

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: John Smith  
Address: 123 Main Street  
Anytown

Insert Full Name  
and Address

Please complete the statement on page 4 before 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 documentation

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 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](mailto: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:**

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](mailto: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.

If you would prefer a telegraphic transfer please complete the table below with your payment details. Please contact your bank for an IBAN and SWIFT code.

**TABLE 3: Telegraphic transfer details**

Full Name of person: .....*John Smith*.....

Bank Name and address: .....*123 Bank, 123 Street*.....

Sort Code: .....<Insert your sort code here>.....

Account Number: .....<Insert your account number here>.....

IBAN: .....<Insert your IBAN here>.....

SWIFT code: .....<Insert your SWIFT code here>.....

Plan Creditor Signature: .....*J. Smith*.....

### 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](mailto: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](mailto: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](mailto: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 <b>Anguilla</b> <b>Toll Free: 1-855-218-9339</b>	Brian Glasgow c/o Jean Kelsick Kelsick & Kelsick Bladen House Brades <b>Montserrat</b> <b>Toll Free: 1-855-821-0055</b>
Cleveland Seaforth c/o BDO Eastern Caribbean Cnr. Factory Road and Carnival Gardens P O Box 3109 St. John's <b>Antigua</b> <b>Toll Free: 1-855-260-0422</b>	Lisa Taylor c/o British American Insurance Co. Ltd. Top floor Virginia Bradshaw building (Opposite Basseterre police station) Cayon Street Basseterre <b>St. Kitts</b> <b>Toll Free: 1-855-802-8332</b>
Frank Myers c/o British American Insurance Co. Ltd. 4 Cross Lane Roseau <b>Dominica</b> <b>Local Number: 1-767-448-2070</b>	Frank Myers c/o BDO Eastern Caribbean Morgan Building – Top Floor L'Anse Road Castries <b>St. Lucia</b> <b>Toll Free: 1-855-584-3122</b>
Reuben John c/o British American Insurance Co. Ltd. Young Street St. George's <b>Grenada</b> <b>Toll Free: 1-855-303-8797</b>	Brian Glasgow c/o KPMG First Floor National Insurance Services Headquarters Upper Bay Street, P.O. 587 Kingstown <b>St. Vincent &amp; the Grenadines</b> <b>Toll Free: 1-855-256-1448</b>

### **Other Helpline Numbers:**

**UK** – Toll Free: 0-800-014-8162

**USA/Canada** – Toll Free: 1-800-803-9079

**Final Claim Form Statement**

**Name** John Smith  
**Address** 123 Main Street  
 Anytown

**Insert Full Name and Address**

Summary (EC\$)		
Total Value of Annuity and Investment Contracts	\$	339,700.11
Total Value of Lapsed Policies	\$	678.00
Plan Claim Value	\$	340,378.11
ARP Received	\$	(30,000.00)

From number 1 below  
 From number 2 below  
 Total of 1 and 2  
 From number 3 below

**Annuity and Investment Contracts**

Policy Number	Currency	Policy Valuation	Interest	Policy Loan	Total	EC\$ Total Value	EC\$ ARP Payment
XXX123456	EC	123.45	12.34	(100.00)	35.79	35.79	-
XXX789101	US	123,456.00	2,345.60	-	125,801.60	339,664.32	(30,000)
<b>Total</b>		123,579.45	2,357.94	(100.00)	125,837.39	339,700.11	(30,000.00)

If your policy is originally in US dollars, please insert your policy valuation, interest and policy loan amounts in US dollars and then convert to EC dollars in the EC\$ Total Value Column. US\$1:EC\$2.7

List your Annuity and Investment Contracts here including your policy number, currency, policy valuation, interest, policy loans and any ARP payment received.

**Lapsed**

Policy Number	Currency	Policy Valuation	Interest	Policy Loan	Advanced Premium Loan	Total	Amount outstanding
XXX567891	EC	678.00	-	-	-	678.00	678.00
<b>Total</b>		678.00				678.00	678.00

List your lapsed policies here including policy number, currency, policy value, interest, policy loans, and advanced premium loans.