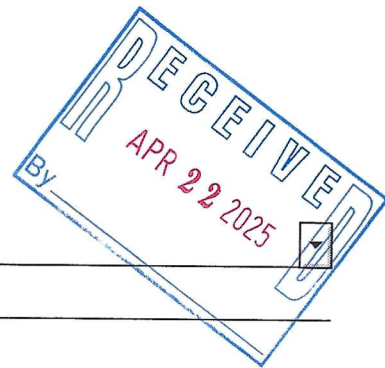


THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
<http://www.courts.state.nh.us>



Court Name: Merrimack Superior Court  
Case Name: IMO the Liquidation of the Home Insurance Company  
Case Number: 217-2003-EQ-00106  
(if known)

**APPEARANCE/WITHDRAWAL**

**APPEARANCE**

Type of appearance (Select One)

☒ Appearance ☐ Limited Appearance (*Civil cases only*)

If limited appearance, scope of representation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select One:

☒ As Counsel for:

|                                 |                                              |                             |
|---------------------------------|----------------------------------------------|-----------------------------|
| <u>The Congoleum Plan Trust</u> | <u>c/o Anderson Kill P.C. (adress below)</u> | <u>(212) 278-1000</u>       |
| (Name)                          | (Address)                                    | (Telephone Number)          |
| _____<br>(Name)                 | _____<br>(Address)                           | _____<br>(Telephone Number) |
| _____<br>(Name)                 | _____<br>(Address)                           | _____<br>(Telephone Number) |

☐ I will represent myself (*self-represented*)

**WITHDRAWAL**

As Counsel for \_\_\_\_\_

Type of Representation: (Select one)

☐ Appearance:

☐ Notice of withdrawal was sent to my client(s) on: \_\_\_\_\_ at the following address:

\_\_\_\_\_  
☐ A motion to withdraw is being filed.

☐ Limited Appearance: (Select one)

☐ I am withdrawing my limited appearance as I have completed the terms of the limited representation.

☐ The terms of limited representation have not been completed. A motion to withdraw is being filed.

Case Name: IMO the Liquidation of the Home Insurance Company

Case Number: 217-2003-EQ-00106

APPEARANCE/WITHDRAWAL

**For non e-filed cases:**

I state that on this date I am ☒ mailing by U.S. mail, or ☐ Email (only when there is a prior agreement of the parties to use this method), or ☐ hand delivering a copy of this document to:

\_\_\_\_\_  
Other party

All counsel of record

\_\_\_\_\_  
Other party's attorney

**OR**

**For e-filed cases:**

☐ I state that on this date I am sending a copy of this document as required by the rules of the court. I am electronically sending this document through the court's electronic filing system to all attorneys and to all other parties who have entered electronic service contacts (email addresses) in this case. I am mailing or hand-delivering copies to all other interested parties.

**Robert M. Horkovich**

\_\_\_\_\_  
Name of Filer

**Anderson Kill P.C.**

**1679778**

\_\_\_\_\_  
Law Firm, if applicable

\_\_\_\_\_  
Bar ID # of attorney

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**NY**

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\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

**04/21/2025**

\_\_\_\_\_  
Signature of Filer

\_\_\_\_\_  
Date

**(212) 278-1322**

\_\_\_\_\_  
Telephone

**rhorkovich@andersonkill.com**

\_\_\_\_\_  
E-mail