

Our Ref:

CLAIM FORM

Reinsurance Group Managers Limited/ERZ

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

The numbers at the head of the columns correspond to the numbered instructions contained on the following pages of this form.

THIS CLAIM FORM, ALONG WITH APPROPRIATE SUPPORTING INFORMATION, MUST BE RETURNED TO THE SCHEME MANAGER AT BRUTON COURT, BRUTON WAY, GLOUCESTER, GL1 1DA, MARKED FOR THE ATTENTION OF KEVIN McATEE/DAVE ARMSTRONG AS SOON AS POSSIBLE AND TO BE RECEIVED BY NO LATER THAN THE FINAL CLAIMS SUBMISSION DATE (5.00 P.M. LONDON TIME, 23 JULY 2007), AFTER WHICH NO NEW OR REVISED CLAIM FORM(S) WILL BE ADMITTED OR REVISED OR FURTHER INFORMATION ACCEPTED, EXCEPT IN THE LATTER CASE, IN RESPONSE TO A REQUEST FROM THE SCHEME MANAGER OR THE SCHEME ADJUDICATOR.

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

SCHEME CREDITOR NAME:.....

CURRENCY:

(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) Notified Outstanding Claims	(8) IBNR Claims	(9) Security Interests or any other counterclaims	(10) Total (7+8-9)
Total									

SEE THE FOLLOWING PAGES FOR INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

In these instructions and the Claim Form "Insurance Contract" means a contract of insurance, reinsurance or retrocession. Where not otherwise defined, the terms used within these instructions and in the Claim Form bear the same meanings as given to them in the Scheme.

The numbers below refer to the numbered columns in the Claim Form. If you have any 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 lines for any one currency, please photocopy the table and complete the photocopy. Please refer to clause 3 of the Scheme of Arrangement and Appendices (C) and (D) of the Explanatory Statement for further details on completing the Claim Form and the supporting evidence required.

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 policy schedule or cover note and the schedule of insurers with particulars of each claim in supporting schedules (where applicable). Your broker will be able to assist you in confirming or identifying Insurance Contracts and reference numbers. Please then insert the Insurance Contract reference numbers on the 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 (apportioning the value of each of your claims against the Company accordingly when completing columns (7) and (8)).

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 plus odd time, 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. **Notified Outstanding Claims**

Specify the total estimated amount, as at the Ascertainment Date, of the amount payable by the Company on any claim(s) which has/have been reported to the Scheme Creditor and are covered by any Insurance Contract(s) but excluding any Unpaid Agreed Balances (which will be paid by the Company outside of the Scheme in the normal course of business).

8. **IBNR claims**

Specify the total estimated amount, as at the Ascertainment Date, of the amount payable by the Company on any claim(s) in respect of one or more incidents which have happened but which have not yet been reported to the Scheme Creditor and which is covered by any Insurance Contract(s). An IBNR Claim is also defined to include any allowance for an IBNER which may be estimated separately.

9. **Security Interests or any other counterclaims**

Specify in brackets the amount of any Security Interest, set-off or counterclaim 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. Provide an analysis of the amount and provide any supporting documentation. If the relevant Security Interest, set-off or counterclaim item arises under an Insurance Contract which has not already been included in the attached list, please provide separately details of the relevant Insurance Contract including the reference number, the inception date, broker, broker reference and a breakdown of the amounts of the counterclaim which are Notified Outstanding Claims and IBNR.

10. **Total**

Enter the net total of columns (7) and (8) less the amount specified in column (9). Enter the total sum of all column (10) amounts at the foot of the column in the box marked "Total".

You are requested to return the Claim Form, together with supporting schedules by post, to The Scheme Manager at PRO Insurance Solutions Limited, Bruton Court, Bruton Way, Gloucester, GL1 1DA, marked for the attention of Kevin McAtee/Dave Armstrong to be received on or before the Final Claims Submission Date.

The Company Helpline number is +44 (0)1452 310 171 and email is pro_rgmpoolhelpline@pro-ltd.co.uk.

Payments of each Scheme Creditor's Established Liabilities shall be made (at the Scheme Creditor's expense) by telegraphic transfer. For these purposes, please also provide with this Claim Form details of your bank account to assist the Scheme Manager in making such payment. Failure to do so will mean that any payment to you in respect of the Established Liabilities (if any) shall be made by cheque or otherwise in accordance with the Scheme.