

ORIGINAL

ORIGINAL FILED

AUG 13 2010

LOS ANGELES SUPERIOR COURT

1 ROBERT H. NUNNALLY, JR.  
2 State Bar Number 134151  
3 Wisener ★ Nunnally ★ Gold, L.L.P  
4 625 West Centerville Road, Suite 110  
5 Garland, Texas 75041  
6 972) 840-9080  
7 Fax (972) 840-6575

REC'D

AUG 12 2010

FLING WINDOW

Attorneys for Insurance Commissioner

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 FOR THE COUNTY OF LOS ANGELES

10 STEVE POIZNER, Insurance Commissioner )  
11 of the State of California, )

Case No. C 572 724

12 Applicant, )

Honorable John Shepard Wiley Jr.

13 vs. )

**[PROPOSED] ORDER GRANTING  
MOTION TO APPROVE DISTRIBUTION  
TO GENERAL CREDITORS;**

14 MISSION INSURANCE COMPANY, a )  
15 California corporation, )

BY FAX

16 Respondent. )

AUGUST 13, 2010 at 8:30 a.m.

17 Department: 50  
18 Court: Stanley Mosk Courthouse  
19 111 North Hill St., Floor 5 Room 508  
20 Los Angeles, CA 90012

21 Consolidated with Case Numbers )

Filed: October 31, 1985

22 C 576 324; C 576 416;  
23 C 576 323; C 576 325; C 629709 )

24 On the 13th day of August, 2010, this Court heard the Insurance Commissioner's  
25 Motion to approve a distribution to general creditors.

26 The Court GRANTS the Insurance Commissioner's motion in full. The Court further  
27  
28

1

2 orders that:

3 A. Distribution be made to approved general creditors to bring them up to a dividend of 50%

4 B. Distribution be made to creditors with an approved proof of claim of \$ 100 or less to bring  
5 their distribution up to 100% as a final distribution,6 C. a further and final distribution shall be made to general creditors with an approved claim  
7 of \$ 10,000 or less to bring them to a final distribution percentage of 75%

8 D. The total current distribution figure shall be \$ 58,260,312;

9 E. The record date for any notice of assignments shall be set for September 1, 2010.

10 F. Assignment and changes of address shall be submitted with the form attached to this order as  
11 Exhibit "A".

12

13 SO ORDERED.

14

15

Signed this 13 day of August, 2010.

16

**JOHN SHEPARD WILEY JR.**

17

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Hon. John Shepard Wiley Jr.

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### CONSERVATION AND LIQUIDATION OFFICE CHANGE OF ADDRESS/ASSIGNEE NOTIFICATION DECLARATION

Company in Liquidation: \_\_\_\_\_

Proof of Claim Number(s): \_\_\_\_\_

**CLAIMANT NAME AND ADDRESS CURRENTLY ON FILE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**TO BE CHANGED (OR ASSIGNED) TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Please include the following supporting documentation with your request for an assignment of your claim or change of address:

If you are an individual:

- Proof of identity with photograph such a valid driver's license or state issued identification card
- A copy of the assignment agreement (if assigning claim)

If you are a business or corporation:

- A letter on company letterhead confirming your authority to make the assignment
- A copy of the assignment agreement (if assigning claim)

THE FOREGOING FACTS ARE TRUE AND CORRECT. I AM ENTITLED TO MAKE THIS DECLARATION ON BEHALF OF THE CLAIMANT OR ASSIGNOR LISTED IN THIS DECLARATION. NO OTHER PERSON HAS THE RIGHT TO THE PROOF OF CLAIMS LISTED ABOVE.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

EXECUTED THIS

\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_  
(DAY) (MONTH) (YEAR) (CITY) (STATE)

\_\_\_\_\_  
Claimant or Assignor's Signature Print Name and Title (if any) Telephone Number

Claimant's Consent (to be used for assignments or transfers only):

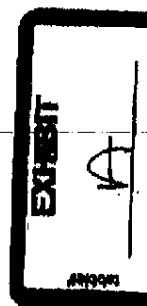
I consent to the assignment or transfer set forth above.

EXECUTED THIS

\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_  
(DAY) (MONTH) (YEAR) (CITY) (STATE)

\_\_\_\_\_  
Claimant or Assignor's Signature Print Name and Title (if any) Telephone Number

Return the completed form along with supporting documentation to:  
Conservation and Liquidation Office P.O. Box 26894 San Francisco, CA 94126-0894





New York Liquidation Bureau  
Attn: Mission - Nicholas L. Cremonese  
123 William Street  
New York, New York 10038-3889

John Horner  
Conservation & Liquidation Office  
P.O. Box 26894  
San Francisco, CA 94126

Robb Canning, Vice President  
Guy Carpenter  
One State Street, Suite 1500  
Hartford, CT 06103

John C. Craft, Esq.  
Lathrop & Gage Law Offices  
2345 Grand Blvd. Suite 2800  
Kansas City, MO. 64108-2612

Pamela Webster, Esq.  
Buchalter, Nemer, A Professional Corporation  
1000 Wilshire Blvd., 15<sup>th</sup> Floor  
Los Angeles, CA 90017

Jean L. Bertrand, Esq.  
Morgenstein & Jubelirer  
One Market Plaza, Spear St., 32d Fl  
San Francisco, CA 94105

General Counsel  
GAF Corporation  
1361 Alps Road  
Wayne, NJ 07470

Eric Lipsitt, Esq.  
Howard & Howard Attorneys, PC  
450 West 4<sup>th</sup> Street  
Royal Oak, MI 48067-2557

Scott Pearce  
Conservation & Liquidation Office  
P.O. Box 26894  
San Francisco, CA 94126

Dean Hansell, Esq.  
Dewey & LeBocuf LLP  
333 South Grand Ave., Ste 2600  
Los Angeles, CA 90071-1530

C. Guerry Collins, Esq.  
Lord, Bissell & Brook  
300 South Grand Avenue, 8<sup>th</sup> Floor  
Los Angeles, CA 90071

Wayne Wilson  
California Insurance Guarantee  
700 N. Brand Blvd. #12TH-FL  
Glendale, CA 91203-1247

Mark Eggerman, Esq.  
9401 Wilshire Boulevard #500  
Beverly Hills, CA 90212

Stephan Mills, Esq.  
Zemanek & Mills  
11845 W. Olympic Blvd, Suite 625  
Los Angeles, CA 90064

Jack Hom, Esq.  
California Dept. of Insurance  
45 Fremont Street, 24<sup>th</sup> Floor  
San Francisco, CA 94105

Jennifer A. Brennan  
Gilbert Heintz & Randolph LLP  
1100 New York Ave., NW, Ste 700  
Washington, DC 20005-3987

Richard D. Milone  
Gilbert Heintz & Randolph LLP  
1100 New York Ave, NW Suite 700  
Washington, DC 20005

Michael L. Cioffi  
Blank Rome, LLP  
PNC Center 201 East Fifth St., Ste. 1700  
Cincinnati, OH 45202

Stephen A. Marshall  
Sonnenschein Nath & Rosenthal, L.L.P.  
1221 Avenue of the Americas, 24<sup>th</sup> Floor  
New York, NY 10020-1089

Michael W. Rhodes  
Lathrop & Gage, LC  
2345 Grand Blvd., Ste 2800  
Kansas City, MO 64108-2684

Vernon K. Jones  
29518 Rd. 156  
Visalia, CA 93295

Jordan Stanzler, Esq.  
Stanzler, Funderburk, & Castellon, L.L.P.  
2275 E Bayshore Rd Ste 100  
Palo Alto, CA 94303-3222

Robert M. Mason, III, Esq.  
Bergman & Dacey, Inc.  
10880 Wilshire Blvd., Suite 900  
Los Angeles, CA. 90024

John E.V. Pieski, Esq.  
Suite 400 Kane Building  
116 North Washington Avenue  
Scranton, PA 18501-0234

David DeGroot, Esq.  
Sheppard, Mullin, Richter & Hampton, LLP  
Four Embarcadero Center, 17<sup>th</sup> Floor  
San Francisco, CA. 94111

David P. Schack  
Kirkpatrick & Lockhart, L.L.P.  
10100 Santa Monica Blvd., 7<sup>th</sup> Floor  
Los Angeles, CA. 90067

David G. Stone  
Neal, Gerber & Eisenberg, LLP  
2 N. LaSalle Street, Suite 2200  
Chicago, IL 60602

Claudia M. Morehead, Esq.  
The Morehead Firm  
2901 W. Coast Highway, Ste. 200  
Newport Beach, CA 92663

D. Douglas Shureen  
McMillan & Shureen  
50 Santa Rosa Ave., 5<sup>th</sup> Floor  
Santa Rosa, CA 95404

Darrell J. Hieber, Esq.  
Skadden, Arps, Slate, Meagher & Flom, L.L.P.  
300 S. Grand Ave., Ste. 3400  
Los Angeles, CA 90071

Gregory O. Eisenreich  
Barger & Wolen LLP  
633 W. 5th Street, 47th Floor  
Los Angeles, California 90071

James D. Scringeur, Esq.  
St. Paul Travelers Companies, Inc.  
One Tower Square  
Hartford, CT 06101

Kim Winter  
Lathrop & Gage L.C.  
2345 Grand Blvd., Ste. 2800  
Kansas City, MO 64108-2684

Burton C. Allyn, IV, Esq.  
Johns & Allyn  
1010 B. Street, Ste 350  
San Rafael, CA 94901

Jeffrey M. Vucinich, Esq.  
Clapp Moroney Bellagamba & Vucinich  
1111 Bayhill Dr., Ste 300  
San Bruno, CA 94111

Peter F. McAweeney  
Morgan, Lewis & Bockius LLP  
One Market, Spear Street Tower  
San Francisco, CA 94105-1126

Edward D. Chapin, Esq.  
Chapin Wheeler, LLP  
550 West C Street, Ste 2000  
San Diego, CA 92101

Brian P. Brosnahan, Esq.  
Kasowitz, Benson, Torres & Friedman LLP  
101 California Street, Suite 2300  
San Francisco, CA 94111

COPY

1 ROBERT H. NUNNALLY, JR.  
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CONSERVATION AND LIQUIDATION OFFICE  
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

TO BE CHANGED (OR ASSIGNED) TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

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EXECUTED THIS

\_\_\_\_ DAY OF \_\_\_\_\_ AT \_\_\_\_\_  
(DAY) (MONTH) (YEAR) (CITY) (STATE)

Claimant or Assignor's Signature

Print Name and Title (if any)

Telephone Number

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**PROOF OF SERVICE: By Facsimile**  
**(Code Civ. Proc., §§ 1013, 2015.5)**

STATE OF TEXAS, COUNTY OF DALLAS.

I am employed in the County of Dallas, State of Texas. I am over the age of 18 and not a party to the within action; my business address is 625 West Centerville Road, Suite 110, Street, Garland, Texas 75041.

On this date, I serve the foregoing documents described **[Proposed] Order Granting Motion to Approve Distribution to General Creditors** by facsimile as follows:

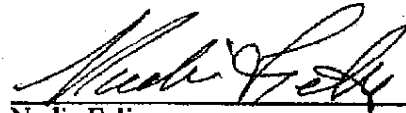
See Attached List

I am readily familiar with my employer's practices of collection and processing correspondence via facsimile the referenced will be faxed referenced number on the same date as stated below, following ordinary course of business.

(State) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

(Federal) I declare that I am employed by the office of a member of the bar of this court at whose direction the service was made.

Executed on August 12, 2010 at Garland, Texas

  
\_\_\_\_\_  
Nadia Felix

New York Liquidation Bureau  
Attn: Mission - Nicholas L. Cremonese  
123 William Street  
New York, New York 10038-3889

John Horner  
Conservation & Liquidation Office  
P.O. Box 26894  
San Francisco, CA 94126

Robb Canning, Vice President  
Guy Carpenter  
One State Street, Suite 1500  
Hartford, CT 06103

John C. Craft, Esq.  
Lathrop & Gage Law Offices  
2345 Grand Blvd. Suite 2800  
Kansas City, MO. 64108-2612

Pamela Webster, Esq.  
Buchalter, Nemer, A Professional Corporation  
1000 Wilshire Blvd., 15<sup>th</sup> Floor  
Los Angeles, CA 90017

Jean L. Bertrand, Esq.  
Morgenstein & Jubelirer  
One Market Plaza, Spear St., 32d Fl  
San Francisco, CA 94105

General Counsel  
GAF Corporation  
1361 Alps Road  
Wayne, NJ 07470

Eric Lipsitt, Esq.  
Howard & Howard Attorneys, PC  
450 West 4<sup>th</sup> Street  
Royal Oak, MI 48067-2557

Scott Pearce  
Conservation & Liquidation Office  
P.O. Box 26894  
San Francisco, CA 94126

Dean Hansell, Esq.  
Dewey & LeBocuf LLP  
333 South Grand Ave., Ste 2600  
Los Angeles, CA 90071-1530

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Lord, Blissell & Brook  
300 South Grand Avenue, 8<sup>th</sup> Floor  
Los Angeles, CA 90071

Wayne Wilson  
California Insurance Guarantee  
700 N. Brand Blvd. #12TH-FL  
Glendale, CA 91203-1247

Mark Egerman, Esq.  
9401 Wilshire Boulevard #500  
Beverly Hills, CA 90212

Stephan Mills, Esq.  
Zemanek & Mills  
11845 W. Olympic Blvd, Suite 625  
Los Angeles, CA 90064

Jack Hom, Esq.  
California Dept. of Insurance  
45 Fremont Street, 24<sup>th</sup> Floor  
San Francisco, CA 94105

Jennifer A. Brennan  
Gilbert Heintz & Randolph LLP  
1100 New York Ave., NW, Ste 700  
Washington, DC 20005-3987

Richard D. Milone  
Gilbert Heintz & Randolph LLP  
1100 New York Ave, NW Suite 700  
Washington, DC 20005

Michael L. Cioffi  
Blank Rome, LLP  
PNC Center 201 East Fifth St., Ste. 1700  
Cincinnati, OH 45202

Stephen A. Marshall  
Sonnenschein Nath & Rosenthal, L.L.P.  
1221 Avenue of the Americas, 24<sup>th</sup> Floor  
New York, NY 10020-1089

Michael W. Rhodes  
Lathrop & Gage, LC  
2345 Grand Blvd., Ste 2800  
Kansas City, MO 64108-2684

Vernon K. Jones  
29518 Rd. 156  
Visalia, CA 93295

Jordan Stanzler, Esq.  
Stanzler, Funderburk, & Castellon, L.L.P.  
2275 E Bayshore Rd Ste 100  
Palo Alto, CA 94303-3222

Robert M. Mason, III, Esq.  
Bergman & Dacey, Inc.  
10880 Wilshire Blvd., Suite 900  
Los Angeles, CA. 90024

John E.V. Pieski, Esq.  
Suite 400 Kane Building  
116 North Washington Avenue  
Scranton, PA 18501-0234

David DeGroot, Esq.  
Sheppard, Mullin, Richter & Hampton, LLP  
Four Embarcadero Center, 17<sup>th</sup> Floor  
San Francisco, CA. 94111

David P. Schack  
Kirkpatrick & Lockhart, L.L.P.  
10100 Santa Monica Blvd., 7<sup>th</sup> Floor  
Los Angeles, CA. 90067

David G. Stone  
Neal, Gerber & Eisenberg, LLP  
2 N. LaSalle Street, Suite 2200  
Chicago, IL 60602

Claudia M. Morehead, Esq.  
The Morehead Firm  
2901 W. Coast Highway, Ste. 200  
Newport Beach, CA 92663

D. Douglas Shureen  
McMillan & Shureen  
50 Santa Rosa Ave., 5<sup>th</sup> Floor  
Santa Rosa, CA 95404

Darrell J. Hieber, Esq.  
Skadden, Arps, Slate, Meagher & Flom, L.L.P.  
300 S. Grand Ave., Ste. 3400  
Los Angeles, CA 90071

Gregory O. Eisenreich  
Barger & Wolca LLP  
633 W. 5th Street, 47th Floor  
Los Angeles, California 90071

James D. Scrimgeour, Esq.  
St. Paul Travelers Companies, Inc.  
One Tower Square  
Hartford, CT 06101

Kim Winter  
Lathrop & Gage L.C.  
2345 Grand Blvd., Ste. 2800  
Kansas City, MO 64108-2684

Burton C. Allyn, IV, Esq.  
Johns & Allyn  
1010 B. Street, Ste 350  
San Rafael, CA 94901

Jeffrey M. Vucinich, Esq.  
Clapp Moroney Bellagamba & Vucinich  
1111 Bayhill Dr., Ste 300  
San Bruno, CA 94111

Peter F. McAweeney  
Morgan, Lewis & Bockius LLP  
One Market, Spear Street Tower  
San Francisco, CA 94105-1126

Edward D. Chapin, Esq.  
Chapin Wheeler, LLP  
550 West C Street, Ste 2000  
San Diego, CA 92101

Brian P. Brosnahan, Esq.  
Kasowitz, Benson, Torres & Friedman LLP  
101 California Street, Suite 2300  
San Francisco, CA 94111