

FINAL CLAIM FORM

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

For each claim in relation to which you are a Scheme Creditor, please complete this Final Claim Form following the instructions on the following pages. **You should read the instructions carefully.**

This Final Claim Form, along with appropriate supporting information, must be returned to the Company by every Scheme Creditor (save those who only wish to make a claim in respect of an Agreed Claim) to be received no later than 5pm (London time) on Monday 15 February 2010 (the "Final Claims Submission Date"). After the Final Claims Submission Date, no new or revised Final Claim Form(s) will be accepted, except in response to a request from the Company or the Scheme Adjudicator.

Please complete a separate Final Claim Form for each currency. Use photocopied pages as required.

Scheme 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 AND COMPLETED BY THE SCHEME CREDITOR IN ORDER FOR THIS FINAL CLAIM FORM TO BE VALID

To the best of my knowledge and belief the information on this Final Claim Form and any supporting information provided herewith, as amended or otherwise, is correct.

Signed:

Name:

Position/Capacity:

Email Address:

For and on behalf of (Scheme Creditor name)

Date:

.....

PLEASE INSERT DETAILS OF THE BANK ACCOUNT INTO WHICH YOU REQUIRE ANY PAYMENT DUE TO THE SCHEME CREDITOR UNDER THE SCHEME TO BE MADE:

NAME AND ADDRESS OF BANK:

NAME OF ACCOUNT HOLDER:

SORT CODE/SWIFT CODE (or any other identifying code):

ACCOUNT and/or IBAN ACCOUNT NUMBER:

Please note that payments made by way of telegraphic transfers are made at the expense of the Scheme Creditor, which expense may be deducted from the relevant payment.

RETURNING THIS FINAL CLAIM FORM

Please return the original signed Final Claim Form, together with supporting schedules, by no later than the Final Claims Submission Date to:

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

The Company helpline number is: +44 (0) 1452 413 985

By email: pro_hicukhelpline@pro-ltd.co.uk

INSTRUCTIONS FOR COMPLETION OF THE FINAL CLAIM FORM

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

The numbers below refer to the numbered rows in the Final Claim Form. If the Scheme Creditor has 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. If there are insufficient columns for any one currency, please photocopy the table and complete the photocopy. Please refer to Clause 4 of the Scheme and Schedules 3 and 4 of the Scheme for further details on completing the Final Claim Form and the supporting evidence required.

1. **Insurance Contract reference number**

Please specify each Insurance Contract reference number under which each of the Scheme Creditor's claims may arise against the Company and provide a copy of the contract schedule or cover note and the schedule of insurers with particulars of each claim in supporting schedules (where applicable). The Scheme Creditor's 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 Final Claim Form using a separate line for each.

2. **Contract description/Type of business**

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. 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**

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**

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. Enter, in addition, either "Placing" or "Other" as applicable.

6. **Broker reference**

Specify the broker's contract reference for each Insurance Contract.

7. **Unrealised Security Interests**

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

8. **Pre-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, 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 but before the Effective 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**

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 the Scheme Creditor to the Company arising other than under an Insurance Contract. 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.

Please ensure that you sign the declaration on the Final Claim Form and complete the relevant contact details for the Scheme Creditor. Final Claim Forms will not be accepted by the Scheme Administrators unless the declaration has been signed. You are also requested to provide details of the bank account into which the Company may make any payments in respect of an Established Liability.