

**IN THE HIGH COURT OF JUSTICE
 IN THE MATTER OF EUROPÄISCHE RÜCKVERSICHERUNGS-GESELLSCHAFT IN ZÜRICH
 (EUROPEAN REINSURANCE COMPANY OF ZURICH)
 AND IN THE MATTER OF THE COMPANIES ACT 1985**

FORM OF PROXY

To be used at the Scheme Meetings of European Reinsurance Company of Zurich to be held at One Great Tower Street, London, EC3R 5AA, United Kingdom at the time mentioned in the notice summoning the meeting, a copy of which is included in Section III of the Scheme document.

I/We ⁽¹⁾ (Enter the name of the Scheme Creditor)

at (Enter the address of the Scheme Creditor)

being a Scheme Creditor of European Reinsurance Company of Zurich in the sum of ⁽²⁾ (enter the estimated total claims and currency as detailed on the claims table below)

HEREBY APPOINT ⁽³⁾ the Chairman of the relevant Scheme Meeting [or].....

as my/our proxy to act for me/us at the relevant Scheme Meeting(s) for the purpose of considering and, if thought fit, approving (with or without modification) the Scheme referred to in the notice summoning the Scheme Meetings, and at such Scheme Meeting(s), or any adjournment thereof, to vote for me/us and in my/our name(s) for the Scheme or against the Scheme (either with or without modification as my/our proxy may approve) as hereinafter indicated.

SECTION A - VOTING- EACH CLASS OF CLAIM TOGETHER ⁽⁴⁾

COMPLETE THIS SECTION A IF YOU WISH TO VOTE IN THE SAME WAY FOR EACH OF THE CLASSES OF CLAIM YOU HOLD

IF YOU HOLD BOTH NOTIFIED OUTSTANDING CLAIMS AND IBNR CLAIMS AND WISH TO VOTE DIFFERENTLY IN RESPECT OF EACH CLASS OF CLAIM, PLEASE LEAVE THIS SECTION BLANK AND GO TO SECTION B.

Please sign in the box to indicate whether you are voting FOR the Scheme, AGAINST the Scheme, ABSTAINING from the vote or at the PROXYHOLDER'S DISCRETION.

<p>FOR the Scheme (with or without modification) ⁽⁵⁾</p> <p>Signature</p>	<p>AGAINST the Scheme ⁽⁶⁾</p> <p>Signature</p>	<p>ABSTENTION ⁽⁷⁾</p> <p>Signature</p>	<p>PROXYHOLDER'S DISCRETION ⁽⁸⁾ (where the Proxholder is not the Chairman)</p> <p>Signature</p>
<p>Name: Position/Capacity ⁽⁹⁾ :</p> <p>Date: Tel: Fax: Email:</p>			
<p>For completion by the Scheme Manager: Admitted to vote for USD</p>			

SECTION B - VOTING- EACH CLASS OF CLAIM INDIVIDUALLY⁽¹⁰⁾

IF YOU WISH TO SUBMIT YOUR VOTE FOR BOTH CLASSES OF CLAIMS COMBINED THEN LEAVE THIS SECTION BLANK AND GO TO SECTION A.

Please sign in the box for each class of claim to indicate whether you are voting FOR the Scheme, AGAINST the Scheme, ABSTAINING from the vote or at the PROXYHOLDER'S DISCRETION.

FOR the Scheme (with or without modification) ⁽¹¹⁾	AGAINST the Scheme ⁽¹²⁾	ABSTENTION ⁽¹³⁾	AT PROXYHOLDER'S DISCRETION ⁽¹⁴⁾
NOTIFIED OUTSTANDING CLAIMS Signature	NOTIFIED OUTSTANDING CLAIMS Signature	NOTIFIED OUTSTANDING CLAIMS Signature	NOTIFIED OUTSTANDING CLAIMS Signature
IBNR CLAIMS Signature	IBNR CLAIMS Signature	IBNR CLAIMS Signature	IBNR CLAIMS Signature
Name:..... Position/Capacity ⁽¹⁵⁾ :..... Date:..... Tel:..... Fax:..... Email:.....			
<p>For completion by the Scheme Manager: Admitted to vote for USD</p>			

SEE THE FOLLOWING PAGE FOR INSTRUCTIONS FOR COMPLETION OF THE FORM OF PROXY

CLAIMS TABLE FOR VOTING PURPOSES

For each Scheme Liability in relation to which you are a Scheme Creditor, please complete this claims table following the instructions on the following pages. You should read the instructions 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 relevant Scheme Meeting has insufficient information to decide whether it is a fair and reasonable claim. You are urged to complete and return the claims table whether or not you intend to appoint a proxy.

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

No estimate of the amount of any Scheme Liability against the Company specified in the claims table returned to the Company or otherwise provided for voting purposes, shall be admissible against European Reinsurance Company of Zurich or any other party, or shall be taken into account, in calculating payments under the Scheme. Any such estimate shall be used solely for voting purposes at the relevant Scheme Meeting(s) to consider the Scheme.

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

Scheme Creditor Name: Signature:

Currency: Date:

(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

TOTAL OF NOTIFIED OUTSTANDING CLAIMS (7) LESS SECURITY INTERESTS OR ANY OTHER COUNTERCLAIMS (9)

TOTAL OF IBNR CLAIMS (8)

TOTAL

SEE THE FOLLOWING PAGES FOR INSTRUCTIONS FOR COMPLETION OF THE CLAIMS TABLE

If you need help with any of the content of this page, please contact the helpline number at: +44 (0)1452 310 171