

Please complete in typescript, or in bold black capitals

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

Company Number Company Name in full		599C						
		The Northern Maritime Insurance Company Limited						
* F288	BD40 *							. 12 - 12 - 12
Resignation form	n		Day	Month	Year			
	Date of resignation		14	11	99			
	Resignation as director		X		as secre	tary	Please mark th is as a director	e appropriate box. If resignatio and secretary mark both boxes
Please insert	NAME	*Style / Title	MR				*Honours etc	
details as previously		Forename(s)	JOHN	DHN				
notified to Companies Ho	use.	Surname	SIDWELL					
			Day Month Year					
	†Date of Birth			10	53	_		
If cessation is other than resignation, please state reason								
* Voluntary details. † Directors only.		Signed					must sign the fo	17/11/99
			(by a serving director / secretary Ladministrator / administrative receiver / receiver manager / receiver) UK SECRETARIAL DEPARTMENT, ROYAL & SUN ALLIANCE INSURANCE, LEADENHALL COURT, 1					
Please give the name, address, telephone number and, if available,			LEADENHALL STREET, LONDON, EC3V 1PP					
the person Cor	and Exchange of ompanies House should re is any query.		Tel 0171-588-2345					
Contact ii there			DX number DX exchange					
A12 *AKHPPMA@* 0540 COMPANIES HOUSE 15/12/99			When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 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					

COMPANIES HOUSE