

Company Number | 599

Please complete in typescript, or in bold black capitals.

#### **CHFP029**

## 13930 2175

# 363a

## **Annual Return**

		<del></del>			
Compar	ny Name in full	The Northern Maritime Insurance Company Limited			
5 ( 64)					
Date of this return The information in this retu	rn is made up to	Day Month Year			
	<b></b>	3 1 , 0 3 , 2 0 0 2			
Date of next return					
If you wish to make your next return to a date earlier than the anniversary of this return please show the date here. Companies House will then send a form at the appropriate time.		Day Month Year			
		[3 [1 , 0 [3 , 2 [0 [0 ]3			
Registered Office Show here the address	at the date of	ST MARK'S COURT			
this return.		CHART WAY			
Any change of registered office must be notified	Post town	HORSHAM			
on form 287.	County / Region	WEST SUSSEX			
	UK Postcode	R H 1 2 1 X L			
Principal business	activities				
Show trade classification for the principal activity		7484			
If the code number can					
give a brief description of					



When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Page 1

Register of me If the register of me registered office, sta	embers mbers is not kept at the ate here where it is kept.	30 BERKELEY SQUARE				
	Post town	LONDON				
County / Region		UK Postcode W 1 J 6 E W				
If there is a register						
	Post town  County / Region	UK Postcode				
	County / Region	OK F Ostcode				
Company type	•					
Public limited company	y					
Private company limite	ed by shares	X				
Private company limite share capital	ed by guarantee without					
Private company limite section 30	ed by shares exempt under	Please tick the appropriate box				
Private company limite under section 30	ed by guarantee exempt					
Private unlimited com	pany with share capital					
Private unlimited com	pany without share capital					
Company Sec	retary					
(Please photocopy this area to provide details of joint sec-	Name * Style / Title	Details of a new company secretary must be notified on form 288a.  HMRS				
retaries).  * Voluntary details.	Forename(s)	VANESSA				
If a partnership give the names and						
addresses of the part- ners or the name of the partnership and	Surname(s) Address	JONES   STABLES HOUSE				
office address.  Usual residential		CASTLE HILL				
address must be given. In the case of a	Post town	BLETCHINGLEY				
corporation, or a Scottish firm, give the registered or prin- cipal office address.	County / Region	UK Postcode   R   H   1   4   L   B				
Con		ENGLAND				

Page 2

. .

Please list directors i	in alphabei	tical order.				
	Name	* Style / Title	MR		_	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.			Day Month Year			
	at	Date of birth	2 8 / 0 3 / 1 9 6 0			
		Forename(s)	KEVIN JOHN			
		Surname	POWELL			
	Address	5	3 BUTTERTON AVENUE, SAUGHALL	MASSIE		
Usual residential			UPTON			
address must be given. In the case of corporation or a	а	Post town	WIRRAL			
Scottish firm, give th registered or principa office address.		ounty / Region	MERSEYSIDE	UK Postcode	C H 4 9	[4 [R   N
303 444.000.		Country	ENGLAND	Nationality	BRITISH	
	Busines	ss occupation	ACCOUNTANT			
		+ O( ) ( T'')	мр			
	Name	* Style / Title	MR		_	
Directors In the case of a director th	at	<b>5</b>	Day Month Year			
is a corporation or a Scottish firm, the		Date of birth	0 3 / 0 1 / 1 9 5 0			
name is the corporate or firm name.		Forename(s)	PAUL			
		Surname	SPENCER			
Address		THE TURRET, 3 FULHAM PARK ROA	.D			
Usual residential						
address must be given. In the case of a corporation or a Scottish firm, give the registered or principa office address.		Post town	LONDON			
	ne al C	County / Region		UK Postcode	S W 6	4 L H
		Country	ENGLAND	Nationality	BRITISH	
	Busine	ss occupation	ACCOUNTANT			

(RESIGNED ON 31 MARCH 2002)

Details of new directors must be notified on form 288a

**Directors** 

ssued share capital Enter details of all the shares in issue at the date of this return.	Class Number of (e.g. Ordinary/Preference) shares issued		Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	£5 ORD	10,000	£ 50,000.00		
			<u></u>		
	1				
	Totals	10,000	£ 50,000.00		
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes	s in the period			
returns.	A list of changes is enc	on pape	r in another format		
	A full list of shareholder	rs is enclosed X			
Certificate	I certify that the information knowledge and belief.	ation given in this return	is true to the best of my		
Signed	Varesu J.	Dat	15104/2002		
† Please delete as appropriate.	† a <del>director</del> /secretary				
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	This return include	es C (enter number)	ontinuation sheets.		
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	WGO SECRETARIAL DEPARTM	ENT, ROYAL & SUN ALLIANCE INS	JRANCE, 30 BERKELEY SQUARE,		
contact if there is any query.	LONDON, WIJ 6EW	7-1			
		Tel   020 7569 6075			
	DX number	DX exchange			



### List of past and present shareholders Schedule to form 363a

C				^	_	^
•	ы	_	u	11	,	u

Company Number	599
Company Name in full	The Northern Maritime Insurance Company Limited

Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year

You must provide a "full list" of all the company shareholders on:

The company's first annual return following incorporation;

Every third annual return after a full list has been provided

- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

	Class and	Shares or amount of stock transferred (if appropriate)		
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name  LSUN ALLIANCE AND LONDON INSURANCE PLC  Address  LST MARK'S COURT, CHART WAY, HORSHAM, WEST	£5 ord 10,000			
UK Postcode R H 1 2 1 X L				
Name  LAddress				
L				
UK Postcode				
Name				
Address				
UK Postcode				