

**ENGLISH & AMERICAN INSURANCE COMPANY LIMITED
(THE "SCHEME COMPANY")**

CLAIM FORM FOR THE USE OF SCHEME CREDITORS

The capitalised words and expressions contained within this claim form (the "Claim Form") and the instructions shall, unless the context requires otherwise, bear the same meaning given to them in the Final Closure Scheme of Arrangement pursuant to Part 26 of the Companies Act 2006 between the Scheme Company and its Scheme Creditors.

You should read this Claim Form including the instructions carefully.

All Scheme Creditors who wish to submit a Claim Form must do so by the Bar Date to the Scheme Manager at:

Contact: Stephanie Wilton
Mobile: +44(0)7585300266
Landline: +44(0)1452782585
Email: stephanie.wilton@pro-global.com
Postal Address: English & American Insurance Co
c/o Pro Insurance Solutions
Southgate House
Southgate Street
Gloucester
GL1 1UB
England

Scheme Creditors who have an Established Scheme Liability under the Existing Scheme (referred to in the Scheme as an Existing Scheme ESL) do not need to submit a claim for that amount in the Scheme or include it in a Claim Form. Scheme Creditors whose only claim is for an Existing Scheme ESL do not need to submit a Claim Form.

Further blank copies of this Claim Form can be obtained by visiting the website at www.eaic.co.uk. If you require any further assistance, then please contact Stephanie Wilton on the phone number or at the email address above.

Scheme Creditors should not construe any of the contents of this Claim Form or any assistance provided by the Scheme Company, the Scheme Administrators or any of their respective advisers as legal, tax, financial or other professional advice. Each Scheme Creditor should consult its own professional advisers as to the legal, tax, financial or other matters relevant to the action it should take in connection with this Claim Form.

This Claim Form is split into three sections:

- Section A: Claim registration and guidance notes
- Section B: Claim valuation and guidance notes
- Section C: Supporting Schedules (including continuation sheet)

Guidance notes for completion are included in each section.

SECTION A: CLAIM REGISTRATION

I/We

(Enter the name of the Scheme Creditor including all former names) (note 1)

of.....

(Enter the address of the Scheme Creditor) (note 1)

Being a Scheme Creditor of the Scheme Company in the sum of:

.....

(Enter the total net amount of the Scheme Claim) (note 2)

REQUEST THAT YOU ACCEPT THIS CLAIM FORM AS MY/OUR CLAIM FORM IN THE SCHEME (note 3):

Signature:

Name:.....

Position/Capacity:.....(note 4)

Date:.....

Telephone Number:

Email:

Bank account details (note 5)

Account Name:

Bank:

Account Number:

Sort Code:

IBAN:

A signature on this form shall constitute a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on its behalf.

GUIDANCE NOTES TO SECTION A

Note 1. Please enter the name and address of the Scheme Creditor in block capitals. The name and address of the Scheme Creditor must be legible. If the person completing this Claim Form is the duly authorised agent and/or attorney of a number of Scheme Creditors, it must complete a separate Claim Form in respect of each Scheme Creditor and provide evidence of its authority to submit this form on the Scheme Creditor's behalf (for example a deed of assignment or a letter of authority). Failure to provide such evidence of authority may invalidate this Claim Form. Please note that where there are a number of companies within

a group who are each Scheme Creditors, each company must complete a separate Claim Form, as a group submission is not permissible.

- Note 2. Enter the estimated amount of the Scheme Creditor's net claim against the Scheme Company.
- Note 3. Please ensure that the Scheme Creditor has read and complied with the Estimation Guidelines. The Estimation Guidelines describe the approach that Scheme Creditors and the Scheme Company are expected to follow in valuing Scheme Claims and are set out in the Appendix to the Scheme Document.
- Note 4. If the person signing this Claim Form is the duly authorised representative of a Scheme Creditor which is a corporation or a partnership or other unincorporated body or person, that person should enter their name, the capacity in which they have signed this Claim Form (for example, director, partner, agent and/or attorney) and their contact details. Please note that, if the person signing this form is a duly authorised representative of a number of companies, partnerships or other unincorporated bodies or persons, a separate Claim Form should be completed for each such corporation, partnership or other unincorporated body or person.
- Note 5. Please insert details of the bank account into which the sum, if any, payable to the Scheme Creditor under the Scheme should be paid.

SECTION B: SCHEME CLAIMS VALUATION

CURRENCY _____

Description	Outstanding Claims	IBNR Claims
Undiscounted Outstanding Claims		N/A
Time value of discount (Outstanding Claims)		N/A
Undiscounted IBNR Claims	N/A	
Time value of discount (IBNR Claims)	N/A	
Gross claim		
Less: Set-off amounts		
Less: Security		
Claim		
Total of Outstanding Claims and IBNR Claim		

GUIDANCE NOTES TO SECTION B

Please enter your Outstanding Claims and IBNR Claims for the relevant currency under all your Insurance Contracts with the Scheme Company.

Completed claims supporting schedules which detail claims under each Insurance Contract (see Section C below) should be attached to and returned with the Claim Form. Failure to supply supporting information in the form of completed claim supporting schedules may result in your claim being disputed.

Particulars as to estimates of the amount of any Outstanding Claims or IBNR Claims provided by a Scheme Creditor may not be protected by privilege under English law (or other relevant laws) and may be discoverable by a third party with a claim against the Scheme Creditor in any action or proceeding to which the Scheme Creditor may be a party. You should consult your legal adviser as to the consequences for you of providing such particulars in relation to any litigation in which you are, or may be, involved.

Section C

Scheme Claims – Supporting Schedule

CURRENCY _____

(1) Insurance Contract reference number (where applicable)	(2) Participation %	(3) Inception date	(4) Broker	(5) Broker reference	(6) Undiscounted Outstanding Claims	(7) Time value discount value on Outstanding Claims	(8) Undiscounted IBNR Claims	(9) Time value discount on IBNR Claims	(10) Security	(11) Set-off
(12) Claims (currency) total										
(13) Continuation sheets total (in the same currency)										
(14) Total for this page plus any continuation sheets (in the same currency)										

SCHEME CLAIMS - CONTINUATION SHEET

CURRENCY _____

(1) Insurance Contract reference number (where applicable)	(2) Participation %	(3) Inception date	(4) Broker	(5) Broker reference	(6) Undiscounted Outstanding Claims	(7) Time value discount value on Outstanding Claims	(8) Undiscounted IBNR Claims	(9) Time value discount on IBNR Claims	(10) Security	(11) Set-off
(12) Claims (currency) total										

GUIDANCE NOTES TO SECTION C

If you have claims in more than one currency a separate claims supporting schedule should be used for each currency, specifying in the space provided the relevant currency. If there are insufficient lines for any one currency, complete the continuation sheet as many times as is necessary. Additional copies of the inwards claims supporting schedule and continuation sheets may be obtained from the website at www.eaic.co.uk or by contacting the Scheme Manager by email or telephone as follows:

Contact: Stephanie Wilton
Mobile: +447585300266
Landline: +44(0)1452782585
Email: stephanie.wilton@pro-global.com

Numbering below relates to the column numbers on the claims supporting schedule.

Currency

Please specify the currency of the information being submitted. Use a separate schedule for each different currency.

(1) **Insurance Contract reference number**

Specify the Insurance Contract reference number in relation to each of the policies under which you have claims against the Scheme Company in the Scheme. Your insurance broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Contracts and reference numbers. Please then insert the Insurance Contract reference numbers onto the inwards claims supporting schedule using a separate line for each Insurance Contract.

(2) **Participation percentage**

The participation percentage for each Insurance Contract represents the percentage line underwritten or assumed by the Scheme Company under the Insurance Contract. Apply the relevant percentage to each Insurance Contract to apportion the value of each of your claims against the Scheme Company when completing columns (6) and (8).

(3) **Inception date**

Specify the date when each Insurance Contract commenced. In the case of continuous Insurance Contracts or Insurance Contracts of more than 12 months, each annual renewal should be shown as a separate Insurance Contract.

(4) **Broker**

Specify the name of the broker who placed the Insurance Contract or, if the placing broker is not known, any other broker, agent or intermediary (if known) who acted on your behalf in relation to the Insurance Contract.

(5) **Broker reference**

Specify the broker's (or agent's or intermediary's) contract reference for each Insurance Contract.

(6) **Outstanding Claims (Undiscounted)**

Specify the estimated amount of any claim or (where there is more than one claim) the aggregate estimated amount of any claims which are Outstanding Claims arising under each Insurance Contract.

(7) **Time value discount on Outstanding Claims**

You must apply a discount rate of 3.48%, being the 10-year yield, as at 31 March 2023, on US Treasury bonds (or, in the case where the underlying Scheme Claim owed to a Scheme Creditor is predominantly payable in a currency other than US Dollars, equivalent government securities of the country as at 31 March 2023 in whose currency the Scheme Claims are payable). You must provide details of the claims development (i.e. payment) patterns for each of the main claim types comprised in your Outstanding Claims and the assumed average time to settlement of each such claim type on a separate sheet.

(8) **IBNR Claims (Undiscounted)**

Specify the estimated amount of any claim or (where there is more than one claim) the aggregate estimated amount of any claims which you have classed as IBNR Liabilities arising under each Insurance Contract. An "IBNR Claim" is an incurred but not reported claim arising under, or in respect of, an Insurance Contract for the amount payable by the Scheme Company in respect of a loss which has been incurred but has not been reported to, or discovered by, a Scheme Creditor plus the amount payable in respect of losses which have been notified to the Scheme Company which are not yet certain in amount and to the extent that the current notified amount may prove to be inadequate.

(9) **Time value discount on IBNR Claims**

You must apply a discount rate of 3.48% being the 10-year yield, as at 31 March 2023, on US Treasury bonds (or, in the case where the underlying Scheme Claim owed to a Scheme Creditor is predominantly payable in a currency other than US Dollars, equivalent government securities of the country as at 31 March 2023 in whose currency the Scheme Claims are payable). You must provide details of the claims development (i.e. payment) patterns for each of the main claim types comprised in your IBNR Claims and the assumed average time to settlement of each such claim type on a separate sheet.

(10) **Security total**

Enter the amount of any Security held in relation to the Insurance Contract.

(11) **Set-off amounts total**

Enter the amounts to be deducted by way of set-off.

(12) **Claims (currency) total**

Enter the totals, where applicable, under each column (6), (7), (8), (9), (10) and (11) in the original currency.

(13) **Continuation sheet total (in the same currency)**

If any continuation sheets for the same currency have been used, insert here the total claim values in that same currency from all continuation sheets.

(14) **Total for this page plus any continuation sheets**

Aggregate the claims total and the continuation sheet total to arrive at a total value, where applicable, under columns (6), (7), (8), (9), (10) and (11). Transfer these amounts to the corresponding lines on the Claim Form on pages XX and XX.