

# ENGLISH AND AMERICAN POOLS SCHEME

**PLEASE READ THE GENERAL INSTRUCTIONS  
AND NOTES PRIOR TO COMPLETING THIS FORM**

IN THE HIGH COURT OF JUSTICE

Chancery Division

Companies Court

Claim No.s 21232-33, 21237, 21242, 21247, 21251, 21253,  
21255, 21257-59, 21261-64 and 21266 of 2009

IN THE MATTERS OF

ENGLISH & AMERICAN INSURANCE COMPANY LIMITED  
THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED  
THE BALOISE INSURANCE COMPANY LIMITED  
CITY INTERNATIONAL INSURANCE COMPANY LIMITED  
DOWA INSURANCE COMPANY (EUROPE) LIMITED  
EAST WEST INSURANCE COMPANY LIMITED  
FUJI INTERNATIONAL INSURANCE COMPANY LIMITED  
HISCOX INSURANCE COMPANY LIMITED  
THE HOME INSURANCE COMPANY (IN LIQUIDATION)  
KX REINSURANCE COMPANY LIMITED  
METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED  
MOORGATE INSURANCE COMPANY LIMITED  
NIPPON INSURANCE COMPANY OF EUROPE LIMITED  
POLYGON INSURANCE COMPANY LIMITED  
SWISS RE INTERNATIONAL SE, UK BRANCH  
TOWER INSURANCE LIMITED

AND IN THE MATTER OF THE COMPANIES ACT 2006

VOTING FORM AND PROXY FORM

To be used by Scheme Creditors, (as that term is defined in the Scheme Document), at the Scheme Meeting(s) of the Scheme Companies to be held on 30 April 2010 at Plaisterers' Hall, One London Wall, London, EC2Y 5JU, United Kingdom at the times mentioned in the accompanying notice summoning the Scheme Meeting(s), a copy of which is included at Schedule 2 to the Explanatory Statement.

If you select to vote via the 'Chairman' your signed voting documents and supporting documentation must be sent marked c/o Mr. T. Wooldridge, EAU A Pools Scheme Vote, to be received by 11am (UK time) on the day of the Scheme Meeting(s) or handed in at the meeting(s).

If you nominate a representative to attend the Scheme Meeting(s) on your behalf please sign and provide the voting documents to the relevant nominee to bring to the Scheme Meeting(s).

If your nominated representative fails to attend the Scheme Meeting(s) and cast your vote, your vote WILL NOT be included.

The admission of a claim for voting purposes does not constitute an admission of the existence or amount of any Liability of a Scheme Company and will not bind the Scheme Company or Scheme Creditors. Estimates of claims - whether by Scheme Creditors or by the Chairman of the Scheme Meeting(s) - will be used for voting purposes only (unless the Scheme Creditor has ticked the Claim Form Election box in Section A of the voting form).

# ENGLISH AND AMERICAN POOLS SCHEME

**SECTION A:**

**FORM OF PROXY**

(1) I / We .....(the name of the Scheme Creditor)  
of.....(the address of the Scheme Creditor)

being a Scheme Creditor of one or more of the Scheme Companies

(2) Will / Will not be attending the Scheme Meeting(s) (delete as applicable)

If you are not attending the Scheme Meeting(s), but still wish to cast your vote, then you must appoint a proxy holder to attend and vote on your behalf:

(3) I / We **HEREBY APPOINT** (delete as applicable)

Either:

(a) the Chairman of the Scheme Meeting(s) or

(b) .....  
.....  
.....

as my/our proxy holder to act for me/us at such of the Scheme Meeting(s) as I am/we are entitled to attend for the purpose of considering and, if thought appropriate, agreeing (with or without modification) to the Scheme (referred to in the notice summoning the Scheme Meeting(s)) and at such Scheme Meeting(s), or any adjournment thereof, to vote on my/our behalf and in my/our name for or against the Schemes (with or without modification), or as my/our proxy holder may elect as hereinafter indicated in Section B Part 1(All Scheme Companies and Classes combined) or Section B Part 2 (Individual Scheme Companies and Classes)

**and do hereby submit the attached Voting Forms and supporting information for the purposes of voting in the proposed Schemes of Arrangement for the English and American Pools.**

If you are the duly authorised representative, agent or attorney of the Scheme Creditor or a number of Scheme Creditors, enter the capacity in which you have signed the form (for example director, partner or agent and/or attorney) below. A signature on this form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on their behalf.

Print name:	Signed:	Position:
	Date:	<b>(4)</b> Authorised Employee / Agent / Attorney / Other (please specify)

<b>(5) CLAIM Form election procedure</b> You can elect to incorporate into your Claim Form the Claims information and supporting documentation which you have included in this Voting Form by placing a “✓” in the following box:	
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By placing a tick in the “Claim Form Election” box above, you are electing to incorporate into your Claim Form the claims information that you are including in your Voting Form. If you do place a tick in the box, it is important that you provide full details of your Scheme Claims with the attached Voting Form (together with any relevant supporting information). This does not necessarily mean that your submitted values will be the final agreed Scheme Claim value.

Placing a tick in the box does not remove your right to change your claims submission value prior to the Bar Date.

If you do NOT place a tick in the “Claim Form Election” box above the claims information you have included on this form will not be automatically incorporated into your Claim Form. This means that you will have to re-submit the information in a Claim Form prior to Bar Date.

**Now please complete Section B – Voting Direction.**

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION B:

## VOTING DIRECTION

SCHEME CREDITOR \_\_\_\_\_

Scheme Company  
Reg Ref: \_\_\_\_\_

Please complete either Part 1 'All Scheme Companies and Classes Combined' or Part 2 'Individual Scheme Company and Individual Class' for all business other than Relevant UK Employer's Liability Business (as defined in the 'General Instructions for the Completion of the Voting Forms'). If you believe you have Relevant UK Employer's Liability Business enter this information on Section E.

### (6) PART 1: ALL SCHEME COMPANIES AND CLASSES COMBINED

If you wish to vote "FOR" all of the Schemes, enter a tick [✓] in the box marked "FOR". If you wish to vote "AGAINST" all of the Schemes, enter a tick in the box marked "AGAINST". If you wish to abstain from the Scheme Vote for all of the Schemes, enter a tick in the box marked "ABSTENTION". If you wish to give your Proxy holder a discretion to vote for or against (or to abstain) at the Scheme Meeting(s) you should enter a tick in the box marked "PROXYHOLDER'S DISCRETION". If you enter a tick in the box marked "PROXYHOLDER'S DISCRETION" you must appoint a person other than the Chairman to be your Proxy holder, or this form of proxy will not operate as a valid appointment of your proxy at the Scheme Meeting(s).

<b>(7) FOR</b> all the Schemes (including EAIC, ICS & Home)	<b>(8) AGAINST</b> all the Schemes (including EAIC, ICS & Home)	<b>(9) ABSTENTION</b>	<b>(10) PROXYHOLDER'S DISCRETION</b> (where the Proxy holder is not the Chairman)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have completed Section B Part 1, please complete Section C.

### (11) PART 2: INDIVIDUAL SCHEME COMPANY AND INDIVIDUAL CLASS

Please enter a tick [✓] in the column for each Scheme Company and class to indicate whether you are voting FOR the Scheme, AGAINST the Scheme, ABSTAINING from the vote or at the PROXYHOLDER'S DISCRETION. N/A indicates no involvement for the Scheme vote.

SCHEME COMPANY AND CLASS	(7) FOR THE SCHEME	(8) AGAINST THE SCHEME	(9) ABSTENTION	(10) PROXYHOLDER'S DISCRETION (where the Proxy holder is not the Chairman)
1. ENGLISH & AMERICAN INSURANCE COMPANY LIMITED				
2. THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED 2.1 'General Creditors' and 'E&A Pool Creditors'				
2. THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED 2.2 'E&A Pool Participants'				
3. THE HOME INSURANCE COMPANY IN LIQUIDATION				
4. THE BALOISE INSURANCE COMPANY LIMITED Non-IBNR class				
5. THE BALOISE INSURANCE COMPANY LIMITED IBNR class				
6. CITY INTERNATIONAL INSURANCE COMPANY LIMITED Non-IBNR class				
7. CITY INTERNATIONAL INSURANCE COMPANY LIMITED IBNR class				
8. DOWA INSURANCE COMPANY (EUROPE) LIMITED Non-IBNR class				

## ENGLISH AND AMERICAN POOLS SCHEME

SCHEME COMPANY AND CLASS	(7) FOR THE SCHEME	(8) AGAINST THE SCHEME	(9) ABSTENTION	(10) PROXYHOLDER'S DISCRETION (where the Proxy holder is not the Chairman)
9. DOWA INSURANCE COMPANY (EUROPE) LIMITED IBNR class				
10. EAST WEST INSURANCE COMPANY LIMITED Non-IBNR class				
11. EAST WEST INSURANCE COMPANY LIMITED IBNR class				
12. FUJI INTERNATIONAL INSURANCE COMPANY LIMITED Non-IBNR class				
13. FUJI INTERNATIONAL INSURANCE COMPANY LIMITED IBNR class				
14. HISCOX INSURANCE COMPANY LIMITED Non-IBNR class				
15. HISCOX INSURANCE COMPANY LIMITED IBNR class				
16. KX REINSURANCE COMPANY LIMITED Non-IBNR class				
17. KX REINSURANCE COMPANY LIMITED IBNR class				
18. METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED Non-IBNR class				
19. METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED IBNR class				
20. MOORGATE INSURANCE COMPANY LIMITED Non-IBNR class				
21. MOORGATE INSURANCE COMPANY LIMITED IBNR class				
22. NIPPON INSURANCE COMPANY OF EUROPE LIMITED Non-IBNR class				
23. NIPPON INSURANCE COMPANY OF EUROPE LIMITED IBNR class				
24. POLYGON INSURANCE COMPANY LIMITED Non-IBNR class				
25. POLYGON INSURANCE COMPANY LIMITED IBNR class				
26. SWISS RE INTERNATIONAL SE, UK BRANCH Non-IBNR class				
27. SWISS RE INTERNATIONAL SE, UK BRANCH IBNR class				
28. TOWER INSURANCE LIMITED Non-IBNR class				
29. TOWER INSURANCE LIMITED IBNR class				

Now please complete Section C (Values).

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION C:

## VALUES

SCHEME CREDITOR \_\_\_\_\_

Scheme Company  
Reg Ref: \_\_\_\_\_

**Please complete Section C for all business other than Relevant UK Employer's Liability Business. If you believe you have Relevant UK Employer's Liability Business enter this information on Section E.**

Please enter your claim values for 'All EAUA Pool Companies' Combined.

### (12) PART 1: ALL EAUA POOL COMPANIES

**All values to be entered in consolidated USD**

	(13) Unpaid Claims	(14) Outstanding Claims * (Undiscounted)	(15) Value of Discount for Outstanding Claims *	(16) IBNR Claims * (Undiscounted)	(17) Value of Discount for IBNR Claims *	(18) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
ALL EAUA POOL COMPANIES						

If you wish to enter values at EAUA Pool level only, you are authorising that the values may be allocated to the individual EAUA Pool Companies by the Scheme Manager. Please tick the box below if you wish to proceed on this basis.

(19)  I authorise the Scheme Manager to allocate the values to the EAUA Pool Companies.

If you wish to allocate the values per 'Individual EAUA Pool Company' please complete 'Part 2' below. Please note if allocating at 'Individual EAUA Pool Company' level the overall total must equal the value entered in 'Part 1' above.

Values entered for 'Non Scheme Companies' are not binding on either the EAUA Pool Company or the Creditor but may be utilised to offer Commutation.

### (20) PART 2: INDIVIDUAL EAUA POOL COMPANY

**All values to be entered in consolidated USD**

	(13) Unpaid Claims	(14) Outstanding Claims * (Undiscounted)	(15) Value of Discount for Outstanding Claims *	(16) IBNR Claims * (Undiscounted)	(17) Value of Discount for IBNR Claims *	(18) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
<b>SCHEME COMPANIES</b>						
ENGLISH & AMERICAN INSURANCE COMPANY LIMITED						
THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED 2.1 'General Creditors' and 'E&A Pool Creditors'						
THE INSURANCE CORPORATION OF SINGAPORE (U.K.) LIMITED 2.2 'E&A Pool Participants'						
THE HOME INSURANCE COMPANY IN LIQUIDATION						
HISCOX INSURANCE COMPANY LIMITED						
THE BALOISE INSURANCE COMPANY LIMITED						
CITY INTERNATIONAL INSURANCE COMPANY LIMITED						
DOWA INSURANCE COMPANY (EUROPE) LIMITED						
EAST WEST INSURANCE COMPANY LIMITED						
FUJI INTERNATIONAL INSURANCE COMPANY LIMITED						

## ENGLISH AND AMERICAN POOLS SCHEME

	(13) Unpaid Claims	(14) Outstanding Claims * (Undiscounted)	(15) Value of Discount for Outstanding Claims *	(16) IBNR Claims * (Undiscounted)	(17) Value of Discount for IBNR Claims *	(18) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
KX REINSURANCE COMPANY LIMITED						
METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED						
MOORGATE INSURANCE COMPANY LIMITED						
NIPPON INSURANCE COMPANY OF EUROPE LIMITED						
POLYGON INSURANCE COMPANY LIMITED						
SWISS RE INTERNATIONAL SE, UK <b>BRANCH</b>						
TOWER INSURANCE LIMITED						
<b>(21) Sub Total Scheme Companies</b>						
<b><u>NON SCHEME COMPANIES</u></b>						
ACE EUROPEAN GROUP LIMITED						
SWISS RE EUROPE S.A., UK BRANCH						
<b>(22) Sub Total Non Scheme Companies</b>						
<b>(23) Overall Total</b>						

\* Such term is as defined in the Estimation Guidelines

**Now please complete Section D or provide appropriate documentation in support of the values entered on Section C above.**

# ENGLISH AND AMERICAN POOLS SCHEME

## VALUE SUPPORTING SCHEDULE

**SECTION D:**

SCHEME CREDITOR \_\_\_\_\_ Scheme Company Reg Ref: \_\_\_\_\_

Please complete this form by adding any relevant details in support of the values added on Section C of the voting form. If no information is supplied please ensure appropriate supporting documentation is provided to the Scheme Manager.

(24) Ref.	(25) Your Insurance Contract reference number	(26) EAUA Pools Insurance Contract reference number	(27) Claim Type	(28) Policy Type	(29) Inception Date	(30) Ultimate Signed Line	(31) Date of Loss	(32) Unpaid Claims	(33) Outstanding Claims* (Undiscounted)	(34) Value of Discount for Outstanding Claims*	(35) IBNR Claims* (Undiscounted)	(36) Value of Discount for IBNR Claims*	(37) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
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\* Such term is as defined in the Estimation Guidelines

# ENGLISH AND AMERICAN POOLS SCHEME

## VOTING SUPPORTING SCHEDULE – CONTINUATION SHEET

**SECTION D:**

SCHEME CREDITOR \_\_\_\_\_

Scheme Company Reg Ref: \_\_\_\_\_

Please complete this form by adding any relevant details in support of the values added on Section C of the voting form. If no information is supplied please ensure appropriate supporting documentation is provided to the Scheme Manager.

(24) Ref.	(25) Your Insurance Contract reference number	(26) EAUA Pools Insurance Contract reference number	(27) Claim Type	(28) Policy Type	(29) Inception Date	(30) Ultimate Signed Line	(31) Date of Loss	(32) Unpaid Claims	(33) Outstanding Claims* (Undiscounted)	(34) Value of Discount for Outstanding Claims*	(35) IBNR Claims* (Undiscounted)	(36) Value of Discount for IBNR Claims*	(37) Less sums available to be set-off for voting purposes (agreed unpaid balances only)

\* Such term is as defined in the Estimation Guidelines  
If utilising the Continuation Sheet please insert sequential numbers in the Ref. field (24)



# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION E: RELEVANT UK EMPLOYER'S LIABILITY BUSINESS – VOTING DIRECTION

SCHEME CREDITOR \_\_\_\_\_

Scheme Company  
Reg Ref: \_\_\_\_\_

If you believe you have Relevant UK Employer's Liability Business please complete either Part 1 'All Scheme Companies' or Part 2 'Individual Scheme Company'.

### (38) PART 1: ALL SCHEME COMPANIES

If you wish to vote "FOR" all of the Schemes, enter a tick [✓] in the box marked "FOR". If you wish to vote "AGAINST" all of the Schemes, enter a tick in the box marked "AGAINST". If you wish to abstain from the Scheme Vote for all of the Schemes, enter a tick in the box marked "ABSTENTION". If you wish to give your Proxy holder a discretion to vote for or against (or to abstain) at the Scheme Meeting(s) you should enter a tick in the box marked "PROXYHOLDER'S DISCRETION". If you enter a tick in the box marked "PROXYHOLDER'S DISCRETION" you must appoint a person other than the Chairman to be your Proxy holder, or this form of proxy will not operate as a valid appointment of your proxy at the Scheme Meeting(s).

<b>(7) FOR</b> all the Schemes    <div style="text-align: center; width: 40px; height: 40px; border: 1px solid black; margin: 0 auto;"></div>	<b>(8) AGAINST</b> all the Schemes    <div style="text-align: center; width: 40px; height: 40px; border: 1px solid black; margin: 0 auto;"></div>	<b>(9) ABSTENTION</b>    <div style="text-align: center; width: 40px; height: 40px; border: 1px solid black; margin: 0 auto;"></div>	<b>(10) PROXYHOLDER'S DISCRETION</b> (where the Proxy holder is not the Chairman)    <div style="text-align: center; width: 40px; height: 40px; border: 1px solid black; margin: 0 auto;"></div>
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If you have completed Section E Part 1, please complete Section F.

### (39) PART 2: INDIVIDUAL SCHEME COMPANY

Please enter a tick [✓] in the column for each Scheme Company and class to indicate whether you are voting FOR the Scheme, AGAINST the Scheme, ABSTAINING from the vote or at the PROXYHOLDER'S DISCRETION. N/A indicates no involvement for the Scheme vote.

SCHEME COMPANY AND CLASS	(7) FOR THE SCHEME	(8) AGAINST THE SCHEME	(9) ABSTENTION	(10) PROXYHOLDER'S DISCRETION (where the Proxy holder is not the Chairman)
1. CITY INTERNATIONAL INSURANCE COMPANY LIMITED UK Employer's Liability class				
2. FUJI INTERNATIONAL INSURANCE COMPANY LIMITED UK Employer's Liability class				
3. KX REINSURANCE COMPANY LIMITED UK Employer's Liability class				
4. METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED UK Employer's Liability class				
5. MOORGATE INSURANCE COMPANY LIMITED UK Employer's Liability class				

Now please complete Section F (Relevant UK Employer's Liability Business – Values)

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION F:

## RELEVANT UK EMPLOYER'S LIABILITY BUSINESS – VALUES

SCHEME CREDITOR \_\_\_\_\_

Scheme Company  
Reg Ref: \_\_\_\_\_

If you believe you have Relevant UK Employer's Liability Business please complete Section F.

Please enter your claim values for 'All Scheme Companies' Combined.

### (40) PART 1: ALL SCHEME COMPANIES

All values to be entered in pounds sterling

	(13) Unpaid Claims	(14) Outstanding Claims * (Undiscounted)	(15) Value of Discount for Outstanding Claims *	(16) IBNR Claims * (Undiscounted)	(17) Value of Discount for IBNR Claims *	(18) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
ALL SCHEME COMPANIES						

If you wish to enter values at All Scheme Companies level only, you are authorising that the values may be allocated to the individual Scheme Companies by the Scheme Manager. Please tick the box below if you wish to proceed on this basis.

(41)  I authorise the Scheme Manager to allocate the values to the Scheme Companies.

If you wish to allocate the values per 'Individual Scheme Company' please complete 'Part 2' below. Please note if allocating at 'Individual Scheme Company' level the overall total must equal the value entered in 'Part 1' above.

### (42) PART 2: INDIVIDUAL SCHEME COMPANY

All values to be entered in pounds sterling

	(13) Unpaid Claims	(14) Outstanding Claims * (Undiscounted)	(15) Value of Discount for Outstanding Claims *	(16) IBNR Claims * (Undiscounted)	(17) Value of Discount for IBNR Claims *	(18) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
CITY INTERNATIONAL INSURANCE COMPANY LIMITED						
FUJI INTERNATIONAL INSURANCE COMPANY LIMITED						
KX REINSURANCE COMPANY LIMITED						
METROPOLITAN REINSURANCE COMPANY (U.K.) LIMITED						
MOORGATE INSURANCE COMPANY LIMITED						
(43) Overall Total						

\* Such term is as defined in the Estimation Guidelines

Now please complete Section G or provide appropriate documentation in support of the values entered on Section F.

# ENGLISH AND AMERICAN POOLS SCHEME

## RELEVANT UK EMPLOYER'S LIABILITY BUSINESS - VALUE SUPPORTING SCHEDULE

### SECTION G:

SCHEME CREDITOR \_\_\_\_\_ Scheme Company Reg Ref: \_\_\_\_\_

Please complete this form by adding any relevant details in support of the values added on Section F of the voting form. If no information is supplied please ensure appropriate supporting documentation is provided to the Scheme Manager.

(24) Ref.	(25) Your Insurance Contract reference number	(26) EAU Pool Insurance Contract reference number	(27) Claim Type	(28) Policy Type	(29) Inception Date	(30) Ultimate Signed Line	(31) Date of Loss	(32) Unpaid Claims	(33) Outstanding Claims* (Undiscounted)	(34) Value of Discount for Outstanding Claims*	(35) IBNR Claims* (Undiscounted)	(36) Value of Discount for IBNR Claims*	(37) Less sums available to be set-off for voting purposes (agreed unpaid balances only)
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\* Such term is as defined in the Estimation Guidelines

# ENGLISH AND AMERICAN POOLS SCHEME

## GENERAL INSTRUCTIONS FOR THE COMPLETION OF THE VOTING FORMS

Please note that capitalised words or phrases not defined in this form have the same meanings as their definitions in the Scheme Document. Unless otherwise stated, references to Appendices are to those at the end of this Voting Form.

**Please note: we believe it will generally be easier to complete the voting forms on the Website ([www.englishandamericanpools.com](http://www.englishandamericanpools.com)). Calculations of time value discount and allocations of votes across Scheme Companies will be done automatically where the necessary level of information is available. This manual form should only be used if you do not have access to or do not wish to use the Website. If you wish to use the Website and do not already have your Website Password and user name please contact the EAUA Pools Scheme helpline, details shown below.**

### Values

For all business other than Relevant UK Employer's Liability Business (as defined below) values need to be entered for 'All EAUA Pool Companies' and not just the Scheme Companies. You then have the option of allocating this value by 'Individual EAUA Pool Company' or authorising the Scheme Manager to allocate the values to the EAUA Pool Companies.

'Relevant UK Employer's Liability Business' means the UK employer's liability cover afforded to insureds under the 19 'package policies' listed at Schedule 1 to Appendix F of the Scheme insofar as they were underwritten by one or more of the five solvent Scheme Companies identified in Appendix F.

For Relevant UK Employer's Liability Business, enter the values for all relevant Scheme Companies which underwrote the policies in question (excluding EAIC and ICS) . You can then allocate this value by individual relevant Scheme Company or authorise the Scheme Manager to allocate the values to the Scheme Companies concerned.

### Return of Voting Form

If you, or a representative, are attending the meeting please bring the Voting form with you. In addition you are requested to return a copy of the form to the EAUA Pools Scheme helpline address below.

**You are requested to return the Form to the below address, to be received by no later than 11am (UK time) on the day of the Scheme Meeting(s), although if not so returned, it may be handed in at the Registration desk on the day of the meeting(s) at Plaisterers' Hall before the meeting(s) commence. Scheme Creditors are urged to return the Voting Form in advance of the meeting(s).**

**If you have appointed the Chairman as your Proxyholder then you must ensure the form is returned to PRO to be received by no later than 11 am (UK Time) on the day of the Scheme Meeting(s).**

You may post, e-mail or fax your form to PRO Insurance Solutions Limited ('PRO'), utilising the below details.

- Post: EAUA Pools  
PRO Insurance Solutions Limited  
Bruton Court  
Bruton Way  
Gloucester GL1 1DA  
United Kingdom
- E-mail: [pro\\_eauapools@pro-ltd.co.uk](mailto:pro_eauapools@pro-ltd.co.uk)
- Fax: +44 (0)1452 523 437

You may also telephone: +44 (0)1452 330 514

(continued)

## ENGLISH AND AMERICAN POOLS SCHEME

Where you have e-mailed the form please ensure that an appropriate signature has been scanned onto the form.

**Forms returned by facsimile transmission / e-mail will not be valid unless legible.**

**If not handed in at the meeting(s) please post the original to PRO to be received no later than 14 days after the meeting(s).**

If you appoint a person other than the Chairman of the meeting(s) as your Proxy holder, or a person to attend as your Nominated Representative, that person must personally attend the meeting(s) and provide evidence of their authority to act on your behalf to submit the vote. For example they must produce a deed of assignment or letter of authority which must be satisfactory to the Chairman of the meeting(s).

**Failure to provide such evidence of authority on behalf of one or more Scheme Creditors will invalidate the forms in respect of those Scheme Creditors only. If the 'Nominated Representative' fails to attend the meeting of Scheme Creditors and cast the vote, your vote WILL NOT be included.**

### Supporting Documentation

Values entered on to the Voting Form must be substantiated by appropriate supporting documentation. Scheme Creditors who cast their vote on the day of the meeting(s) can provide supporting documentation on the day.

**Failure to supply suitable supporting documentation no later than 14 days after the meeting(s) may result in your vote being rejected or receiving a different value than you assert.**

The independent Chairman of the meeting(s) will seek to agree the value of your vote(s) and will be entitled at his discretion to consult with a panel of experienced professionals (including individuals with extensive legal and actuarial experience) in relation to their assessment. In doing this, the independent Chairman will refer to the records held by PRO and any supporting documentation which you supply. It is therefore important that you provide adequate supporting documentation for your Voting Form. Guidance on the type of documents that may assist in this respect can be found in Section 3 of the Estimation Guidelines at Appendix B of the Scheme Document.

The Chairman of the meeting(s) has absolute discretion and the power to reject or accept a vote or determine what he considers to be a fair and reasonable assessment of the Scheme Creditor's vote value.

Where a vote is rejected or valued at a different amount than originally asserted, you will be notified prior to the Court hearing to sanction the Scheme. This rejection or revision of value will be reported to the Court at the sanction hearing and should you wish to object you may do so at that hearing.

The date and place of the sanction hearing will be made available on the Website.

### Privilege

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 become involved.

## ENGLISH AND AMERICAN POOLS SCHEME

### Additional Notes

- (A) Any alteration to the data entered by you on the form must be initialled by the person who signed it.
- (B) All values are to be entered in consolidated USD (save in respect of Relevant UK Employer's Liability Business, which may be entered in pounds sterling). Please refer to Appendix D1 for the rates of exchange to be used to convert all other currencies to USD. This does not remove your right to claim in an original currency at claim submission stage.
- (C) The Voting Forms display a number within each field which are supported by explanatory text within the Notes sections.
- (D) Voting will be conducted on the basis of gross claims to be adjusted to take account of discounting and of set-off.
- (E) Values submitted on the form are for the purposes of voting only and do not bind the Scheme Creditor or Scheme Company in relation to the Scheme Claim.
- (F) All values relating to English and American Insurance Company Limited must be entered in full without allowance for any dividend that has been paid.
- (G) For English & American Insurance Company Limited and City International Insurance Company Limited, the Scheme Vote amount also includes 'Other Liabilities'. These are all Liabilities of EAIC and City International Insurance Company Limited which are neither Pool Liabilities nor Liabilities excluded in paragraph 4 of Appendix A of Part II of the Scheme Document. Full details of the business covered by the Scheme can be found in Schedule 1 of Part I and Appendix A of Part II of the Scheme Document.

# ENGLISH AND AMERICAN POOLS SCHEME

## Classes

The Court has granted permission to convene the following creditors meeting(s) with the following classes:

- 1) English & American Insurance Company Limited and The Home Insurance company (In Liquidation), one meeting of creditors for each of these companies.
- 2) The Insurance Corporation of Singapore (UK) Limited, two meetings as follows:
  - i) 'General Creditors' and 'E&A Pool Creditors' (as defined in ICS's existing scheme).
  - ii) 'E&A Pool Participants' (as defined in ICS's existing scheme).
- 3) City International Insurance Company Limited, Fuji International Insurance Company Limited, KX Reinsurance Company Limited, Metropolitan Reinsurance Company (U.K.) Limited and Moorgate Insurance Company Limited three meetings (one for each class) of Scheme Creditors for each Scheme Company as follows:
  - i) Class IBNR - Scheme Creditors in relation to their IBNR claims other than Relevant UK Employer's Liability Business.
  - ii) Class Non-IBNR - Scheme Creditors in relation to all Scheme Claims other than Relevant UK Employer's Liability Business and IBNR claims.
  - iii) Class UK Employer's Liability - Scheme Creditors in relation to their Relevant UK Employer's Liability Business claims.
- 4) All other Scheme Companies, two meetings (one for each class) of Scheme Creditors for each Scheme Company as follows:
  - i) Class IBNR - Scheme Creditors in relation to their IBNR claims other than UK Employer's Liability.
  - ii) Class Non-IBNR - Scheme Creditors in relation to all Scheme Claims other than UK Employer's Liability and IBNR claims.

Scheme Creditors which have Scheme Claims in each class will be able to submit a vote in each class meeting.

# ENGLISH AND AMERICAN POOLS SCHEME

## NOTES FOR THE COMPLETION OF THE VOTING FORMS

### **SECTION A: VOTING REGISTRATION AND PROXY FORM**

- (1) Enter the name of the Scheme Creditor and Address in block capitals.

If you are completing this form in your capacity as a director or other officeholder of a corporate Scheme Creditor or a partner of a partnership or other unincorporated body of persons which is a Scheme Creditor, insert the name of the company / partnership / unincorporated body.

Please note that, subject to the discretion of the Chairman, where more than one company within a group of companies is a Scheme Creditor, then each individual Scheme Creditor must complete a separate form.

If you represent more than one Scheme Creditor, a separate form must be completed for each Scheme Creditor.

- (2) If you intend to attend the meeting(s) in person, delete the words 'Will not'. You should leave the next part blank (note (3)).

If you do not intend to attend the meeting(s), delete the word 'Will'. You must complete the next part (note (3)).

- (3) If you are attending the meeting(s) then please leave this part blank.

If you do not intend to attend the meeting(s) but wish to vote then you must appoint a Proxy holder. You may either appoint the Chairman of the meeting(s) as your Proxy holder or you may appoint a named individual as your Proxy holder.

If you wish to appoint the Chairman of the meeting(s) as your Proxy holder, please leave part (b) blank. You must instruct the Chairman to vote either 'For', 'Against' or 'Abstention' regarding the scheme(s) by completing the Voting Table within Section B Part 1 or Part 2: select either the box marked '**FOR**', '**AGAINST**' or '**ABSTENTION**', as appropriate. Do not mark 'Proxyholder's Discretion'.

If you wish to appoint a person other than the Chairman of the meeting(s) as your proxyholder, delete the words "the Chairman of the Scheme meeting(s)" in part (a) and enter the name of the person to be appointed in block capitals in the space provided in part (b).

If you appoint a person other than the Chairman of the meeting(s) as your Proxy holder, or a person to attend as your Nominated Representative, that person must personally attend the meeting(s) and provide evidence of their authority to act on your behalf to submit the vote. For example they must produce a deed of assignment or letter of authority which must be satisfactory to the Chairman of the meeting(s).

**Failure to provide such evidence of authority on behalf of one or more Scheme Creditors will invalidate the forms in respect of those Scheme Creditors only.**

- (4) Please confirm your exact capacity by deleting the descriptions which do not apply (Authorised Employee / Agent / Attorney / Other (please specify)). Should you attend the meeting(s) on behalf of a Scheme Creditor, evidence of authority (for example a deed of assignment or a letter of authority) to act on their behalf in a form acceptable to the Chairman is required.

**Failure to provide suitable evidence could result in your exclusion from the meeting(s).**

**A signature on the form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on their behalf.**

(continued)



## ENGLISH AND AMERICAN POOLS SCHEME

### **SECTION A: VOTING REGISTRATION AND PROXY FORM (cont.)**

- (5) Place a tick in the “Claim Form Election” box if you want to incorporate the claims information that you are including in your Voting Form into your Claim Form. If you do place a tick in the box, it is important that you provide full details of your Scheme Claims with the attached voting form (together with any relevant supporting information). This does not necessarily mean that your submitted values will be the final agreed Scheme Claim value.

Placing a tick in the box does not remove your right to change your claims submission value prior to the Bar Date.

If you do NOT place a tick in the “Claim Form Election” box the claims information you have included on this form will not be automatically incorporated into your Claim Form. This means that you will have to re-submit the information in a Claim Form prior to Bar Date.

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION B: VOTING DIRECTION

Section B of this form is split into two parts. Please complete either 'Part 1' which allows you to cast your vote in relation to all of the Schemes together (other than Relevant UK Employer's Liability Business) or 'Part 2' which allows you to cast your vote in relation to each of the individual Scheme Companies within each class meeting for all business other than Relevant UK Employer's Liability Business. If you believe you have Relevant UK Employer's Liability Business, please enter this information in Section E (insofar as it relates to the business).

### (6) PART 1: ALL SCHEME COMPANIES AND CLASSES COMBINED

By completing Part 1 and submitting a vote, you are registering a vote in respect of all Scheme Companies and classes combined. A list of such companies including their former names can be found at page (i) of the Scheme Document or on the Website at [www.englishandamericanpools.com](http://www.englishandamericanpools.com). A summary note regarding Classes can be found under the 'General Instructions for Completion of the Voting Forms'.

### SHOULD YOU WISH TO VOTE IN RESPECT OF EACH SCHEME COMPANY AND CLASS SEPARATELY THEN PLEASE COMPLETE PART 2.

- (7) **FOR** all the Schemes (including EAIC, ICS & Home): In order to submit a vote '**For**' all of the Schemes where you are a Scheme Creditor, please enter a tick [✓] within this box.
- (8) **AGAINST** all the Schemes (including EAIC, ICS & Home): In order to submit a vote '**Against**' all of the Schemes where you are a Scheme Creditor, please enter a tick [✓] within this box.
- (9) **ABSTENTION:** If you wish to abstain from the Scheme Vote please enter a tick [✓] within this box.
- (10) **PROXYHOLDER'S DISCRETION** (where the Proxy holder is not the Chairman): Where you have nominated a Proxy holder to vote at the meeting(s) and wish them to decide how to vote on the day of the meeting(s), please enter a tick [✓] within this box. Please refer to '**note (3)**' in '**Section A**' regarding the Proxy holder details. Evidence of their authority to act on your behalf to submit the vote will be required. For example they must produce a deed of assignment or letter of authority which must be satisfactory to the Chairman of the meeting(s).

**Please note that if you have selected the Chairman as your Proxyholder you must not enter a tick [✓ ] into this box: you must enter a tick [✓ ] in either the 'For', 'Against' or 'Abstention' box.**

**IF YOU HAVE COMPLETED PART 1 YOU DO NOT NEED TO COMPLETE PART 2, PLEASE GO STRAIGHT TO SECTION C**

### (11) PART 2: INDIVIDUAL SCHEME COMPANY AND INDIVIDUAL CLASS

By completing Part 2 and submitting a vote, you are registering a vote in respect of that individual Scheme Company for the selected class. Part 2 should be completed for each individual Scheme Company within each class against which you wish to lodge a vote. A list of such companies including their former names can be found at page (i) of the Scheme Document or on the Website at [www.englishandamericanpools.com](http://www.englishandamericanpools.com).

Note: the columns numbered (7) to (10) relate to the numbered notes for Part 1 above, the exception being the vote is at individual Scheme Company for the selected class.

**Now please complete Section C (Values).**

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION C: VALUES

This section is split into two parts, please complete 'Part 1' then if you wish to allocate the values per individual EAUA Pool Company also complete 'Part 2'. Please enter the total values for all EAUA Pool Companies and not just for the Scheme Companies for all business other than Relevant UK Employer's Liability Business. If you believe you have Relevant UK Employer's Liability Business, please enter this information in Section E (insofar as it relates to the business).

### **(12) PART 1: ALL EAUA POOL COMPANIES**

Enter your total claim values for all EAUA Pool Companies. For English and American Insurance Company Limited and City International Insurance Company Limited the Scheme Vote amount also includes 'Other Liabilities'. Full details of the business covered by the Scheme is explained in Schedule 1 of Part I and Appendix A of Part II of the Scheme Document.

All values must be entered in consolidated USD, other currencies must be converted at the rate of exchange as shown in Appendix D1.

- (13) Unpaid Claims:** Enter the value, as per your records, of Claims that you assert are due for payment to you by the EAUA Pool Companies.
- (14) Outstanding Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses notified to you for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (13) above. These values must be before discounting.
- (15) Value of Discount for Outstanding Claims:** Enter the discount amount to reflect the time value of money to be applied to the Outstanding Claims, all of which are shown undiscounted in field (14). Please refer to Appendix D2 for the 'Claim Type' and the associated discount percentage and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document.
- (16) IBNR Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses which have been incurred by you but not notified to you, for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (13) and/or (14) above. These values must be before discounting.
- (17) Value of Discount for IBNR Claims:** Enter the discount amount to reflect the time value of money to be applied to the IBNR Claims, all of which are shown undiscounted in field (16). Please refer to Appendix D2 for the discount percentage for each Claim Type and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document
- (18) Less sums available to be set-off for voting purposes (agreed unpaid balances only) -** this refers to liquidated and established amounts in respect of reinsurance due from Creditors as well as any other liquidated and established amounts due from Creditors in respect of EAUA Pool business.
- (19) Authorising the Scheme Manager to allocate the values to the EAUA Pool Companies:** Place a tick within this box if you wish to enter the values at EAUA Pool level only and are authorising the Scheme Manager to allocate the values to the EAUA Pool Companies. If you do not place a tick in the box you must also complete Part 2.

(continued)

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION C: VALUES (cont.)

**SHOULD YOU WISH ALLOCATE THE VALUES PER INDIVIDUAL EAUA POOL COMPANY PLEASE COMPLETE PART 2.**

**(20) PART 2: INDIVIDUAL EAUA POOL COMPANY**

Only enter a value against a Scheme or Non Scheme Company where you are an overall creditor to that Company (i.e. where the value is due to you). Leave all other Scheme or Non Scheme Companies blank.

All values must be entered in consolidated USD, other currencies must be converted at the rate of exchange as shown in Appendix D1.

**Please note the overall total entered in 'Part 2' must equal the total entered in 'Part 1' above.**

**Values entered for Non Scheme Companies are not binding on either the EAUA Pool Company or the Creditor but may be utilised to offer Commutation**

**(21) Sub Total Scheme Companies:** The sum of the total for the Scheme Companies.

**(22) Sub Total Non Scheme Companies:** The sum of the total for the Non Scheme Companies.

**(23) Overall Total:** The sum of the sub totals for the Scheme and Non Scheme Companies.

**Now please complete Section D or provide appropriate documentation in support of the values entered on Section C.**

# ENGLISH AND AMERICAN POOLS SCHEME

## SECTION D: VALUE SUPPORTING SCHEDULE

Complete Section D by adding any relevant details in support of the values entered on Section C of the voting form. If no information is supplied on Section D please ensure appropriate supporting documentation is provided to the Scheme Manager.

**Failure to provide substantiation by not completing Section D or providing appropriate documentation could result in a different voting value being admitted.**

All values are to be entered in consolidated USD, other currencies must be converted at the rate of exchange as shown in Appendix D1.

- (24) **Ref:** Unique identification number.
- (25) **Your Insurance Contract reference number:** Specify your reference number which relates to the Insurance Contract under which the claim(s) arise(s).
- (26) **EAUA Pools Insurance Contract reference number:** Specify the EAUA Pool Companies' reference number which relates to the Insurance Contract under which the claim(s) arise(s) if known.
- (27) **Claim Type:** Please refer to Appendix D2 for a list of Claim Types. The breakdown of Claims by Claim Type will determine the calculation of any discount; please refer to note (33) and (35).
- (28) **Policy Type:** Please refer to Appendix D3 for a list of 'Business Types'.
- (29) **Inception date:** Specify the date (dd/mm/yy) when each Insurance Contract commenced. Insurance Contracts of more than 12 months plus odd time (for example, an extension by endorsement of 3 months) should be treated as one contract. For continuous contracts, each annual renewal should be shown as a separate Insurance Contract.
- (30) **Ultimate Signed Line:** Specify the EAUA Pool Companies' total participation percentage (maximum 6 decimal places) on each Insurance Contract. Should there be more than one stamp covering the EAUA Pool Companies' on the Insurance Contract, please show the total percentage for all EAUA Pool Company stamps on the Schedule.
- (31) **Date of Loss:** the date of the loss / event expressed as "dd/mm/yy".
- (32) **Unpaid Claims:** Enter the value, as per your records, of Claims that you assert are due for payment to you by the EAUA Pool Companies.
- (33) **Outstanding Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses notified to you for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (32) above. These values must be before discounting.
- (34) **Value of Discount for Outstanding Claims:** Enter the discount amount to reflect the time value of money to be applied to the Outstanding Claims, all of which are shown undiscounted in field (33). Please refer to Appendix D2 for the Claim Type and the associated discount percentage and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document.

(continued)

## ENGLISH AND AMERICAN POOLS SCHEME

### SECTION D: VALUE SUPPORTING SCHEDULE (cont.)

- (35) **IBNR Claims (Undiscounted):** Enter the estimated total value, as per your records, of Claims in respect of losses which have been incurred by you but not notified to you, for which you assert that an amount will become due for payment to you by the EAUA Pool Companies, excluding any amounts already included in (32) and/or (33) above. These values must be before discounting.
- (36) **Value of Discount for IBNR Claims:** Enter the discount amount to reflect the time value of money to be applied to the IBNR Claims, all of which are shown undiscounted in field (35). Please refer to Appendix D2 for the discount percentage for each Claim Type and apply the relevant discount percentage to each Claim Type making up the overall undiscounted value. Alternatively you may apply your own discount percentage (in which case you are requested to provide documentation supporting your discount percentage). If no discount percentage is entered, discount percentages will be applied by PRO based upon Appendix D2 of the Scheme Document.
- (37) **Less sums available to be set-off for voting purposes (agreed unpaid balances only)** - this refers to liquidated and established amounts in respect of reinsurance due from Creditors as well as any other liquidated and established amounts due from Creditors in respect of EAUA Pool business.

# ENGLISH AND AMERICAN POOLS SCHEME

## **SECTION E: RELEVANT UK EMPLOYER'S LIABILITY BUSINESS - VOTING DIRECTION**

**This section should be completed if you believe you have Relevant UK Employer's Liability Business.**

Section E of this form is split into two parts. Please complete either 'Part 1' which allows you to cast your vote in relation to all of the Schemes together, or 'Part 2' which allows you to cast your vote in relation to each of the individual Scheme Companies.

### **(38) PART 1: ALL SCHEME COMPANIES**

By completing Part 1 and submitting a vote, you are registering a vote in respect of all relevant Scheme Companies for the Relevant UK Employer's Liability Business (as defined in the 'General Instructions for the Completion of the Voting Forms'). A list of such companies and policies can be found in Appendix F (including the Schedule thereto) of the Scheme Document.

**SHOULD YOU WISH TO VOTE IN RESPECT OF EACH SCHEME COMPANY SEPARATELY THEN PLEASE COMPLETE PART 2.**

Note: the columns numbered (7) to (10) relate to the numbered notes for Section B Part 1, the exception being the vote is for All Scheme Companies for the Relevant UK Employer's Liability Business class

**IF YOU HAVE COMPLETED PART 1 YOU DO NOT NEED TO COMPLETE PART 2, PLEASE GO STRAIGHT TO SECTION F.**

### **(39) PART 2: INDIVIDUAL SCHEME COMPANY**

By completing Part 2 and submitting a vote, you are registering a vote in respect of that individual Scheme Company for the Relevant UK Employer's Liability Business cover written A list of such companies and policies can be found in Appendix F (including the Schedule thereto) of the Scheme Document.

Note: the columns numbered (7) to (10) relate to the numbered notes for Section B Part 1, the exception being the vote is at Individual Scheme Company for the Relevant UK Employer's Liability Business class.

**Now please complete Section F (Relevant UK Employer's Liability Business- Values).**

# ENGLISH AND AMERICAN POOLS SCHEME

## **SECTION F: RELEVANT UK EMPLOYER'S LIABILITY BUSINESS - VALUES**

**This section should be completed if you believe you have Relevant UK Employer's Liability Business.**

This section is split into two parts, please complete 'Part 1' then, if you wish to allocate the values per individual Scheme Company, also complete 'Part 2'.

### **(40) PART 1: ALL SCHEME COMPANIES**

Enter your total claim values for all Scheme Companies. All values must be entered in pounds sterling.

Note: the columns numbered (13) to (18) relate to the numbered notes for Section C Part 1, the exception being the values are for All affected Scheme Companies for the Relevant UK Employer's Liability Business class.

**(41) Authorising the Scheme Manager to allocate the values to the Scheme Companies:** Place a tick within this box if you wish to enter the values at Scheme Company level only and are authorising the Scheme Manager to allocate the values to the Scheme Companies. If you do not place a tick in the box you must also complete Part 2.

**SHOULD YOU WISH ALLOCATE THE VALUES PER INDIVIDUAL SCHEME COMPANY PLEASE COMPLETE PART 2.**

### **(42) PART 2: INDIVIDUAL SCHEME COMPANY**

Only enter a value against a Scheme Company where you are an overall creditor to that Company (i.e. where the value is due to you). Leave all other Scheme Companies blank.

All values must be entered in pounds sterling.

**Please note the overall total entered in 'Part 2' must equal the total entered in 'Part 1' above.**

**(43) Overall Total:** The sum of the total for the Scheme Companies.

**Now please complete Section G or provide appropriate documentation in support of the values entered on Section F.**



## ENGLISH AND AMERICAN POOLS SCHEME

### **SECTION G: RELEVANT UK EMPLOYER'S LIABILITY BUSINESS - VALUE SUPPORTING SCHEDULE**

Complete Section G by adding any relevant details in support of the values entered on Section F of the voting form. If no information is supplied on Section G please ensure appropriate supporting documentation is provided to the Scheme Manager.

**Failure to provide substantiation by not completing Section G or providing appropriate documentation could result in a different voting value being admitted.**

All values are to be entered in pounds sterling.

Note: the columns numbered (24) to (37) relate to the numbered notes for Section D.

# ENGLISH AND AMERICAN POOLS SCHEME

## APPENDICES

### Appendix D1: Currency codes and rates of exchange into US Dollars

As at 30/09/2009 per the Financial Times

CURRENCY CODE	CURRENCY DESCRIPTION	USD EXCHANGE RATE
AED	UAE DIRHAM	3.668750
AFA	AFGHANI	47.550000
ALL	ALBANIAN LEK	92.075000
ANG	ANTIL GUILDER	1.787500
AOK	ANGOLAN KWANZA	77.775000
ARP	ARGENTINE PESO	3.843750
AUD	AUS DOLLAR	1.131250
BBD	BARBADOS DOLLAR	2.006250
BDT	BANGLADESH TAKA	69.037500
BGL	BULGARIAN LEV	1.337500
BHD	BAHRAIN DINAR	0.375000
BIF	BURUNDI FRANC	1230.250000
BMD	BERMUDAN DOLLAR	1.000000
BND	BRUNEI DOLLAR	1.406250
BOP	BOLIVIAN PESO	7.018750
BRC	BRAZIL CRUZEIRO	1.781250
BSD	BAHAMAN DOLLAR	1.000000
BTN	NGULTRUM	47.962500
BUK	BURMESE KYAT	6.506250
BWP	BOTSWANA PULA	6.581250
BZD	BELIZE DOLLAR	1.962500
CAD	CANADIAN DOLLAR	1.075000
CHF	SWISS FRANC	1.037500
CLP	CHILEAN PESO	549.975000
CNY	CHINA RENM YUAN	6.825000
COP	COLUMBIAN PESO	1928.312500
CRC	COSTA RIC COLON	585.462500
CSD	SERBIAN DINAR	63.618750
CSK	CZECH KORUNA	17.312500
CUP	CUBAN PESO	1.000000
CVE	CAP VER ESCUDO	77.768750
CYP	CYPRUS POUND	0.400000
DJF	DJIBOUTI FRANC	174.700000
DKK	DANISH KRONE	5.093750
DOP	DOMINICAN PESO	36.137500
DZD	ALGERIAN DINAR	72.487500
ECS	ECUADOR SUCRE	24989.831250
EGP	EGYPTIAN POUND	5.500000
ETB	ETHIOPIAN BIRR	12.531250
EUR	EURO CCY UNIT	0.681250
FJD	FIJI DOLLAR	1.950000
FKP	FALKLAND POUND	0.625000
GBP	UK POUND STERLING	0.625000
GHC	GHANAIAI CEDI	1.450000

## ENGLISH AND AMERICAN POOLS SCHEME

CURRENCY CODE	CURRENCY DESCRIPTION	USD EXCHANGE RATE
GIP	GIBRALTAR POUND	0.625000
GMD	GAMBIAN DALASI	26.637500
GNS	GUINEA SYLI	5022.956250
GQE	EQ GUIN EKWELE	448.581250
GTQ	GUAT QUETZAL	8.318750
GWP	GUIN-BISS PESO	448.581250
GYD	GUYANA DOLLAR	205.243750
HKD	HK DOLLAR	7.750000
HNL	HONDU LEMPIRA	18.925000
HRD	CROATIAN DINAR	4.956250
HTG	HAITI GOURDE	40.231250
HUF	HUNGARY FORINT	184.750000
IDR	INDON RUPIAH	9661.068750
ILS	ISRAEL SHEKEL	3.775000
INR	INDIAN RUPEE	48.087500
IQD	IRAQI DINAR	1158.656250
IRR	IRANIAN RIAL	9899.968750
ISK	ICELAND KRONA	123.787500
JMD	JAMAICAN DOLLAR	88.512500
JOD	JORDANIAN DINAR	0.706250
JPY	JAPANESE YEN	89.500000
KES	KENYA SHILLING	74.518750
KHR	KAMPUCHEA RIEL	4173.300000
KMF	COMOROS FRANC	337.862500
KPW	NTH KOREAN WON	142.993750
KRW	S KOREAN WON	1177.768750
KWD	KUWAITI DINAR	0.287500
KYD	CAYMAN DOLLAR	0.812500
LAK	LAOS KIP	8518.531250
LBP	LEBANESE POUND	1500.887500
LKR	SRI LANKA RUPEE	114.775000
LRD	LIBERIAN DOLLAR	72.018750
LSM	LESOTHO MALOTI	7.556250
LYD	LIBYAN DINAR	1.225000
MAD	MOROCCAN DIRHAM	7.768750
MGA	MALAGASY ARIARY	2002.987500
MLF	MALI FRANC	448.581250
MNT	MONGOL TUGRIK	1426.918750
MOP	MACAU PATACA	7.981250
MRO	MAURIT OUGUIYA	260.893750
MTP	MALTA POUND	0.293750
MUR	MAURITIUS RUPEE	30.487500
MVR	MALDIVE RUPEE	12.793750
MWK	MALAWI KWACHA	140.550000
MXP	MEXICAN PESO	13.500000
MYR	MALAY RINGGIT	3.462500
MZM	MOZAMB METICAL	29279.375000
MZN	NEW MOZAMBIQUE METICAL	27.506250
NAD	NAMIBIAN DOLLAR	7.556250
NGN	NIGERIAN NAIRA	149.787500

## ENGLISH AND AMERICAN POOLS SCHEME

CURRENCY CODE	CURRENCY DESCRIPTION	USD EXCHANGE RATE
NIC	NICARAG CORDOBA	20.575000
NOK	NORWEGIAN KRONE	5.800000
NPR	NEPALESE RUPEE	76.168750
NZD	NZ DOLLAR	1.381250
OMR	OMANI RIAL	0.387500
PAB	PANAMA BALBOA	1.006250
PES	PERUVIAN SOL	2.887500
PGK	PAPUA NG KINA	2.675000
PHP	PHILIPPINE PESO	47.362500
PKR	PAKISTAN RUPEE	83.125000
PLZ	POLISH ZLOTY	2.900000
PYG	PARAG GUARANI	4888.012500
QAR	QATAR RIAL	3.637500
ROL	ROMANIAN LEU	33969.437500
RON	NEW ROMANIAN LEU 1/7/05	2.887500
RWF	RWANDA FRANC	568.400000
SAR	SAUDI RIYAL	3.750000
SBD	SOLOMON DOLLAR	7.868750
SCR	SEYCHELLE RUPEE	10.043750
SDP	SUDANESE POUND	2.306250
SEK	SWEDISH KRONA	6.987500
SGD	SING DOLLAR	1.406250
SHP	ST HELENA POUND	0.625000
SLL	SIERRA L LEONE	3648.512500
SOS	SOMALI SHILLING	1450.412500
SRD	SURINAM DOLLAR	2.712500
STD	SAO TOME DOBRA	15776.081250
SUR	C.I.S. ROUBLE	30.037500
SVC	EL SALV COLON	8.743750
SYP	SYRIAN POUND	46.031250
SZL	SWAZI LILANGENI	7.556250
THB	THAI BAHT	33.393750
TND	TUNISIAN DINAR	1.300000
TOP	TONGAN PA'ANGA	1.937500
TPE	E TIMOR ESCUDO	161.312500
TRY	NEW TURKISH LIRA	1.487500
TTD	TRINIDAD DOLLAR	6.225000
TWD	TAIWAN DOLLAR	32.137500
TZS	TANZ SHILLING	1308.968750
UGS	UGANDA SHILLING	1922.218750
USD	US DOLLAR	1.000000
UYP	URUGUAYAN PESO	21.443750
VEB	VENEZ BOLIVAR	2671.512500
VEF	VENEZUELA BOLIVAR FUERTE	2.150000
VND	S VIETNAM DONG	17833.243750
VUV	VANUATU VATU	98.693750
WST	W SAMOA TALA	2.581250
XAF	CFA FRANC	448.581250
XCD	E CARIB DOLLAR	2.700000
XPF	CFP FRANC	81.606250

## ENGLISH AND AMERICAN POOLS SCHEME

CURRENCY CODE	CURRENCY DESCRIPTION	USD EXCHANGE RATE
YER	YEMENI RIYAL	202.418750
ZAR	S AFRICA RAND	7.575000
ZMK	ZAMBIAN KWACHA	4718.081250
ZRZ	ZAIRE ZAIRE/CONGO FRANC	804.675000
ZWD	ZIMBABWE DOLLAR	37135.312500
ZWL	ZIMBABWE DOLLAR FEB 2009	3269701.450000

## ENGLISH AND AMERICAN POOLS SCHEME

### Appendix D2: Claim Type codes and discount percentages

Refer to Note 15 and 17 on Section B and 38 and 40 on Section F.

<b>Claim Type</b>	<b>Claim Type Category</b>	<b>Mean Term Selected</b>	<b>Discount Factor</b>
ASD	Asbestos Direct	8.00	32.5%
ASR	Asbestos Reinsurance	10.10	40.6%
POD	Pollution - Direct	7.10	29.5%
POR	Pollution - Reinsurance	9.00	34.1%
HHD	Health Hazard	6.90	28.8%
OTH	Other	3.30	15.6%
UNS	Unspecified	8.00	32.5%

## ENGLISH AND AMERICAN POOLS SCHEME

### Appendix D3: Policy Type codes

Refer to Note 31 on Section F.

<b>BUSINESS_TYPE_CODE</b>	<b>BUSINESS_TYPE_DESC</b>
AVC	Direct/Fac Aviation Hull/Liabilities (Combined)
AVH	Direct/Fac Aviation Hull
AVL	Direct/Fac Aviation Liabilities
AVR	Direct/Fac Aviation All Risks
AVX	Aviation Excess of Loss
AVP	Aviation Quota Share/Surplus treaties
MAC	Direct/Fac Marine Cargo / Cargo Liabilities
MAH	Direct/Fac Marine Hull / Hull Liability
MAW	Direct/Fac Marine War
MAE	Direct/Fac Marine Energy & Energy Liability
MAX	Marine Excess of Loss
MAP	Marine Quota Share/Surplus treaties
NMC	Direct/Fac Non Marine Casualty/Liability/Long Tail
NMP	Direct/Fac Non Marine Property
NMA	Direct/Fac Non Marine Personal Accident
NMF	Direct/Fac Non Marine Pecuniary
NMM	Direct/Fac Non Marine Motor
NMX	Non Marine Excess of Loss
NMP	Non Marine Quota Share/Surplus treaties