



110396/210

363a

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP029

Company Number 00000950C

Company Name in full CNA Insurance Company Limited

Date of this return

Day Month Year

03/04/2005

The information in this return is made up to

Date of next return

Day Month Year

03/04/2006

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.

Registered Office

77 Gracechurch Street

Show here the address at the date of
this return.

Any change of
registered office
must be notified
on form 287.

Post town London

County / Region

UK Postcode

EC3V 0DL

Principal business activities

Show trade classification code number(s)
for the principal activity or activities.

6603

If the code number cannot be determined,
give a brief description of principal activity.



A24
COMPANIES HOUSE
28/04/05

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

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Register of members

If the register of members is not kept at the registered office, state here where it is kept.

4th Floor Cavell House
Stannard Place, St Crispin's Road
Post town NORWICH
County / Region Norfolk UK Postcode NR3 1YE

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

4th Floor Cavell House
Stannard Place
Post town NORWICH
County / Region Norfolk UK Postcode NR3 1YE

Company type

Public limited company

☐

Private company limited by shares

☒

Private company limited by guarantee without share capital

☐

Private company limited by shares exempt under section 30

☐

Private company limited by guarantee exempt under section 30

☐

Private unlimited company with share capital

☐

Private unlimited company without share capital

☐

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

Name

* Style / Title

Mr

* Voluntary details.

Forename(s)

Stephen Paul

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Address

Surname

Baker

Heath Farm

Post town

Norwich

County / Region

UK Postcode

NR1 3 4SF

Country

England

Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	Mr				
		Day	Month	Year		
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of Birth	0	9	01	19	48
	Forename(s)	David Keith				
	Surname	Davies				
Address	Uplands Harewood Road					
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	Chalfont St Giles				
	County / Region	Buckinghamshire	UK Postcode	HP8 4UB		
	Country	England	Nationality	British		
	Business occupation	Insurance Executive				

* Voluntary details.

Name	* Style / Title	Mr				
		Day	Month	Year		
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of Birth	2	4	03	19	48
	Forename(s)	Paul Vladimir				
	Surname	Hennessy				
Address	101 Sandy Lane					
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	Cheam				
	County / Region	Surrey	UK Postcode	SM2 7EP		
	Country	England	Nationality	British		
	Business occupation	Insurance Executive				

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	Ms		
		Day	Month	Year
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of Birth	2	3	05 / 1966
	Forename(s)	Dawn		
	Surname	Jaffray		
Address	1821 N. Dayton			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	Chicago		
	County / Region	Illinois	UK Postcode	60614
	Country	United States	Nationality	Canadian
Business occupation	SVP & SFO Finance & Cap Mgmt			

* Voluntary details.

Name	* Style / Title	Mr		
		Day	Month	Year
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of Birth	02	04	1949
	Forename(s)	Nigel Thomas		
	Surname	Jenkins		
Address	The Coach House			
	London Road, Dunton Green			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town			
	County / Region	KENT	UK Postcode	TN13 2TJ
	Country	England	Nationality	British
Business occupation	Insurance Company Official			

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title _____
Day Month Year

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of Birth 2 6 / 1 1 / 1 9 4 8

Forename(s) James Ray

Surname Lewis

Address 82 Weybridge Lane

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town North Barrington

County / Region Illinois

UK Postcode

Country United States

Nationality United States Citizen

Business occupation Insurance Executive

* Voluntary details.

Name * Style / Title Mr

Day Month Year

Date of Birth 0 3 / 0 2 / 1 9 5 9

Forename(s) Glenn Garry

Surname MacNeil

Address 1554 Jarvie Crescent

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town Milton

County / Region Ontario

UK Postcode

L 9 T 5 Z 3

Country Canada

Nationality Canadian

Business occupation Insurance Executive

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name * Style / Title Mr
Day Month Year

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of Birth 09/01/1960

Forename(s) Peter Whittingham

Surname Wilson

Address 33 Bogart Court

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town Princeton

County / Region New Jersey

UK Postcode

Country United States

Nationality United States Citizen

Business occupation Insurance Executive

* Voluntary details.

Name * Style / Title
Day Month Year

Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

Date of Birth

Forename(s)

Surname

Address

Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.

Post town

County / Region

UK Postcode

Country

Nationality

Business occupation

Issued share capital

Enter details of all the shares in issue at the date of this return.

Class
(e.g. Ordinary/Preference)

**Number of
shares issued**

**Aggregate
Nominal Value**

(i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)

£10 Shares	13,020,000.00	£ 130,200,000.00
Totals	13,020,000.00	£ 130,200,000.00

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 returns.

There were no changes in the period ☐

	on paper	in another format
A list of changes is enclosed	<input type="checkbox"/>	<input type="checkbox"/>
A full list of shareholders is enclosed	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

SBL

Date

15/04/2005

† Please delete as appropriate.

† a ~~director~~ /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 includes

continuation sheets

(enter number)

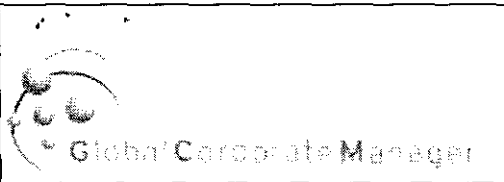
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

Mr S P Baker

77 Gracechurch Street, London, EC3V 0DL.

Tel

DX number DX exchange



List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 00000950C

Company Name in full CNA 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

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name CNA Europe Holdings Limited Address 77 Gracechurch Street, London, England. UK Postcode EC3V 0DL	£10 Shares 13,020,000		
Name Address UK Postcode L L L L L L L			
Name Address UK Postcode L L L L L L L			