

Ref B

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 RECEIVED A FINAL CLAIM FORM BY 17 NOVEMBER 2017 PLEASE COMPLETE THIS FORM IF YOU BELIEVE YOU ARE A PLAN CREDITOR.

Name:

Address:

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

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 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).

TABLE 1: I agree with the value of my Plan Claim:

Signed:

Full Name:

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.

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.

TABLE 3: Telegraphic transfer details

Full Name of person:

Bank Name and address:

Sort Code:

Account Number:

IBAN:

SWIFT code:

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 baicomail@kpmg.com.bs 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 c/o BDO Eastern Caribbean 1st Floor MAICO Headquarters Cosley Drive The Valley Anguilla Toll Free: 1-855-218-9339	Brian Glasgow c/o Jean Kelsick Kelsick & Kelsick Bladen House Brades Montserrat Toll Free: 1-855-821-0055
Cleveland Seaforth c/o BDO Eastern Caribbean Cnr. Factory Road and Carnival Gardens P O Box 3109 St. John's Antigua Toll Free: 1-855-260-0422	Lisa Taylor c/o British American Insurance Co. Ltd. Top floor Virginia Bradshaw building (Opposite Basseterre police station) Cayon Street Basseterre St. Kitts Toll Free: 1-855-802-8332
Frank Myers c/o British American Insurance Co. Ltd. 4 Cross Lane Roseau Dominica Local Number: 1-767-448-2070	Frank Myers c/o BDO Eastern Caribbean Morgan Building – Top Floor L'Anse Road Castries St. Lucia Toll Free: 1-855-584-3122
Reuben John c/o British American Insurance Co. Ltd. Young Street St. George's Grenada Toll Free: 1-855-303-8797	Brian Glasgow c/o KPMG First Floor National Insurance Services Headquarters Upper Bay Street, 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
Address

Summary (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							_____

Net Total