

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) Voting and Claim Form

Name: John Smith
Address: 123 Main Street
Anytown

Insert Full Name and Address

YOUR PLAN CLAIM VALUE HAS BEEN CALCULATED AT: EC\$340,378.11
The attached statement shows how your Plan Claim Value has been calculated.

Please complete the statement on page 5 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

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

This section can be ignored.

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 bring your form to the Meeting you will be asked to vote using Table 2 below

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.

If you return your form ahead of the Meeting, you will be provided with a separate ballot paper to vote 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.

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

Please complete this section if you would like to appoint a proxy

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.....	<input checked="" type="checkbox"/>
No, I would not like to appoint the Chairman....	<input type="checkbox"/>

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 <i>John Smith</i>	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 baicomail@kpmg.com.bs

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 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 them either in advance of the Meeting or at the Meeting.

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

Please complete the table below with any further contact details.

Email address: <i>johnsmith@web.com</i> Telephone number: <i>0123456789</i>
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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.

**Eastern Caribbean
Central Bank
Headquarters
Pond Road
Basseterre
St. Kitts & Nevis**

**Dean William Lake
Cultural Centre
Upper St John's Street
St John's
Antigua & Barbuda**

**Grenada National
Stadium
Queen's Park
St. George's
Grenada**

**Methodist
Church Hall
Grenville Street
Kingstown
St. Vincent &
the Grenadines**

ADDRESSES TO RETURN FORMS TO

If returning this form in advance of the Meeting 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 (Atlantic Standard Time, GMT-4), 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	Brian Glasgow c/o Jean Kelsick Kelsick & Kelsick Bladen House Brades Montserrat
Cleveland Seaforth c/o BDO Eastern Caribbean Cnr. Factory Road and Carnival Gardens P. O. Box 3109 St. John's Antigua	Lisa Taylor c/o British-American Insurance Co. Ltd. Top floor Virginia Bradshaw building (Opposite Basseterre police station) Cayon Street Basseterre St. Kitts
Frank Myers c/o British-American Insurance Co. Ltd. 4 Cross Lane Roseau Dominica	Frank Myers c/o BDO Eastern Caribbean Morgan Building L'Anse Road Castries St. Lucia
Reuben John c/o British-American Insurance Co. Ltd. Young Street St. George's Grenada	Brian Glasgow c/o KPMG First Floor National Insurance Services Headquarters Upper Bay Street, P. O.587, Kingstown St. Vincent & the Grenadines

REF: B
 British American Insurance Company Limited (Judicial Manager appointed)

Voting and Claim Form Statement

Name John Smith
 Address 123 Main Street, Anytown

Insert Full Name and Address

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

From number 1 below

From number 2 below

Total of 1 and 2 below

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)
Total		123,579.45	2,357.94	(100.00)	125,837.39	1 339,700.11	3 (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
Total		678.00				678.00	2 678.00

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