

**Highlands Insurance Company (U.K.) Limited (in Administration)**  
**(the "Company")**

**CLAIMS TABLE FOR VOTING PURPOSES**

Capitalised terms used in this form have the meaning given to them in the proposed scheme of arrangement between Highlands Insurance Company (U.K.) Limited (in Administration) and its Scheme Creditors as set out in Section II of the document dated 1 May 2009 (the "**Scheme Document**"). Please complete this claims table in respect of each claim you wish to make as a Scheme Creditor following the instructions on the following pages. You should read the instructions and notes carefully. Failure to follow them may result in a claim being rejected in whole or in part for voting purposes if the chairman of the Scheme Meeting has insufficient information to decide whether it is a reasonable claim or not.

**SEE THE FOLLOWING PAGES FOR "INSTRUCTIONS FOR COMPLETION OF THE CLAIMS TABLE FOR VOTING PURPOSES"**

No estimate of the amount of any claim against the Company specified in the claims table returned to the Company, or otherwise provided for voting purposes, shall be admissible against the Company or any other party, or shall be taken into account in calculating payments under the Scheme. Any such estimate shall only be used for voting purposes at the Scheme Meeting to consider the Scheme.

Please complete a separate claims table for each currency. Use photocopied pages as required.

**Creditor Name**

**Currency**

	Contract 1	Contract 2	Contract 3
(1) Insurance Contract reference number			
(2) Contract description/Type of business			
(3) Participation percentage (%)			
(4) Inception date/Expiry date			
(5) Broker			
(6) Broker reference			
(7) Unrealised Security Interests			
(8) Pre-Administration Agreed Claims			
(9) Post-Administration Agreed Claims			
(10) Notified Outstanding Claims			
(11) IBNR Claims			
(12) Realised Security Interests or any other counterclaims			
(13) Total (8+9+10+11-12)			

(14) Total of row 13

**TO BE SIGNED BY SCHEME CREDITOR:**

To the best of my knowledge and belief the information on this claims table is correct.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Capacity: \_\_\_\_\_

For and on behalf of: (Scheme Creditor Name) \_\_\_\_\_

Date: \_\_\_\_\_

For completion by the Company: Admitted to vote for US dollars

**RETURNING THE FORM OF PROXY AND CLAIMS TABLE**

**Please return the original claims table, together with the form of proxy and supporting schedules, to the address below. Original forms of proxy and claims tables must be received by the Company by 5.00 p.m. (London time) on 16 June 2009 or otherwise handed in at the registration desk at the Scheme Meeting prior to its commencement. Forms of proxy and claims tables may be initially returned by email or fax, provided that the original must also be received by the Company by the date indicated above.**

Highlands Insurance Company (U.K.) Limited (in Administration)  
c/o PRO Insurance Solutions Limited,  
Bruton Court,  
Bruton Way,  
Gloucester, GL1 1DA,  
United Kingdom  
Attention: Áine Davies/Ian Leighton

By email: pro\_hicukhelpline@pro-ltd.co.uk

By fax: +44 (0) 1452 782 582

**INSTRUCTIONS FOR COMPLETION OF THE  
CLAIMS TABLE FOR VOTING PURPOSES**

**Where not otherwise defined, the terms used within these instructions and in the claims table bear the same meanings as given to them in the Scheme. For the avoidance of doubt, in these instructions and the claims table, the term "Insurance Contract" only refers to a direct contract of insurance.**

The numbers below refer to the numbered rows in the claims table. If you have claims in more than one currency, please photocopy the table and use a separate table for each currency, specifying in the box provided the relevant currency (for example, US dollars). If there are insufficient lines for any one currency, please photocopy the table and complete the photocopy.

**1. INSURANCE CONTRACT REFERENCE NUMBER**

Please specify each Insurance Contract reference number under which each of your claims may arise against the Company and provide a copy of the contract schedule or cover note and the schedule of insurers with details of each claim in supporting schedules (where applicable). Your broker will be able to assist in confirming or identifying Insurance Contracts and reference numbers. Please then insert the Insurance Contract reference numbers on the claims table using a separate line for each.

**2. CONTRACT DESCRIPTION/TYPE OF BUSINESS**

Please specify the contract description on the face of the Insurance Contract and the type of business covered by the Insurance Contract.

**3. PARTICIPATION PERCENTAGE**

The participation percentage for each Insurance Contract represents the percentage line underwritten or assumed by the Company under the Insurance Contract. Please insert the percentage line for each Insurance Contract (and the value of each of your claims against the Company should be apportioned accordingly when completing rows (8), (9), (10) and (11)).

**4. INCEPTION DATE/EXPIRY DATE**

Please specify the date when each Insurance Contract commenced and the date when each Insurance Contract expired. 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.

**5. BROKER**

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

**6. BROKER REFERENCE**

Please specify the broker's contract reference for each Insurance Contract.

**7. UNREALISED SECURITY INTERESTS**

Please specify the amount of any Unrealised Security Interest in relation to each Insurance Contract under each claim. Please provide an analysis of the amount and provide any supporting documentation.

**8. PRE-ADMINISTRATION AGREED CLAIMS**

Specify the total amount, as at the Administration Date, payable by the Company in respect of a claim arising under or in respect of an Insurance Contract where, as at the Administration Date, the existence

and quantum of the Liability have been agreed between the Scheme Creditor and the Company, according to the Company's records or such other evidence as the Scheme Administrators may reasonably accept, but such Liability has not yet been paid by or on behalf of the Company.

9. **POST-ADMINISTRATION AGREED CLAIMS**

Specify the total amount payable by the Company in respect of a claim arising under or in respect of an Insurance Contract where, after the Administration Date, the existence and quantum of the Liability have been agreed between the Scheme Creditor and the Company, according to the Company's records or such other evidence as the Scheme Administrators may reasonably accept, but such Liability has not yet been paid by or on behalf of the Company.

10. **NOTIFIED OUTSTANDING CLAIMS**

Specify the total estimated amount, as at the Administration Date, payable by the Company in respect of a loss that has been reported to the Scheme Creditor but exclude any Post-Administration Agreed Claim.

11. **IBNR CLAIMS**

Specify the total estimated amount, as at the Administration Date, payable by the Company, in respect of a loss which has been incurred but has not been reported to the Scheme Creditor plus the amount payable in respect of a general excess over Notified Outstanding Claims, to the extent that the current estimates of claims included as Notified Outstanding Claims may prove to be inadequate. In estimating the value of its IBNR Claims, a Scheme Creditor should:

- (a) include any losses notified to the Scheme Creditor after the Administration Date (such notified losses to nevertheless comprise part of its IBNR Claims); but
- (b) exclude any Post-Administration Agreed Claims.

12. **REALISED SECURITY INTERESTS OR ANY OTHER COUNTERCLAIMS**

Please specify in brackets the amount of any set-off or cross-claim that you believe exists in relation to each Insurance Contract under each claim and which is available in respect of such claim(s) or any other balance due from you to the Company arising other than under an Insurance Contract. Please provide an analysis of the amount and provide any supporting documentation. In addition, please include the amount of any Security Interest that has been realised in relation to each Insurance Contract under each claim.

13. **TOTAL**

Enter the net total of rows (8) to (11) inclusive but less the amount specified in row (12).

14. **TOTAL OF ROW (13)**

Enter the total sum of all row (13) amounts where indicated.

**Please ensure that you sign the declaration on the claims table and complete the relevant contact details for the Scheme Creditor. The chairman of the Scheme Meeting will not accept the claims table unless the declaration has been signed.**

**If you have any queries please contact the Company on the following helpline number: +44 (0) 1452 413 985.**