Note: Capitalised terms used in this document are as defined in the Explanatory Statement at pages 10-21 and in the Plan of Arrangement at pages 72-83.

British-American Insurance Company Limited ("the Company") (Judicial <u>Manager appointed)</u> <u>Voting and Claim Form</u>

ALL KNOWN POLICYHOLDERS HAVE BEEN SENT A PRE-POPULATED GREEN VOTING AND CLAIM FORM. IF YOU HAVE NOT RECEIVED A VOTING AND CLAIM FORM BY 1 SEPTEMBER 2017 PLEASE COMPLETE THIS FORM IF YOU BELIEVE YOU ARE A PLAN CREDITOR.

Name: Address:

YOUR PLAN CLAIM VALUE HAS BEEN CALCULATED AT: EC\$

The attached statement shows how your Plan Claim Value has been calculated.

PLEASE NOTE

Your Plan Claim Value set out above and on the attached statement does not represent the amount you will receive by way of one or more Distribution.

Eligible Plan Creditors will ultimately be paid a Distribution representing a percentage based on a calculation of the total amount of the Company's Available Assets divided by the total amount of all Established Plan Claims. Distributions will reflect ARP payments made and payments to be made from the St. Lucia Insurance Fund.

Please refer to the guidance notes on page 3 of this form whilst completing it.

SECTION 1: PLAN CLAIM VALUE

If you **AGREE** with your Plan Claim Value, then that will be the amount for which your vote will count at the **Meeting on 21 September 2017.**

If you DISAGREE with your Plan Claim Value then please explain the reasons you disagree in TABLE 1 below and return this form to one of the addresses listed in the Guidance Notes on the back of this Voting and Claim Form or by email to baicomail@kpmg.com.bs by 17.00 local time (Atlantic Standard Time, GMT-4) on 20 September 2017 (the day prior to the Meeting). Please include what you believe to be your Plan Claim Value (you may attach further written evidence if you require). Please also include any further documents which support your view. Where you disagree with the calculation of your Plan Claim Value then, for the purposes of voting at the Meeting only, the Chairman of the Meeting will use his discretion to allocate a value to your Plan Claim.

TABLE 1

I disagree with my Plan Claim Value which is set out above for the following reason(s):

Please now move on to SECTION 2 overleaf.

SECTION 2: ATTENDING THE MEETING IN PERSON

If you plan to attend in person and agree to the valuation of your Plan Claim, bring this form with you to the Meeting. You can cast your vote at the Meeting by signing in the box below before handing the form in when requested to do so at the Meeting. If you plan to attend in person and disagree with the valuation of your Plan Claim and have sent in your form in advance, you will be provided with a ballot paper at the Meeting to complete.

THE FOLLOWING IS ONLY FOR THE USE OF THOSE CREDITORS WHO PROPOSE TO ATTEND AND VOTE AT THE MEETING. IF YOU RETURN THIS FORM IN ADVANCE OF THE MEETING YOU WILL BE PROVIDED WITH A SEPARATE BALLOT PAPER AT THE MEETING.

TABLE 2	
FOR THE PLAN	AGAINST THE PLAN
Signature	Signature

PLEASE IGNORE THIS SECTION 2 IF YOU DO NOT PLAN TO ATTEND THE MEETING IN PERSON AND MOVE ON TO SECTION 3 BELOW.

<u>SECTION 3: APPOINTMENT OF A PROXY (Ignore this section if you are going to attend the Meeting in person)</u>

IF YOU ARE NOT ATTENDING THE MEETING IN PERSON BUT STILL WANT TO VOTE, YOU CAN APPOINT A PROXY TO VOTE ON YOUR BEHALF. You can either appoint the Chairman to vote on your behalf or you can appoint someone other than the Chairman ("your personal proxy").

1) Would you like to appoint the Chairman to vote on your behalf? (please tick the box)

TABLE 3
Yes, I would like to appoint the Chairman
No, I would not like to appoint the Chairman

If Yes, please move to the Voting Direction Section overleaf. If No, please move to point 2.

2) Would you like to appoint someone other than the Chairman ("your personal proxy") to attend and vote on your behalf?

If so, please complete TABLE 4.

TABLE 4	
Name of personal proxy:	
Relationship to you:	

Where representing an individual creditor, the personal proxy may, for example, be a relative or friend. If representing a corporation, the personal proxy may, for example, be an officer, attorney or an authorised agent.

PLEASE NOW MOVE ONTO THE VOTING DIRECTION SECTION BELOW.

Voting Direction

Please sign the appropriate box in **TABLE 5** below to **direct the Chairman or your personal proxy** on how to cast your vote at the Meeting. You can direct the Chairman to vote for or against the Plan but **please note**, the **Chairman cannot use his discretion** to vote. You can direct your personal proxy to vote for or against the Plan or to use his/her discretion on how to vote at the Meeting.

TABLE 5		Please only sign this box if appointing a personal proxy <u>not</u> the Chairman.
FOR THE PLAN	AGAINST THE PLAN	AT DISCRETION
Signature	Signature	Signature

Guidance Notes

Note 1: If you have assigned your policy to another person or entity, please forward this form to that person or entity for them to complete. Please also send evidence of the assignment together with contact details of the assignee to one of the addresses listed below or by email to <u>baicomail@kpmg.com.bs</u>

Note 2: If you are the executor/administrator of the estate of a deceased policyholder, please send evidence of this to one of the addresses listed below or by email to <u>baicomail@kpmg.com.bs</u> and complete this form.

Note 3: If there are any mistakes relating to your name and address on this form or attached statement then please carefully amend the details that are incorrect and initial any such amendments before returning them either in advance of the Meeting or at the Meeting.

Note 4: Please fill in any further contact details below:

Email address:	
Telephone number:	

Note 5: If you are not attending the Meeting in person and still wish to vote, please complete the "Appointment of a Proxy" section. You can either appoint the Chairman or a personal proxy to vote on your behalf.

Note 6: If appointing a proxy, in order for your vote to count you must complete and return this form to one of the addresses listed overleaf or by email to baicomail@kpmg.com.bs. Your Form of Proxy must be received by 17.00 local time (Atlantic Standard Time, GMT-4) on 20 September 2017 (the day prior to the Meeting) in order for your vote to count. Alternatively, if you have appointed a personal proxy, they can bring this form with them when they attend the Meeting provided that TABLE 4 and TABLE 5 have been completed by you.

Note 7: If you appoint a personal proxy, that person MUST attend the Meeting in order for your vote to count.

Note 8: A personal proxy with discretion on how to vote at the Meeting will be issued with a separate ballot paper at the Meeting to cast your vote.

Meeting Locations

You can attend the Principal Meeting in St. Kitts & Nevis or any of the Sub-Meetings taking place in Antigua & Barbuda, Grenada and St. Vincent & the Grenadines. The Principal Meeting and Sub-Meetings will be classed as one meeting and will all commence at 10.00 local time (Atlantic Standard Time, GMT-4) on 21 September 2017.

lium Church Hall en's Park Grenville Street George's Kingstown nada St. Vincent & the Grenadines
3

ADDRESSES TO RETURN FORMS TO

If returning this form in advance of the Meeting please send it by email to <u>baicomail@kpmg.com.bs</u> or to one of the following addresses: (offices are open weekdays between the hours of 10.00-16.00 local time (Atlantic Standard Time, GMT-4), other than the Dominica office which is open on weekdays between 14.00-16.00.)

Claudel Romney	Brian Glasgow
c/o BDO Eastern Caribbean	c/o Jean Kelsick
1st Floor MAICO Headquarters	Kelsick & Kelsick
Cosley Drive	Bladen House
The Valley	Brades
Anguilla	Montserrat
Cleveland Seaforth	Lisa Taylor
c/o BDO Eastern Caribbean	c/o British-American Insurance Co. Ltd.
Cnr. Factory Road and Carnival Gardens	Top floor Virginia Bradshaw building
P. O. Box 3109	(Opposite Basseterre police station)
St. John's	Cayon Street
Antigua	Basseterre
	St. Kitts
Frank Myers	Frank Myers
c/o British-American Insurance Co. Ltd.	c/o BDO Eastern Caribbean
4 Cross Lane	Morgan Building
Roseau	L'Anse Road
Dominica	Castries
	St. Lucia
Reuben John	Brian Glasgow
c/o British-American Insurance Co. Ltd.	c/o KPMG
Young Street	First Floor National Insurance Services Headquarters
St. George's	Upper Bay Street,
Grenada	P. O.587,
	Kingstown
	St. Vincent & the Grenadines

British American Insurance Company Limited (Judicial Manager appointed)

Voting and Claim Form Statement

Name Address

	Summary of Payments and Refunds (EC\$)	
	Total Value of Annuity and Investment Contracts	
	Total Value of Lapsed Policies	
	Plan Claim Value	
	ARP Received	
Annuity and Investment Contracts		

Policy Number	Currency	Policy Valuation	Interest	Policy Loan	Total	EC\$ Total Value	EC\$ ARP Payment
- Total							

Lapsed

Policy Number	Currency	Policy Valuation	Interest	Policy Loan	Advanced Premium Loan	Total	Amount outstanding
Total							