

INSTRUCTIONS FOR COMPLETION OF THE CLAIM FORM

Claim Forms must be returned to: Scheme Manager, Reliance National Insurance Company (Europe) Limited, 33 Creechurch Lane, London, EC3A 5EB, marked for the attention of Dennis Eve.

Please note that the defined terms used within these instruction 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 in relation to a Scheme Insurance Contract you have any Scheme Claims in more than one currency, please photocopy the form and use a separate form for each currency, specifying the relevant currency in the space provided. If there are insufficient lines for any one currency, please photocopy the table and complete the photocopy.

The deadline for submitting completed Claim Forms is the Claims Submission Date, being 5pm British Summer Time (“BST”) on 21 May 2007. Returned Claim Forms must reach the Scheme Manager on or before this date and, if sent electronically (by facsimile to +44 (0) 20 7283 7453 or by email to RNICE-SCHEME@whittingtoninsurance.com), received in hard copy by 5pm BST on 21 May 2007. If a Scheme Creditor does not complete and return a Claim Form to the Scheme Manager by the Claims Submission Date, that Scheme Creditor’s Scheme Claims will be determined by the Scheme Manager who will allocate to such a Scheme Creditor any amounts standing to the credit of the Scheme Creditor in accordance with the accounting records of the Company in respect of Agreed Claims, but shall not take into account or attribute any value to other Agreed Losses, Notified Outstanding Claims or IBNR Claims.

1) INSURANCE COMPANY REFERENCE NUMBER

This reference is usually found on the cover note or insurance policy under the security or policy schedule section. Please provide a copy of the policy document or cover note for each reference where a Scheme Claim is being made. If you are unable to provide this information please contact your broker in order to obtain the relevant policy documentation prior to submitting the Claim Form.

2) POLICY PERIOD

Please specify the date when the liability of the Company under each Scheme Insurance Contract inception and expired. In the case of continuous Scheme Insurance Contracts or Scheme Insurance Contracts of more than 12 months plus odd time, each annual renewal should be shown as a separate Scheme Insurance Contract. Any amendments to the original policy period should be supported by the appropriate endorsement(s).

3) BROKER

Specify the name of the broker who placed the Scheme 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 Scheme Insurance Contract. Enter, in addition, either “Placing” or “Other” as applicable.

4) SIGNED LINE (%)

Specify the proportion of the risk written by the Company.

5) LOSS DESCRIPTION

Specify brief details regarding the exact nature and location of the loss(es) including date(s) of loss or claim(s) made.

6) AGREED LOSSES

Specify the amount of the Company's share of any Scheme Claim you have arising under each Scheme Insurance Contract in respect of losses suffered by a Scheme Creditor which are certain in amount, or liabilities of the Scheme Creditor in respect of losses suffered by a third party which are certain in amount and which either have been paid or are due and payable by the Scheme Creditor. You should provide supporting information for each Scheme Claim. In the case of a Scheme Claim arising under a contract of reinsurance or retrocession, this should include a loss bordereaux certified by the leading underwriter and/or copies of loss reports from your policyholder/cedants or their legal representatives. In all other cases, this should include a loss adjuster's report or similar. For Agreed Claims, please provide evidence of the company's agreement.

7) NOTIFIED OUTSTANDING CLAIMS

Specify the amount of the Company's share of any estimated Scheme Claim or (where there is more than one Scheme Claim) of the aggregate estimated amount of any Scheme Claim, arising under each Scheme Insurance Contract in respect of losses incurred by a Scheme Creditor and of which the Scheme Creditor is aware or Liabilities of a Scheme Creditor to a third party in respect of losses which have been notified to the Scheme Creditor but which in either case have not yet become Agreed Losses. You should furnish supporting information for your estimate, which in the case of a Scheme Claim arising under a contract of reinsurance or retrocession should include the loss bordereaux certified by the leading underwriter and/or copies of the loss reports from your policyholders/cedants or their legal representatives. In all other cases this should include a loss adjuster's report.

8) IBNR CLAIMS

Specify the estimated amount of the Company's share of any Scheme Claim in respect of IBNR arising under each Scheme Insurance Contract underwritten by the Company in respect of losses of a Scheme Creditor, or Liabilities of a Scheme Creditor in respect of losses of another party, for which the Company would be liable to indemnify a Scheme Creditor pursuant to a Scheme Insurance Contract and which, at the Ascertainment Date had been incurred but had not been reported. You should provide full details of the basis of your calculation, together with documentary evidence for each Scheme Claim. The level of such evidence and methodology should be such that the Scheme Manager, Scheme Actuary and (if necessary) Scheme Adjudicator can consider the validity of the claim without further documentation. IBNR Claims should be estimated using historical claims and exposure data. Scheme Creditors should use their own internal historical loss data. Where such data is not available, Scheme Creditors may use appropriate industry data.

9) SECURITY INTERESTS, CROSS-CLAIMS AND/OR SET-OFF

Specify the amount of any Security Interest (including Letters of Credit), which you have in relation to each Scheme Insurance Contract under each Scheme Claim and which is available in respect of such Scheme Claim and any set-off or Cross-claim. Provide an analysis of the amount and provide any supporting documentation, including bank references in respect of Letters of Credit. In the event that the relevant Security Interest item arises under or relates to a Scheme Insurance Contract, which has not already been included on the Claim Form, please provide separate details of the relevant contract including the contract reference number, the inception date, broker, broker reference and a breakdown of the amount of the Security Interest.

10) TOTAL

Enter the total of columns (6),(7) and (8) less column (9) for each Scheme Insurance Contract. Enter the total sum of column (10) at the foot of the column in the box marked "Total".

A dedicated helpline and email address has been established to assist Scheme Creditors. The helpline number, which is based in the United Kingdom, is (0)800 RELIANCE/ (0)800 73542623 if dialled from the United Kingdom or +44 (0)207 220 1881 if dialled from abroad and the email address is RNICE-SCHEME@whittingtoninsurance.com