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 Manager appointed) Final Claim Form

ALL KNOWN POLICYHOLDERS HAVE BEEN SENT A PRE-POPULATED FINAL CLAIM FORM. IF YOU HAVE NOT RECIEVED A FINAL CLAIM FORM BY 17 NOVEMBER 2017 PLEASE COMPLETE THIS FORM IF YOU BELIEVE YOU ARE A PLAN CREDITOR.

John Smith Name: 123 Main Street Address:

Anytown

Insert Full Name and Address

inputting a number here. This figure is the sum of all of your policy values listed on the statement ("A").

Please attach any documents to this form that support this value e.g. policy documental

YOUR PLAN CLAIM VALUE HAS BEEN CALCULATED AT:

EC\$340,378.11

IMPORTANT NOTES

The attached statement details how your Plan Claim has been calculated. Please Note:

- 1) If this form does not show a value for your Plan Claim and states "claim disputed" this is because we have record that you disputed the value of your claim as detailed on your Voting and Claim Form. You need to do nothing further unless you wish to make further changes to the valuation of your claim. We will contact you separately regarding your Disputed Plan Claim.
- 2) The value above and on the attached statement does not represent the amount you will receive by way of one or more Distributions. 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 (see p.39 of the Explanatory Statement for an example calculation) and payments to be made from the St. Lucia Insurance Fund.
- 3) This value above may consist of EC\$ and/or converted US\$ amounts. All Distributions shall be paid in the currency of the Insurance Contract noted on the accompanying statement i.e. if you have a US\$ contract, you will be paid in US\$.
- 4) Unless this Final Claim Form is received by 17.00 local time (Atlantic Standard Time) on 11 December 2017 (Final Claims Submission Date), your Plan Claim will be deemed to have been agreed in the amount appearing on this Final Claim Form and will be considered an Established Plan Claim upon which Distributions will be paid (unless the claim has been disputed resulting it being subject to the dispute resolution process set out in the I Plan). No Plan Creditor will have any right after the Final Claims Submission Date to submit a new or revised Final Claim Form or to provide revised or further information in respect of a Plan Claim (unless requested to do so by the Company or the Plan Adjudicator).

If you AGREE with the value attributed to your Plan Claim, then you can sign TABLE 1 overleaf and return this form to one of the addresses listed in the Guidance Notes at the back of this form or by email to baicomail@kpmg.bs. This must be received by 17.00 local time (Atlantic Standard Time) on 11 December 2017 (Final Claims Submission Date).

Please sign and print full name. TABLE 1: I agree with the value of my Plan Claim:

If you DISAGREE with the total value of your Plan Claim then please explain the reasons you disagree in TABLE 2 below and return this form to one of the addresses listed in the Guidance Notes at the back of this form or by email to baicomail@kpmg.com.bs. This must be received by 17.00 local time (Atlantic Standard Time) on 11 December 2017 (Final Claims Submission Date). Please include what you believe to be the total value of your Plan Claim and include any further documents which support your view. You can attach further written evidence if you require. This table can be ignored.

TABLE 2: I disagree with the total value of my Plan Claim which is set out on this Final Claim Form for the following reason(s):

If the value cannot be agreed as between you and the Company within twenty one (21) days of the Final Claims Submission Date (or such later date as agreed by you and the Company) the matter will be referred to the Plan Adjudicator and determined in accordance with the adjudication procedure set out in Clause 3.5 of the Plan.

Telegraphic Transfer

Following the Final Claims Submission Date, a cheque will be printed for each eligible Plan Creditor. If you would prefer a telegraphic transfer, please insert any relevant bank details below (even if you have disputed your Plan Claim). If you would prefer a cheque, please ignore this section.

Please note, the transfer will be made at the Plan Creditor's expense. All Plan Creditors who opt for a telegraphic transfer should ensure they have assessed the cost to them of doing this because in some cases the bank charge could be substantial. All Distributions will be made to this account unless informed otherwise by the Plan Creditor.

> you would prefer a telegraphic transfer please complete the table below with

TABLE 3: Telegraphic transfer details	your payment details. Please contact your bank for an IBAN and SWIFT code.				
Full Name of person:John Smith					
Bank Name and address:123 Bank, 123 Street	t				
Sort Code: <insert code="" here="" sort="" your=""></insert>					
Account Number: <insert account="" her<="" number="" td="" your=""><td>e></td></insert>	e>				
IBAN: <insert here="" iban="" your=""></insert>					
SWIFT code: <insert code="" here="" swift="" your=""></insert>					
Plan Creditor 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. If you have not already informed the Company, 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 baicomail@kpmg.com.bs

Note 2: If you are the **executor/administrator** of the estate of a deceased policyholder and have not already informed the Company, please send evidence of this to one of the addresses listed below or by email to baicomail@kpmg.com.bs 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 this form.

ADDRESSES TO RETURN FORMS TO

If returning this form 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, other than the Dominica Office which is open on weekdays between 14.00-16.00.

Claudel Romney	Brian Glasgow			
c/o BDO Fastern Caribbean	c/o Jean Kelsick			
-,	Kelsick & Kelsick			
1st Floor MAICO Headquarters	TOURISH OF TREASURE			
Cosley Drive	Bladen House			
The Valley	Brades			
Anguilla	Montserrat			
Toll Free: 1-855-218-9339	Toll Free: 1-855-821-0055			
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			
Toll Free: 1-855-260-0422	St. Kitts			
	Toll Free: 1-855-802-8332			
Frank Myers	Frank Myers			
c/o British American Insurance Co. Ltd.	c/o BDO Eastern Caribbean			
4 Cross Lane	Morgan Building – Top Floor			
Roseau	L'Anse Road			
Dominica	Castries			
Local Number: 1-767-448-2070	St. Lucia			
	Toll Free: 1-855-584-3122			
Reuben John	Brian Glasgow			
c/o British American Insurance Co. Ltd.	c/o KPMG			
Young Street	First Floor National Insurance Services			
St. George's	Headquarters			
Grenada	Upper Bay Street,			
Toll Free: 1-855-303-8797	P.O. 587			
	Kingstown			
	St. Vincent & the Grenadines			
	Toll Free: 1-855-256-1448			

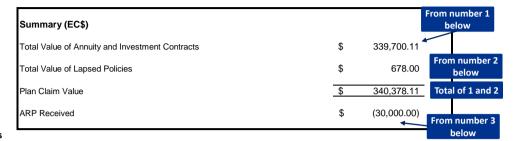
Other Helpline Numbers:

UK – Toll Free: 0-800-014-8162 **USA/Canada** – Toll Free: 1-800-803-9079

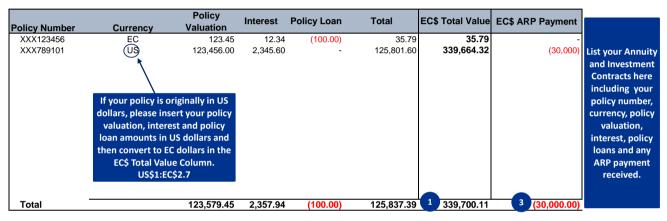
Final Claim Form Statement

Name Adress John Smith 123 Main Street Anytown

Insert Full Name and Address



Annuity and Investment Contracts



Lapsed

Policy Number	C	urrency	Policy Valuation	Interest	Policy Loan	Advanced Premium Loan	Total		mount standing	List your lapsed
XXX567891	EC		678.00	-	-	•	678.00		678.00	including policy number, currency, policy value, interest, policy loans, and advanced
Total			678.00				678.00	2	678.00	premium loans.