90809-1659	10/01/04	2136774	01008796	G	\$6,356.56	\$6,356.56	Late filed Claim not allowed under 221.37	
GARRETT ENGINEERS, INC.	PO BOX 91659 LONG BEACH CA 90809-1659	10/01/04	2136773	01008796	G	\$270.90	\$270.90	Late filed Claim not allowed under 221.37	
GASAWAY DEBORAH	6657 VENETO PLACE ALTA LOMA CA 91701	09/23/08	2163440	GASAWAY	G	\$6,501.68	\$0.00	Late filed Claim not allowed under 221.37	
GENEX SERVICES INC	440 E SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939534	99109483	G	\$0.37	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GENEX SERVICES INC	440 E SWEDES FORD RD STE 3000 WAYNE PA 19087-1842	03/19/03	1939298	99154490	G	\$0.74	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GERONAZZO, DANIEL	1027 PANDORA AVENUE VICTORIA BC V8V 3P6	12/31/03	2122936	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GIST, CHANEL MARIE	390 HAWKINS RD WINLOCK WA 98596-9135	12/27/02	1542488	03062058	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOLDEN EAGLE CONSTRUCTION CORP	PO BOX 800777 SANTA CLARITA CA 91380-0777	04/19/06	2154162		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
GOLDEN EAGLE CONSTRUCTION CORP	PO BOX 800777 SANTA CLARITA CA 91380-0777	04/19/06	2154157	06000528	G	\$425.20	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOLDEN EAGLE INSURANCE	PO BOX 85826 SAN DIEGO CA 92186-5826	12/15/03	2066124	00046576	G	\$9,625.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
GOMEZ, INES	330 PASSMORE ST PHILADELPHIA PA 19111 5223	02/11/02	1551683	03089601	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GONZALES TRI-COUNTY INC.	7150 WINDEMERE PL ALTA LOMA CA 91701- 6326	01/17/08	2161677	000100850035	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GONZALES TRI-COUNTY INC.	7150 WINDEMERE PL ALTA LOMA CA 91701- 6326	03/05/07	2159197	000100750178	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GORBET, JOSEPH	3317 ORO BANGOR HWY OROVILLE CA 95965	12/08/08	2163899	05043024	G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	07/10/06	2158553	000100650683	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	05/26/06	2154370	000100550740	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	04/18/06	2154139	000100650392	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	04/17/06	2154138	000100650382	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	07/17/06	2158591	000100650739	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355- 3965	07/19/06	2158599	000100650765	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

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GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355-3965	02/21/07	2159177	000100750138	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355-3965	01/31/08	2161704	000100850056	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GOTHIC LANDSCAPING INC.	27502 AVENUE SCOTT VALENCIA CA 91355-3965	01/24/07	2159092	000100750076	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GRANGE MUTUAL CASUALTY CO. C/O UHLINGER ,KEIS & GEORGE	PO BOX 1218 650 SOUTH FRONT STREET COLUMBUS OH 43216-1218	03/31/03	1938452	03093042	G	\$6,745.99	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
GRANITE STATE INDEPENDENT LIVING FOUNDATION	21 CHENELL DR CONCORD NH 03301-8539	12/29/03	2101487	00038198	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GREENHALGH, RALPH	109-132 PL SE EVERETT WA 98208	01/14/08	2161672	00005479	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GREENHALGH, RALPH	109-132 PL SE EVERETT WA 98208	02/27/02	1392288	00003417	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
GREYHOUND LINES, INC.	C/O FIRSTGROUP AMERICA 705 CENTRAL AVENUE, SUITE 300 CINCINNATI OH 45202	12/23/03	2121044		G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HAIGHT, BROWN, & BONESTEEL LLP	6080 CENTER DR STE 800 LOS ANGELES CA 90045-9205	12/31/03	2116625	99189078	G	\$140,049.27	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HALIMI, EDWARD	C/O PAGTER AND MILLER 525 N CABRILLO PARK DR.; SUITE 104 SANTA ANNA CA 92701	12/31/03	2122934	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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HARLEYSVILLE MUTUAL INSURANCE COMPANY	355 MAPLE AVE HARLEYSVILLE PA 19438-2222	03/08/02	1920293	03066453	G	\$5,035.75	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931218		G	\$43.43	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HASKELL SLAUGHTER & YOUNG LLC	2001 PARK PL STE 1400 BIRMINGHAM AL 35203-2700	12/24/02	1931157	98177565	G	\$19.80	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HCSC - BLOOD CENTER T/A SAMUEL W. MILLER	2171 28TH ST SW ALLENTOWN PA 18103-7073	12/28/03	2102458	96067212	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HIGH PERFORMANCE DRYWALL, INC.	4204 JUTLAND DR STE A2 SAN DIEGO CA 92117-3665	09/10/07	2160667	000100750677	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HILL INTERNATIONAL, INC.	303 LIPPINCOTT CENTER MARLTON NJ 08053	12/31/03	2087478	97804657	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HILLEL J. AUERBACH, P.C.	20 CHESTNUT LN WOODBRIIDGE CT 06525	01/29/02	1474827		G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOME INSURANCE COMPANY	59 MAIDEN LN NEW YORK NY 10038-4502	09/15/03	1959257	000099553045	G	\$100,000.00	\$56,164.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HOME INSURANCE COMPANY (OF ILLINOIS)	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/23/03	2095227	94119714	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/23/03	2095223	000799700270	G	\$19,123.86	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/23/03	2095221	001420150202	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/23/03	2095219	001429400980	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
HOME INSURANCE COMPANY IN LIQUIDATION	59 MAIDEN LN FL 5 NEW YORK NY 10038-4655	12/23/03	2095215	000049950904	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
HON INDUSTRIES, INC.	C/O HNI INDUSTRIES 408 E 2ND ST MUSCATINE IA 52761	12/29/03	2083833		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOWARD BROWN & SONS AUTO SALES AND SALVAGE	11040 OLINDA ST SUN VALLEY CA 91352-3305	07/31/03	1954529	03088649	G	\$150.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOWARD BROWN & SONS AUTO SALES AND SALVAGE	11040 OLINDA ST SUN VALLEY CA 91352-3305	03/19/03	1933898	03088283	G	\$538.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOWARD BROWN & SONS AUTO SALES AND SALVAGE	11040 OLINDA ST SUN VALLEY CA 91352-3305	03/18/03	1933896	03088322	G	\$555.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOWARD BROWN & SONS AUTO SALES AND SALVAGE	11040 OLINDA ST SUN VALLEY CA 91352-3305	02/21/03	1931628	03083986	G	\$1,253.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HOWARD BROWN & SONS AUTO SALES AND SALVAGE	11040 OLINDA ST SUN VALLEY CA 91352-3305	01/06/03	1931868	03084530	G	\$1,018.50	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HUGHES HEATING AND AIR CONDITI	2356 TORRANCE BLVD C/O POST INSURANCE SERVICES, INC TORRANCE CA 90501-2567	05/19/06	761039	06001220	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
HUNTER, TALIA	343 FAIRWAY LN PLACENTIA CA 92870-4443	07/09/02	1540061	03051430	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ILLINOIS ELECTRICAL EMPLOYERS WORKERS COMPENSATION ASSOCIATION, INC.	222 MERCHANDISE MART PLZ STE 1450 CHICAGO IL 60654-1299	12/18/03	2071761	97120334	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
IMPERIO BONANCA COMPANHIA DE SEGUROS IMPERIO	RUA ALEXANDRE HERCULANO, 53 - 2 1269-152 LI LI	04/15/04	2134682		G	\$669.86	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
INDIANA INSURANCE CO.	6281 TRI RIDGE BLVD LOVELAND OH 45140-8345	12/15/03	2066256	99802989	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
INTRACORP	5144 COLLECTION CENTER DR CHICAGO IL 60693	08/27/04	2136597		G	\$1.04	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
INTRACORP	5144 COLLECTION CENTER DR CHICAGO IL 60693	08/27/04	2136619		G	\$1,535.82	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/24/03	2126713		G	\$14,172.04	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/24/03	2077587		G	\$32,398.16	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/24/03	2077578		G	\$5,997.47	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/22/03	2077588		G	\$80,466.73	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/22/03	2077585		G	\$6,782.78	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
IRB - BRASIL RE S.A.	AV. MARECHAL CAMARA 171 3RD FLOOR RIO DE JANEIRO RJ 20020-901	12/22/03	2077583		G	\$355.50	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ISLAMIC ARAB INSURANCE CO. (IAC)	PO BOX 21291 MANAMA	08/26/04	2136570		G	\$299,154.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ISLAMIC ARAB INSURANCE CO. (IAC)	PO BOX 21291 MANAMA	08/26/04	2136569		G	\$16,792.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JAMES AVERY C/O REINIG & BARBER	114A VISTA WAY KENNEWICK WA 99336-3119	09/20/02	1458981	03044541	G	\$3,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
JEROME GREENBERG C/O A.J. CLARKE MANAGEMENT	1881 BROADWAY NEW YORK NY 10023-7035	08/18/03	1955683		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JHOE, AYALA	17 BRIGHTSIDE AVE CENTRAL ISLIP NY 11722-2928	02/27/02	1558377	03048175	G	\$1,000,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	12/08/06	2159007	000100651136	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	10/16/06	2158911	000100651043	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	09/15/06	2158822	000100650782	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	08/22/06	2158745	000100651047	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	08/10/06	2158694	000100650693	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	07/20/06	2158605	000100650552	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	04/19/06	2154152	000100550578	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
JOHN L. GINGER MASONRY, INC	4100 NEWPORT PLACE DR STE 550 NEWPORT BEACH CA 92660-1407	03/21/06	2153835	000100650074	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHNSON UTILITIES, INC.	8171 E INDIAN BEND RD STE 101 SCOTTSDALE AZ 85250-4830	02/26/02	1534395	000100250833	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOHNW, MARKIEWICZ.	PO BOX 1071 LATROBE PA 15650-4071	10/08/03	1552578	03091385	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JONATHAN WOODNER COMPANY	745 5TH AVE NEW YORK NY 10151-0099	08/18/08	2163463	01045767	G	\$16,161.27	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOSEPHS JACK & GAEBE	2950 SW 27TH AVE STE 100 MIAMI FL 33133- 3765	07/14/03	1953072	000829852012	G	\$563.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
JOYNER, GREG	119 HART ST BREWTON AL 36426- 2420	02/19/02	1153788	00086027	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
KADER, KHAL A	C/O PAGTER AND MILLER 525 N CABRILLO PARK DR., SUITE 104, SANTA ANA CA 92701	12/31/03	2122956	06002667	G	\$5,000,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
KAPSHANYAN, NARINE	14121 FRIAR ST APT 201 VAN NUYS CA 91401- 2198	06/18/02	1551066	03088927	G	\$10,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
KAPSHANYAN, STEPAN	14121 FRIAR ST APT 201 VAN NUYS CA 91401- 2198	06/18/02	503152	03088927	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
KB HOME & RELATED ENTITLIES	895 DOVE ST FL 5 C/O NEWMYER & DILLION NEWPORT BEACH CA 92660-2999	12/31/03	2117546	000100251822	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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Resolved Claims as of 06/30/2009**

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KEBEDE, DESTA	277 GREENLAND DR LANCASTER PA 17602-3378	03/19/02	161736	03106907	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
KENNETH H. CORONEL, ATTORNEY FOR 888 COMMUNITIES OF CORONA 1	500 S GRAND AVE 22ND FLOOR LOS ANGELES CA 90071-2609	03/30/03	1941042	000100350760	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
KENNEY, KATHLEEN M	10840 EUREKA ST BOCA RATON FL 33428-4067	12/31/03	118181	03077542	G	\$12,300.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
L.A. PLUMBING & BACKFLOW	1001 GOODRICH BLVD LOS ANGELES CA 90022-5102	05/09/02	948952	000100252919	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LAFARGE NORTH AMERICA, INC.	12950 WORLDGATE DR STE 500 HERNDON VA 20170-6000	04/14/09	2164080	92080994	G	\$0.00	\$848,452.12	Claims where payment is provided by other benefits or advantages including subrogation claims	
LAFARGE NORTH AMERICA, INC.	12950 WORLDGATE DR STE 500 HERNDON VA 20170-6000	08/31/06	2158790	92080994	G	\$0.00	\$5,562,680.83	Claims where payment is provided by other benefits or advantages including subrogation claims	
LAURA, DEPRIMA- AVERY	10024 CUSTERCIAL ORLANDO FL 32839	07/23/02	1585950	03081599	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LAW OFFICES OF THOMAS C. TAGLIARINI	1999 HARRISON ST STE 1650 OAKLAND CA 94612-4711	03/20/02	723151	03006308	G	\$771.00	\$771.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
LAX, ALAN	39 OVERLOOK RD N WHITE PLAINS NY 10603-1821	02/19/02	1571972	03061341	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK	1-78 AND CEDAR CREST BLVD ALLENTOWN PA 18104	12/27/03	2077676	000079854267	G	\$88,773.77	\$44,386.89	Claims where payment is provided by other benefits or advantages including subrogation claims	
LEWIS BRISBOIS BISGAARD & SMITH LLP	221 N FIGUEROA ST FL 12 LOS ANGELES CA 90012-2646	11/04/03	2075754	99246350	G	\$3,926.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
LEWIS HOMES INC. & RELATED ENTITIES	895 DOVE ST FL 5 C/O NEWMAYER & DILLION NEWPORT BEACH CA 92660-2999	12/31/03	2117543	03102680	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LOCKE LORD BISSELL & LIDDELL LLP	111 S WACKER DR CHICAGO IL 60606-4302	12/31/03	2131881	00128579	G	\$920.17	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LOCKE LORD BISSELL & LIDDELL LLP	111 S WACKER DR CHICAGO IL 60606-4302	12/31/03	2127790	99070859	G	\$2,105.22	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LOUSIK, KHATSHIKYAN	14121 FRIAR ST APT 201 VAN NUYS CA 91401- 2198	06/18/02	1551067	03088927	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
LUSIME, KAPSHANYAN	14121 FRIAR ST APT 201 VAN NUYS CA 91401- 2198	06/18/02	1551069	03088927	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MACRO-PRO INC.	PO BOX 90459 LONG BEACH CA 90809-0459	08/05/03	1955075		G	\$126.65	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MAGNETECH ENGINEERING SERVICES INC.	3415 N LAKESHORE BLVD LOOMIS CA 95650-8503	12/29/03	2033719	02067402	G	\$225,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MARENO, ELENA	3505 TULIP DR YORKTOWN HEIGHTS NY 10598-2123	12/23/03	1095368	02065619	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MARI, DULTORYAN	14121 FRIAR ST APT 201 VAN NUYS CA 91401- 2198	06/18/02	1551068	03088927	G	\$15,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MARKS, O'NEILL, O'BRIEN & COURTNEY, P.C.	1800 JOHN F KENNEDY BLVD STE 1900 PHILADELPHIA PA 19103 7422	03/19/02	1920064	03097235	G	\$414.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MARLEON, INC.	3202 W ROSECRANS AVE HAWTHORNE CA 90250-8225	01/31/03	1934691	000780150860	G	\$2,500.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MARLEON, INC.	3202 W ROSECRANS AVE HAWTHORNE CA 90250-8225	01/31/03	1934690	000780151777	G	\$2,500.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	1845 WALNUT ST PHILADELPHIA PA 19103 4708	10/02/03	1962964	01000161	G	\$1,306.20	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MATTHEWS DANIEL INTERNATIONAL (LONDON) LTD	37-39 LIME STREET LONDON ECEM -7AY	12/31/03	2128705		G	\$63,109.30	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MAYERSKY, SARAH	217 W CHERRY ST SHENANDOAH PA 17976-2210	03/28/02	1553634	03098544	G	\$25,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MCALOON & FRIEDMAN, PC	123 WILLIAM ST NEW YORK NY 10038-3804	12/27/02	1931577	98143614	G	\$7,653.39	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MCCLAIN, CHARLES H	1157 N 85TH ST SEATTLE WA 98103-4005	02/21/02	447514	03105137	G	\$22,181.78	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MELGAR, MANUEL	1028 E. HYDE PARK #D INGLEWOOD CA 90302	03/13/09	2163992		G	\$183.72	\$0.00	Late filed Claim not allowed under 221.37	
MELGAR, MANUEL	1028 E. HYDE PARK #D INGLEWOOD CA 90302	03/13/09	2163991		G	\$1,691.68	\$0.00	Late filed Claim not allowed under 221.37	
MELGAR, MANUEL	1028 E. HYDE PARK #D INGLEWOOD CA 90302	03/13/09	2163928		G	\$530.49	\$0.00	Late filed Claim not allowed under 221.37	
MELVIN FOSTER AND ASSOCIATES	294 WASHINGTON STREET SUITE 435 BOSTON MA 02108	12/23/03	1467380		G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059960	000549851487	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059942	000549855882	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059920	000549950202	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059901	000549753268	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/03/03	2059860	000549750949	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/03/03	2059741	000549951676	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/03/03	2059583	000540150717	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059966	000100450134	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059977	000540052885	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/04/03	2059994	000540059426	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/24/03	2080554	000730057013	G	\$71,304.98	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MENARD, INC. #2	4777 MENARD DR EAU CLAIRE WI 54703-9604	12/11/03	2064241	000540059996	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MENDES & MOUNT, LLP	750 7TH AVE NEW YORK NY 10019-6834	12/30/03	889979	00198290	G	\$13,262.12	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MERCHANTS INSURANCE GROUP	PO BOX 4092 BUFFALO NY 14240-4092	03/25/03	1937523	04020893	G	\$19,700.00	\$2,900.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095581	000739758639	G	\$11,793.27	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095577	000549953535	G	\$82.59	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095575	000229850493	G	\$385.58	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095573	00141602	G	\$9,288.45	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095572	000739960306	G	\$142.20	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095583	96132072	G	\$643.47	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095584	000739759834	G	\$234.40	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095589	000730050299	G	\$752.39	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095588	000739851947	G	\$977.01	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095612	000739858978	G	\$48,806.76	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095602	000540059996	G	\$3,945.26	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095593	000730050299	G	\$1,464.61	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095592	000219752602	G	\$6,972.10	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
MERIDIAN RESOURCE COMPANY	20725 WATERTOWN RD WAUKESHA WI 53186-2200	12/29/03	2095590	000549855465	G	\$9,182.64	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
METRO PATROL PRIVATE SECURITY	5562 N FIGUEROA ST LOS ANGELES CA 90042-4120	03/29/02	611027		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MINISTRY OF HEALTH & LONG TERM CARE	49 PLACE D'ARMES, 2ND FLOOR KINGSTON ONTARIO K7L5J3	12/15/08	2163821		G	\$5,943.68	\$0.00	Late filed Claim not allowed under 221.37	
MINTZER, SAROWITZ, ZERIS, LEDVA & MEYERS, LLP	CENTRE SQUARE, WEST TOWER 1500 MARKET STREET - SUITE 4100 PHILADELPHIA PA 19102	04/21/03	2069713		G	\$12.80	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MJM INC.	910 PAVERSTONE DR RALEIGH NC 27615-4701	04/05/02	1920369	99100598	G	\$2,595.00	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MONROE, TERRI A	13907 SE COUNTY ROAD 475 SUMMERFIELD FL 34491	02/19/02	665678		G	\$400.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MORENO, ANTHONY	41209 PAMELA PL OAKHURST CA 93644-9540	03/12/04	1370314		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
MOSTOV, MICHAEL	14 CASS PL APT 4A BROOKLYN NY 11235-4706	11/25/03	2058664		G	\$7,500.00	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
MUELLER LEWIS CONCRETE INC.	4345 MURPHY CANYON RD SAN DIEGO CA 92123-4362	07/10/07	2160451	000100750589	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MUELLER LEWIS CONCRETE INC.	4345 MURPHY CANYON RD SAN DIEGO CA 92123-4362	03/30/07	2160177	000100750247	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
MUELLER LEWIS CONCRETE INC.	4345 MURPHY CANYON RD SAN DIEGO CA 92123-4362	12/21/06	2159048	000100651313	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH	C/O THE HUDGINS LAW FIRM 24 GREENWAY PLAZA - STE 2000 HOUSTON TX 77046	08/26/02	1924264	07003022	G	\$1,000,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH	C/O THE HUDGINS LAW FIRM 24 GREENWAY PLAZA - STE 2000 HOUSTON TX 77046	08/26/02	1924265	00165666	G	\$166,594.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NATIONWIDE INSURANCE A/S/O BARBARA J RILEY	PO BOX 2655 HARRISBURG PA 17105-2655	02/09/03	1935321	04018794	G	\$9,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NATIONWIDE MUTUAL INS CO	500 ENTERPRISE DR STE 3D ROCKY HILL CT 06067-3913	09/20/02	1917856	03071267	G	\$11,700.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NATIONWIDE MUTUAL INS CO	500 ENTERPRISE DR STE 3D ROCKY HILL CT 06067-3913	09/20/02	1917855	3310236732	G	\$1,903.31	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NATIONWIDE MUTUAL INS CO A/S/O JEANETTA ARMSTRONG	PO BOX 8379 CANTON OH 44711	03/03/03	1936182	000549955184	G	\$0.00	\$9,000.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NAVAL ACADEMY ATHLETIC ASSOC	566 BROWNSON RD ANNAPOLIS MD 21402-5006	06/13/03	1950183		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NAVAL ACADEMY ATHLETIC ASSOC	566 BROWNSON RD ANNAPOLIS MD 21402-5006	06/13/03	1950181		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
NAVAL ACADEMY ATHLETIC ASSOC	566 BROWNSON RD ANNAPOLIS MD 21402-5006	06/13/03	1950176		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NAVAL ACADEMY ATHLETIC ASSOC	566 BROWNSON RD ANNAPOLIS MD 21402-5006	06/13/03	1950184		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NEALE & NEWMAN LLP	PO BOX 10327 SPRINGFIELD MO 65808-0327	04/08/02	1920359	005019913222	G	\$2,275.11	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NEW CAP REINSURANCE CORPORATION (BERMUDA) LIMITED IN LIQUIDATION	3 REID STREET HAMILTON HM 11	04/30/03	1944357		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NOREDDINE, MEHDAOUI	PO BOX 257896 CHICAGO IL 60625-7896	07/24/02	1556323	03045303	G	\$1,187.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NORIDIAN ADMINISTRATIVE SERVICES/MEDICARE	P O BOX 6723 FARGO ND 58108	10/15/03	1965449	200000124156	G	\$185.68	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
NORTH OF ENGLAND P & I ASSOCIATION	100, THE QUAYSIDE NEWCASTLE UPON TYNE NEI 3-DU	12/11/03	2063559	99245257	G	\$1,134.93	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NOWEK, LEON E.	141-757 W HASTINGS ST SUITE 644 VANCOUVER BC V6C 1A1	12/31/03	2122939	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
NPC INTERNATIONAL, INC.	720 W 20TH ST PITTSBURG KS 66762-2844	09/12/08	2163483	00087650	G	\$192,151.20	\$0.00	Late filed Claim not allowed under 221.37	
NY MERCHANT BAKERS/NYSLB AS SUBROGEE OF JUAN VASQUEZ	PO BOX 8000 FARMINGVILLE NY 11738-8000	03/27/06	2153961	99032903	G	\$2,357.19	\$2,357.19	Claims where payment is provided by other benefits or advantages including subrogation claims	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ODDO, BROOKE	4588 BROADWAY DEPEW NY 14043-3803	10/07/03	1963738	03099455	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
OKLAHOMA BLOOD INSTITUTE	1001 N LINCOLN BLVD OKLAHOMA CITY OK 73104-3251	11/17/03	602337	95012701	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ONSITE ENGINEERING & MANAGEMENT, INC.	7301 PARKWAY DR HANOVER MD 21076-1159	12/29/03	2081766	97074617	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ORANGE PACIFIC PLUMBING, INC.	901 S VIA RODEO PLACENTIA CA 92670	03/04/08	891244	000100850089	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
OSORIO, JOSE A	191 CARPENTER ST PROVIDENCE RI 02903-3044	12/08/03	50475	03097853	G	\$16,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
OTERO & LOPEZ, L.L.P.	PO BOX 9023933 1250 PONCE DE LEON AVENUE, SUITE 800 SAN JUAN PR 00902-3933	07/01/02	1943164	98109022	G	\$4,302.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PACIFIC SAW & KNIFE CO. DBA PACIFIC/HOE SAW AND KNIFE COMPANY	2700 SE TACOMA ST PORTLAND OR 97202-8941	07/06/04	2136231	000100451304-04	G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
PACIFIC SAW & KNIFE CO. DBA PACIFIC/HOE SAW AND KNIFE COMPANY	2700 SE TACOMA ST PORTLAND OR 97202-8941	07/06/04	2136230	000100451304-02	G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
PACIFIC SAW & KNIFE CO. DBA PACIFIC/HOE SAW AND KNIFE COMPANY	2700 SE TACOMA ST PORTLAND OR 97202-8941	07/06/04	2136229	000100451304-03	G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
PACIFIC SAW & KNIFE CO. DBA PACIFIC/HOE SAW AND KNIFE COMPANY	2700 SE TACOMA ST PORTLAND OR 97202-8941	07/06/04	2136228	000100451304-01	G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	

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Resolved Claims as of 06/30/2009**

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PAGE, RONN	C/O PAGTER AND MILLER 525 N CABRILLO PARK DR., SUITE 104, SANTA ANA CA 92701	12/31/03	2122942	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PARRA, ARIEL	15422 SW 177 VERRLE OLEAVY FL 33187	03/01/04	2130833	03046611	G	\$34,500.00	\$0.00	Late filed Claim not allowed under 221.37	
PAXIS CONSULTING INC	330 E MAIN ST STE 4 MUNCIE IN 47305-1800	01/28/03	1933946	00094562	G	\$6,582.75	\$6,582.75	Claims where payment is provided by other benefits or advantages including subrogation claims	
PEERLESS INSURANCE COMPANY	62 MAPLE AVE KEENE NH 03431-1625	12/15/03	1009250	03100468	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
PERFORMANCE PLUS DRYWALL	2356 TORRANCE BLVD TORRANCE CA 90501-2567	08/27/07	2160613	07004297	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PERSONIUS, MATTISON, PALMER & BOCEK	150 LAKE ST., SUITE 102 P.O. BOX 146 ELMIRA NY 14902-0146	10/07/08	2163566	000710050636	G	\$79.07	\$0.00	Late filed Claim not allowed under 221.37	
PHILADELPHIA PARKING AUTHORITY	3101 MARKET ST PHILADELPHIA PA 19104 2807	12/29/03	2131463	000179654873	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PLANNED PARENTHOOD FEDERATION	434 W 33RD ST # 12 NEW YORK NY 10001-2601	12/09/03	2062244	95000115	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PLANNED PARENTHOOD FEDERATION	434 W 33RD ST # 12 NEW YORK NY 10001-2601	12/09/03	509299	94132443	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PLAYTEX PRODUCTS, INC.	PO BOX 7016 DOVER DE 19903-1516	05/24/02	1312773	00165458	G	\$919,407.77	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PRAXAIR, INC.	39 OLD RIDGEBURY RD DANBURY CT 06810-5103	12/17/03	2078149	RN03001021-LANDRY	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
PRAXAIR, INC.	39 OLD RIDGEBURY RD DANBURY CT 06810-5103	12/17/03	2078055	03001021	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PRAXIS CONSULTING INC. A/S/O FARMERS INSURANCE	330 E MAIN ST STE 4 MUNCIE IN 47305-1800	06/04/02	1923473	00011247	G	\$10,603.68	\$10,603.68	Claims where payment is provided by other benefits or advantages including subrogation claims	
PREFERRED FRAMING, INC.	9225 CHARLES SMITH AVE RANCHO CUCAMONGA CA 91730-5507	02/24/06	2153632	000100551135	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PREFERRED FRAMING, INC.	9225 CHARLES SMITH AVE RANCHO CUCAMONGA CA 91730-5507	06/05/06	2154415	000100650434	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PRIDE OFFSHORE	5847 SAN FELIPE SUITE 3300 HOUSTON TX 77057	12/29/03	2082808		G	\$0.00	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
PUBLIC SERVICE COMPANY OF OKLAHOMA	1 RIVERSIDE PLZ COLUMBUS OH 43215-2355	02/20/02	1914479	99163187	G	\$381,140.00	\$0.00	PROPERTY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REED LAND CLEARING INC.	1720 N VENTURA AVE VENTURA CA 93001-1549	05/21/02	1915787		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
RELENTLESS INTERNATIONAL PROTECTION	12644 206TH ST LAKEWOOD CA 90715-1902	12/31/03	2116493	02067872	G	\$18,006.07	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131535		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131531		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131530		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

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REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131529		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131528		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131527		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131526		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131525		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131524		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMEDY TEMP INC.	3820 STATE STREET SANTA BARBARA CA 83105	12/31/03	2131548		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
REMEDY TEMP, INC.	C/O THE SELECT FAMILY STAFFING COMPANIES PO BOX 6248 LAGUNA NIGUEL CA 92607-6248	12/31/03	2092457		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
REMINGER & REMINGER	101 W PROSPECT AVE STE 1400 101 PROSPECT AVE WEST CLEVELAND OH 44115- 1074	06/03/02	1933464	99019102	G	\$8,540.82	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
RII PLASTERING, INC.	750 B STREET, SUITE 2550 SAN DIEGO CA 92101	01/14/09	2163846		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
RITTER, JAMES VIRGIL	4013 MERITAS DR COLUMBUS GA 31904- 7052	11/26/03	1158918	99134515	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
RK METALS INC	1404 INDUSTRIAL HWY PO BOX 2176 CINNAMINSON NJ 08077-2551	01/29/03	1934218		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ROBERT BOHN JR	401 N CARROLLTON AVE C/O BOHN FORD, INC. NEW ORLEANS LA 70119-4702	05/06/02	1922824		G	\$100,000.00	\$0.00	SURETY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ROBERT E. PAARZ, P.C.	7 PAUL CLARK DR SOMERS POINT NJ 08244-2370	03/14/02	1613124	00088833	G	\$4,341.38	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ROSADO, ISAAC	19 ASPEN PLACE, APT 5D PASSAIC NJ 07055	06/16/08	2162276	08000174	G	\$25,000.00	\$0.00	Late filed Claim not allowed under 221.37	
ROSE PACKING COMPANY, INC.	65 S BARRINGTON RD SOUTH BARRINGTON IL 60010-9508	05/05/06	2154204	000540150632	G	\$16,001.75	\$14,381.75	Late filed Claim not allowed under 221.37	
ROWE, DARLENE	8903 GRAVELLY LAKE DR SW C/O SAM J FOGERTY TACOMA WA 98499-3149	12/10/02	695205	000920150668	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
RTE ENTERPRISES INC., DBA COLOR CONCEPTS	8211 REMMET AVENUE CANOGA PARK CA 91304	10/15/07	2160853	07004120	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004- 2112	12/09/03	2062119		G	\$52.00	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
RUSSO, KEANE & TONER, LLP	33 WHITEHALL ST NEW YORK NY 10004- 2112	12/09/03	2062176		G	\$675.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SAFETY INSURANCE GROUP	20 CUSTOM HOUSE ST BOSTON MA 02110-3513	12/18/03	2071915	200000123787	G	\$2,578.75	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
SAINT VINCENT'S CATHOLIC MEDICAL CENTERS	450 W. 33RD STREET NEW YORK NY 10001	12/09/03	2062407	90033187	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SAMUEL, MUHAMMED	54 CALLAWASSIE DR OKATIE SC 29909-3830	12/31/03	2122653	03066192	G	\$5,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SCHMITT, MARGARET	2625 STATE ROAD 590 APT 1924 CLEARWATER FL 33759-2221	12/31/03	2120675	02057931	G	\$0.00	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SCHUR MANAGEMENT CO. LTD.	2432 GRAND CONCOURSE BRONX NY 10458-5204	12/24/03	2082559	99126723	G	\$15,000.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SCHWAGER, MARIA ANN	603 NE 146TH ST VANCOUVER WA 98685-5740	04/06/04	2131318	99137521	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SEBASTIAN, AYALA	17 BRIGHTSIDE AVE CENTRAL ISLIP NY 11722-2928	02/27/02	1558378	03048175	G	\$2,000,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SECURITY INS COMP-A/S/O- EFREN MALO	1355 CAMPUS PARKWAY, SUITE 101 NEPTUNE NJ 07753	06/29/07	2160427	99168949	G	\$2,612.75	\$2,612.75	Claims where payment is provided by other benefits or advantages including subrogation claims	
SEDER FOODS CORP.	PO BOX 1015 PALMER MA 01069-4015	06/26/02	1936227		G	\$19.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SHAH, SYED M.	702 LOWELL ST WESTBURY NY 11590-4427	01/29/02	1523567	04018817	G	\$3,000,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SHEFF, MADALINE	6971 REBER DR SHELBY TOWNSHIP MI 48317-2449	01/06/03	1900743	03043275	G	\$25,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SHORT, BOBBY	195 MADDOX LOOP SAVANNAH TN 38372-5980	05/06/02	1855692	99217544	G	\$195.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
SHULTIES, BRIAN	C/O PAGTER AND MILLER 525 N CABRILLO PARK DR., SUITE 104, SANTA ANA CA 92701	12/31/03	2122949	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
SILVER & FREEDMAN	2029 CENTURY PARK E STE 1900 LOS ANGELES CA 90067-2722	06/20/03	2163773	00087895	G	\$5,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
STARWOOD HOTELS & RESORTS WORLDWIDE INC.	1111 WESTCHESTER AVE WHITE PLAINS NY 10604-3525	03/08/02	1409805	99245034	G	\$3,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STATE FARM	C/O ZEEHANDELAR, SABATINO & ASSOCIATES 471 EAST BROAD STREET, SUITE 1200 COLUMBUS OH 43215	08/13/02	1019933	02067433	G	\$33,264.71	\$24,472.30	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM C/O CHEEK & ZEEHANDELAR	471 EAST BROAD STREET 12TH FLOOR COLUMBUS OH 43215	06/11/02	1936375	990000057759	G	\$3,570.92	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM INDEMNITY COMPANY	PO BOX 92 CONCORDVILLE PA 19331	10/25/02	1927499	99168375	G	\$1,619.49	\$280.50	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM INSURANCE	100 STATE FARM PL PO BOX 8012 BALLSTON SPA NY 12020-3722	03/19/02	1920324	99125193	G	\$4,394.22	\$3,894.22	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM INSURANCE CO	P O BOX 458 DU PONT WA 98327-0458	05/28/02	1917752	990000057239	G	\$4,517.98	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM INSURANCE COMPANY	2500 MEMORIAL BLVD PO BOX 20727 MURFREESBORO TN 37129-5111	12/17/03	2070943	000820053482	G	\$19,344.38	\$14,608.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM INSURANCE COMPANY	PO BOX 221 DUPONT WA 98327-0221	06/02/03	1948656	03066989	G	\$9,700.99	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
STATE FARM MUTUAL AUTO INS. CO.	36 S PENNSYLVANIA ST STE 630 INDIANAPOLIS IN 46204-3631	04/11/02	1921735	03089048	G	\$13,592.28	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
STATE FARM MUTUAL AUTO INSURANCE COMPANY	PO BOX 4078 5528 PORTAGE RD KALAMAZOO MI 49003-4078	06/26/02	1917924	01029569	G	\$4,628.40	\$4,894.40	Claims where payment is provided by other benefits or advantages including subrogation claims	
STEWART, GLYNN W	C/O PAGTER AND MILLER 525 N CABRILLO PARK DR., SUITE 104, SANTA ANA CA 92701	12/31/03	2122940	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STROH, ANDREA	3330 BOWMAN ST PHILADELPHIA PA 19129 1513	06/03/03	1950489	04008834	G	\$50,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STROH, ELISA	3330 BOWMAN ST PHILADELPHIA PA 19129 1513	06/05/03	1950488	04008834	G	\$10,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STROH, KIRA	3330 BOWMAN ST PHILADELPHIA PA 19129 1513	06/05/03	1950487	04008834	G	\$10,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STROH, ROBERT M	3330 BOWMAN ST PHILADELPHIA PA 19129 1513	06/05/03	1610590	04008834	G	\$10,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
STUDENT BUS SERVICE INC.	3167 ATLANTIC AVE BROOKLYN NY 11208-1913	12/31/03	2112087	000100950163	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TAYLOR, BERNARD C	2 WILLARD RD DOVER NH 03820-2125	12/08/03	1017956	99098355	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TAYLOR, ROBERT	318-26 AVENUE SW, SUITE 702 CALCARY AB T2SB 2T9	12/31/03	2122952	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
TD INDUSTRIES	PO BOX 819060 13850 DIPLOMAT CIRCLE DALLAS TX 75381-9060	12/31/03	2116076		G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TEAM HEATING & AIR CONDITIONING, INC.	42266 REMINGTON AVE TEMECULA CA 92590- 2549	02/22/07	2159180	06001521	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TEXAS SONIC EMPLOYER'S TRADE	2345 GRAND BLVD KANSAS CITY MO 64108- 2663	12/17/03	2070993	05029882	G	\$244,489.55	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TEXAS SONIC EMPLOYER'S TRADE	2345 GRAND BLVD KANSAS CITY MO 64108- 2663	12/17/03	2070985	05029884	G	\$29,183.62	\$0.00	ACCIDENT & HEALTH; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
T-FOUR TILE	2356 TORRANCE BLVD C/O POST INSURANCE SERVICES TORRANCE CA 90501-2567	08/07/06	2158668	06001713	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
THE THOMSON CORPORATION	1 STATION PL METRO CENTER STAMFORD CT 06902-6800	12/11/03	2063661	96100773	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
THE THOMSON CORPORATION	1 STATION PL METRO CENTER STAMFORD CT 06902-6800	02/24/03	1935802		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
THE TRAVELERS INDEMNITY COMPANY	1 TOWER SQ 5MS HARTFORD CT 06183- 0001	12/31/03	2122451		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
THE TRAVELERS INDEMNITY COMPANY	1 TOWER SQ 5MS HARTFORD CT 06183- 0001	12/31/03	2127578	000100250443	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
THE TRAVELERS INDEMNITY COMPANY	1 TOWER SQ 5MS HARTFORD CT 06183- 0001	12/31/03	2127586		G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
THOMAS, KEVIN R	800 N HALSEY AVE HARRISONVILLE MO 64701-1585	12/03/03	1300198	00194445	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
THOMPSON, WILLIAM	4083 MUNGER SHAW RD DULUTH MN 55810-9521	12/31/03	2109640	000170251235	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
THOMPSON, WILLIAM	4083 MUNGER SHAW RD DULUTH MN 55810-9521	12/31/03	2109639	000170250891	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TRAVELERS INDEMNITY COMPANY	1 TOWER SQ HARTFORD CT 06183-0001	09/26/05	2141166	03006369	G	\$0.00	\$0.00	ENVIRONMENTAL; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TRIREME VESSEL MANAGEMENT	ZEEVAARTSTRAAT 3 B-2000 ANTWERP	03/03/06	2153651	99163605	G	\$10,212.60	\$0.00	OCEAN MARINE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TWR ENTERPRISES	1661 RAILROAD ST CORONA CA 92880-2503	02/22/08	2161745	000100650608	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TWR ENTERPRISES	1661 RAILROAD ST CORONA CA 92880-2503	06/01/07	2160342	000100750478	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
TXU GAS COMPANY F/K/A ENSERCH CORPORATION	1601 BRYAN ST STE 07-075B DALLAS TX 75201	12/31/03	1738558		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
UGLY JOE REALTY LLC	1881 BROADWAY NEW YORK NY 10023-7035	08/19/03	1958039		G	\$0.00	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
UNIVERSIDAD SAN JUAN BAUTISTA	PO BOX 4968 CAGUAS PR 00726-4968	08/29/03	1957853	99070904	G	\$1,300,000.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
USAA AS SUBROGEE FOR THERESA FIFE	PO BOX 35718 COLORADO SPRINGS CO 80935	06/17/02	1911500	03069705	G	\$1,921.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
USAA AS SUBROGEE OF AMY DIVITA	11 TWINFLOWER CT BALLSTON SPA NY 12020	09/24/02	1917674	03090156	G	\$1,817.16	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
UTICA NATIONAL	2600 CORPORATE EXCHANGE DR STE 200 COLUMBUS OH 43231-1672	04/05/02	1897246	03057700	G	\$1,285.23	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
VAN MOERKERKEN, SCOTT	3 BIRCH CT ANDOVER NJ 07821-5803	03/17/03	1553314	03096655	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
VANDEMARK CHEMICAL COMPANY, INC.	1 N TRANSIT RD LOCKPORT NY 14094-2323	02/07/03	1936134	00801849	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	Y
VENTURA, NICOLE	2602 WEST 105 TH STREET CHICAGO IL 60655	10/07/02	295091	03076965	G	\$20,000.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
VIEMONT, RONALD J.	810 W CHALON PL P.O. BOX 3836 PEORIA IL 61614-1832	06/03/02	1613131	94035269	G	\$240,000.00	\$0.00	ERRORS & OMISSIONS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
VILLANI, KEVIN	5658 DOLPHIN PL LA JOLLA CA 92037-7517	12/29/03	2107988	98159405	G	\$0.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
VITAS HEALTHCARE CORPORATION	100 S BISCAYNE BLVD, STE 1500 MIAMI FL 33131-2021	05/06/03	1946480	01031077	G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
VOYLES, SUSAN	PO BOX 47 COPPER CENTER AK 99573	04/14/08	2160136	000100650402	G	\$0.00	\$0.00	WORKERS COMPENSATION; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
W. T. COOK CONSTRUCTION, INC.	350 CAMINO DIABLO BRENTWOOD CA 94513-4500	03/26/07	2160163	000100750206	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WARE, WALTER	73 OLIVE MILL RD MONTECITO CA 93108	12/31/03	2122945	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
WAUSAU INSURANCE COMPANY	PO BOX 4834 SYRACUSE NY 13221-4834	06/01/07	2160345	01025723	G	\$9,574.68	\$4,789.43	Claims where payment is provided by other benefits or advantages including subrogation claims	
WAUSAU INSURANCE COMPANY	PO BOX 4834 SYRACUSE NY 13221-4834	04/02/03	1939847	01025723	G	\$26,988.57	\$26,988.57	Claims where payment is provided by other benefits or advantages including subrogation claims	
WEST COAST INTERIORS DBA WEST COAST PAINTING, INC.	4100 NEWPORT PLACE DR STE 550 C/O AVILA & PEROS, LLP NEWPORT BEACH CA 92660-1407	04/06/06	2154081	000100550895	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WEST COAST INTERIORS DBA WEST COAST PAINTING, INC.	4100 NEWPORT PLACE DR STE 550 C/O AVILA & PEROS, LLP NEWPORT BEACH CA 92660-1407	07/17/06	2158592	000100650174	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WEST COAST INTERIORS DBA WEST COAST PAINTING, INC.	4100 NEWPORT PLACE DR STE 550 C/O AVILA & PEROS, LLP NEWPORT BEACH CA 92660-1407	04/06/06	2154089	000100451153	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WHITE, EDWIN DONALD	1013 JOHNSTON DR RAYMORE MO 64083-9011	12/31/03	1243744	00140379	G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WILLIAMSON, BARBARA J	70 EDGEWOOD DR ORANGEBURG NY 10962-1610	06/03/02	1951040	03085151	G	\$988.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WILLIAMSON, BARBARA J	70 EDGEWOOD DR ORANGEBURG NY 10962-1610	06/03/02	1549157	03085151	G	\$730.82	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
WILLOW GROVE INSURANCE LTD	C/O AON INSURANCE MANAGERS (BDA) LTD CRAIG APPIN HOUSE, 8 WESLEY STREET HAMILTON HM11	05/02/03	1947991		G	\$137,500.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
WILSON ELSER MOSKOWITZ EDELMAN, ETAL	150 E 42ND ST NEW YORK NY 10017-5612	12/24/03	2079111		G	\$934.80	\$0.00	MULTI-LINE POLICY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	

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Resolved Claims as of 06/30/2009**

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WINDSOR INSURANCE	PO BOX 105081 ATLANTA GA 30348-5081	11/27/02	1930006	03102251	G	\$689.13	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
WINEBURGH, OTYLIA G	29 SAINT JOHNS AVE YONKERS NY 10704-2901	03/19/02	703759		G	\$0.00	\$0.00	PROFESSIONAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
XL INSURANCE COMPANY LIMITED	34 LEADENHALL STREET LONDON EC3A1-AX	12/31/03	2109620		G	\$6,191.55	\$0.00	Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	03/19/09	2164001		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	03/19/09	2164000		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	03/19/09	2163999		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
YERGLER CORP DBA BAYSIDE CONCRETE CONSTRUCTION	20631 CANADA RD LAKE FOREST CA 92630-8100	03/19/09	2163998		G	\$0.00	\$0.00	Late filed Claim not allowed under 221.37	
ZAHNISER, JEFFERY C	PO BOX 3186 CAREFREE AZ 85337-3186	02/17/02	429773		G	\$0.00	\$0.00	AUTOMOBILE; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ZBIEGIEN, JACK A.	10460 HICKSON STREET EL MONTE CA 91734	12/31/03	2122941	06002667	G	\$5,000,000.00	\$0.00	DIRECTORS & OFFICERS; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135084	000100352318	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135083	000100351351	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135072	000100350321	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135067	000100351826	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

*Multiple Claim numbers are associated with this POC.

**POCs that did not state a Claimed Amount are shown as \$0

**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135049	000780152336	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135043	000100352543	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135039	000100352422	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2134983	000100350699	G	\$10,000.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2111198		G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135096	000100351648	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135103	03005840	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135121	000100352585	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135309	000100352350	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135306	000100550993	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135304	000100352549	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135298	000100352274	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135295	000100351679	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

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**Reliance Insurance Company (In Liquidation)
Resolved Claims as of 06/30/2009**

Claimant Name	Address	Date Poc Filed	Poc Number	Claim Number	Class	Claimed Amount	Allowed Amount	Claim Particulars	Resolved Objection
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135281	000100550712	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135270	000100352548	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135252	03006734	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135239	03001692	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135230	03041148	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135176	03006672	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135147	000100450347	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135142	000100350462	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135117	03102844	G	\$0.00	\$0.00	GENERAL LIABILITY; Claim against the estate for which the claimant failed to provide information pursuant to the Claims Information Order	
ZURICH AMERICAN INSURANCE CO	1400 AMERICAN LN SCHAUMBURG IL 60196-1091	12/31/03	2135324	000100350330	G	\$0.00	\$0.00	Claims where payment is provided by other benefits or advantages including subrogation claims	

*Multiple Claim numbers are associated with this POC.

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Exhibit F

