

Part 1: Scheme Creditor Details

VOTING FORM

**The Meadows Indemnity Company
Limited**

Please complete this voting form following the instructions at Part 6 and the guidance notes at Appendix 9 to the Explanatory Statement which forms part of the Scheme Document. **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 Meetings and the Independent Vote Reviewer, who has been appointed to review the valuation of Claims for voting purposes, has insufficient information to decide whether it is a reasonable Claim.**

Creditor Name:

.....

**Policyholder Name
(as shown in the
policy):**

.....

Postal Address:

.....
.....
.....
.....

Telephone:

.....

Fax:

.....

E-mail:

.....

To the best of my knowledge and belief the information on this voting form, and any supporting schedules, is correct.

Signed:

Date:

.....

Name:

Position/ capacity

.....

.....

Part 2: Contract Information

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Limited**

Currency
(in words):

	(1) Contract reference or number	(2) Broker	(3) Broker reference	(4) Inception date	(5) Class/Type of Claim	(6) Policy limits	7 Signed line (%)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**Part 3: Claims Information - Notified
Outstanding Claims**

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	(8) Notified Outstanding Claims	(9) Security, Letters of Credit and cross-claims	(10) Total (8) – (9)
1			
2			
3			
4			
5			
6			
7			

Total			
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**For completion by the Company: admitted to vote at meeting of Scheme Creditors with
Notified Outstanding Claims for US Dollars**

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**Part 4: Loss Details – Notified Outstanding
Claims**

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1	
2	
3	
4	
5	
6	
7	

Part 5: Claims Information – IBNR Claims

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Limited**

	(11) Basis of IBNR Claims	(12) IBNR Claims	(13) Security, Letters of Credit and cross-claims	(14) Total (12) – (13)
1				
2				
3				
4				
5				
6				
7				

Total

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**For completion by the Company: admitted to vote at meeting of Scheme
Creditors with IBNR Claims for US Dollars:**

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General

Please note that the defined terms contained within these instructions and in the voting form bear the same meanings as given to them in the scheme of arrangement (the “Scheme”).

If you have Claims in more than one currency, please photocopy the form and use a separate form for each currency, specifying in the box provided the relevant currency (for example US Dollars or US\$). If there are insufficient lines for any one currency, please photocopy the form and complete the photocopy.

Although Claims against the Company may be denominated in other currencies, for voting purposes, Scheme Creditors' Claims will be converted, where necessary, to Us Dollars. The rate of exchange used for this purpose will be the mid-market closing rate quoted by the Financial Times on the Friday preceding the Meetings.

Information about the Scheme Creditor should be inserted in *Part 1: Scheme Creditor Details*. You should insert in *Part 2: Contract Information* details of the Insurance Contracts under which your Claims arise. Details of your Notified Outstanding Claims under each Insurance Contract should be inserted in the corresponding row in *Part 3: Claims Information – Notified Outstanding Claims*, with details of the losses giving rise to such Claims being given in the corresponding row in *Part 4: Loss Details*. IBNR Claims should be inserted in the corresponding row in *Part 5: Claims Information – IBNR Claims*. For example, Notified Outstanding Claims under an Insurance Contract details of which have been inserted in row 1 in Part 2 should be inserted in row 1 in Part 3, with the relevant loss details being given in row 1 in Part 4. IBNR Claims in respect of that contract should be inserted in row 1 in Part 5.

Claims should be valued as at the Ascertainment Date, 31 December 2007. However, Scheme Creditors should include in their supporting information details of developments since the Ascertainment Date, in order to ensure that the Claim values for voting purposes are as far as possible accurate as at the date of submission.

Please note that account **will** be taken of any known cross-claim when calculating the value to be attributed for voting purposes to a Scheme Creditor's Claim. Only sums currently due from a Scheme Creditor will be set off against the value of its vote.

Any amendments to the voting form should be initialled by the person completing it.

Part 1: Scheme Creditor Details

Please insert in this section the name of the Scheme Creditor and, if different, the name of the policyholder as given in the Insurance Contract under which you are claiming. Where the name of the policyholder given on the Insurance Contract is different from the name of the Scheme Creditor, please explain the reason for this e.g. change of name, assignment etc. Insert an address and contact details for the individual who will be dealing with the Scheme Creditor's Claims against the Company. Inclusion of up to date contact details will assist the Company in quickly resolving any

Part 6: Instructions for Completion

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queries it may have in relation to the information provided on the form and will also ensure that Claim Forms will be sent to the correct address and reference in the event that the Scheme becomes effective.

The individual completing the form should sign and date the form to confirm the accuracy of the information provided, printing his/her name in BLOCK CAPITALS where indicated. If that individual is the duly authorised representative of a corporation or a partnership or other unincorporated body or person, or the duly authorised agent and/or attorney of a Scheme Creditor, enter the capacity in which he/she has signed the voting form (for example, director, partner, or agent and/or attorney).

Part 2: Contract Information

The numbered instructions below relate to the numbers at the head of the columns in Part 2.

(1) Contract reference or number (if known)

Please specify if possible the reference numbers on the Insurance Contracts under which you are claiming. If you do not have a record of these numbers you may be able to obtain them from your broker or other insurance intermediary. Please provide if possible a copy of the policy document or cover note and the schedule of insurance (also known as the policy coverage schedule).

(2) 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 contract. Enter, in addition, either "Placing broker" or "Other" as applicable.

(3) Broker reference

Please specify the broker's contract reference.

(4) Inception date

Please specify the date when the Company's liability under each Insurance Contract commenced. In the case of continuous Insurance Contracts of more than 12 months plus odd time, each annual renewal should be shown as a separate contract.

(5) Class/Type of Claim

Please specify the class of business e.g. aviation, marine, property, casualty, pollution, health hazard, asbestos etc.

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(6) Policy limits

Please specify the policy limits. Please include details of layers and, where relevant, excess or attachment points.

(7) Signed line

Please specify the Company's percentage share of total liability under the Insurance Contract (if applicable).

Part 3: Claims Information – Notified Outstanding Claims

The numbered instructions below relate to the numbers at the head of the columns in Part 3.

(8) Notified Outstanding Claims

Please specify the estimated amount of any Claim or (where there is more than one Claim) the aggregate estimated amount of any Claims you have arising under each Insurance Contract in respect of:

- (i) losses of which you are aware but which are not yet certain in amount; and/or
- (ii) losses you have incurred that are certain in amount, or Liabilities you have to third parties that are certain in amount and have either been paid or are due and payable by you.

Please enter the total for the column in the box marked "total" at the foot of the column.

Please provide supporting evidence for your Claims in accordance with the instructions contained in the Estimation Guidelines. Scheme Creditors should note that their votes will be valued on the basis of the information supplied by them at the time of submitting their voting forms. It is therefore extremely important that Scheme Creditors provide sufficient information so as to enable the Chairman of the Meeting and the Independent Vote Reviewer to value their Claim for voting purposes. If insufficient information is submitted by a Scheme Creditor that Scheme Creditor's Claim will be valued at a nominal amount for voting purposes.

(9) Security, Letters of Credit and cross-claims

Please specify **in brackets** the amount of any Security, such as a deposit, reserve, trust, etc and any Letter of Credit of which you have the benefit which is available in respect of Claim(s) under the relevant Insurance Contract. You should enter the value of the Security or Letter of Credit available in respect of an Insurance Contract, up to the aggregate amount of your Notified Outstanding Claim(s) under that contract, in the relevant row for that contract in column (9). If the value of the Security or Letter of Credit exceeds the aggregate amount of those Notified

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Outstanding Claims, you should enter the amount of the remaining balance up to the value of your IBNR Claims under that contract in the relevant row in column (13).

Please also **specify in brackets** any applicable cross-claim (being a debt owed by you to the Company). In the case of cross-claims, only liabilities you have to the Company that are currently due should be included in column (9). If the value of the cross-claim exceeds the aggregate amount of those Notified Outstanding Claims, you should enter the amount of the remaining balance up to the value of your IBNR Claims under that contract in the relevant row in column (13).

Please also provide in a supporting schedule an analysis of the amount of the Security, Letter of Credit or cross-claim and any supporting documentation, including bank references in respect of Letters of Credit and contract details in respect of liabilities arising under reinsurance or retrocession contracts.

Please enter the total value for column (9) in the box marked "total" at the foot of the column.

(10) Total

In this column please enter the total for each Insurance Contract being the amount in column (8) less the amount in column (9). Please enter the total for column (10) at the foot of the column in the box marked "Total".

Part 4: Loss Details – Notified Outstanding Claims

Please enter for each Insurance Contract details of the loss(es) giving rise to the Claim. Please insert the information in the row corresponding to the row in which details of the relevant Insurance Contract were given in Part 2 of the form. If there is insufficient space, please refer to an attached schedule or spreadsheet.

Part 5: Claims Information – IBNR Claims

The numbered instructions below relate to the numbers at the head of the columns in Part 5.

(11) Basis of IBNR Claims

Your estimate(s) of IBNR may be based on:

- A** the development of paid claims under the Insurance Contract; or
- B** the development of incurred claims under the Insurance Contract (i.e. paid claims together with known outstanding claims); or
- C** the development of the ratio of incurred losses to the total premiums under the Insurance Contract (i.e. the incurred loss ratio); or
- D** any other generally accepted actuarial basis.

Enter **A, B, C** or **D** as appropriate in column (11). If you enter **D**, you must also specify in column (11) the actuarial basis you have used.

(12) IBNR Claims

Specify the estimated amount or (where there is more than one Claim) the aggregate estimated amount of any Claims you have arising under each Insurance Contract in respect of losses which you may have incurred but which have not yet been reported to you. Please enter the total for the column in the box marked "total" at the foot of the column.

Please provide supporting evidence for your Claims in accordance with the instructions contained in the Estimation Guidelines. Scheme Creditors should note that their votes will be valued on the basis of the information supplied by them at the time of submitting their voting forms. It is therefore extremely important that Scheme Creditors provide sufficient information so as to enable the Chairman of the Meeting and the Independent Vote Reviewer to value their Claim for voting purposes. If insufficient information is submitted by a Scheme Creditor that Scheme Creditor's Claim will be valued at a nominal amount for voting purposes.

(13) Security, Letters of Credit and cross-claims

Please specify **in brackets** the amount of any Security, such as a deposit, reserve, trust, etc and any Letter of Credit of which you have the benefit which is available in respect of Claim(s) under the relevant Insurance Contract. Where you also have Notified Outstanding Claims under the relevant Insurance Contract, you should have included the value of any Security or Letter of Credit. To the extent that there is any remaining balance, that sum, up to the value of your IBNR Claim under the relevant Insurance Contract, should be entered in column (13).

Please also specify **in brackets** any applicable cross-claim (being a debt owed by you to the Company). In the case of cross-claims, only enter in this column amounts currently due from you to the Company. Where you also have Notified Outstanding Claims you should have included the value of any cross-claim up to the aggregate amount of those Claims in column (9). To the extent that there is any remaining balance, that sum, up to the value of your IBNR Claim, should be entered in column (13).

Please provide in a supporting schedule an analysis of the amount of the Security, Letter of Credit or cross-claim and any supporting documentation, including bank references in respect of Letters of Credit and contract details in respect of cross-claims arising under contracts of reinsurance or retrocession.

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(14) Total

In this column please enter the total for each Insurance Contract being the amount in column (12) less the amount in column (13). Please enter the total of column (14) at the foot of the column in the box marked "Total".

**PLEASE RETURN THIS VOTING FORM WITH YOUR PROXY FORM TO THE ADDRESS AND BY THE DEADLINE GIVEN IN THE NOTES ON
THE REVERSE OF THE PROXY FORM**