

Please complete in typescript, or in bold black capitals.

CHFP029

53 GO4463 F750 + 50 363a

Annual Return

Comp	oany Number	6252				
Company	Name in full	General Accident Executor and Trustee Company Limited				
Date of this return The information in this return	is made up to	Day Month Year				
Date of next return If you wish to make your r to a date earlier than the a of this return please show Companies House will the at the appropriate time.	anniversary the date here.	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Registered Office Show here the address a this return.	nt the date of	ST. HELEN'S				
Any change of registered office must be notified on form 287.	Post town County / Region UK Postcode	LONDON LE C 3 P 3 D Q				
Principal business a Show trade classification for the principal activity or	code number(s)	6523				
If the code number canno give a brief description of	t be determined, principal activity.	TRUSTEE AND EXECUTORSHIP BUSINESS				



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

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

Register of members If the register of members is not kept at the registered office, state here where it is kept.	1
Post town	
County / Region	UK Postcode
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.	
Post town	
County / Region	UK Postcode
Company type	
Public limited company	
Private company limited by shares	x
Private company limited by guarantee without share capital	
Private company limited by shares exempt under section 30	Please tick the appropriate box
Private company limited by guarantee exempt under section 30	
Private unlimited company with share capital	
Private unlimited company without share capital	
Company Secretary	
(Please photocopy this area to provide details of joint sec- retaries).	Details of a new company secretary must be notified on form 288a.
* Voluntary details. Forename(s)	
If a partnership give the names and addresses of the part-	
the partnership and office address. Address	ST. HELEN'S
Usual residential	1 UNDERSHAFT
address must be given. In the case of a corporation, or a Post town	LONDON
Scottish firm, give the registered or principal office address. County / Region	UK Postcode E C 3 P 3 D C
Country	

' Directors Please list directors i	n alphat	petical order.	Details of new directors must be no		2004	
	Name	* Style / Title	MR		_	
Directors In the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the	ıt	Date of birth	1 4 / 0 4 / 1 9 5 2			
name is the corporate or firm name.		Forename(s)	PHILIP CAMPBELL			
		Surname \	BURKE			
	Addre	ss	5 FAIRHILL DRIVE, OAKBANK		·	
Usual residential			L			
address must be given. In the case of corporation or a Scottish firm, give the		Post town	PERTH			
registered or principal office address.		County / Region	PERTHSHIRE	UK Postcode	P H 1 L	[1
		Country	SCOTLAND	Nationality	BRITISH	
	Busin	ess occupation	TRUSTEE MANAGER			
* Voluntary details.						
	Name	* Style / Title	MR		_	
Directors In the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.		Date of birth	1 3 / 0 7 / 1 9 5 2			
		Forename(s)	RICHARD ANDREW			
		Surname	WHITAKER			
	Addre	ess	STRATHBLANE, ASHGROVE ROAD			
Usual residential			L		<u> </u>	
address must be given. In the case of corporation or a		Post town	SEVENOAKS			
Scottish firm, give the registered or principal office address.	ie al	County / Region	KENT	UK Postcode	T [N [1 [3	
		Country	ENGLAND	Nationality	BRITISH	

Issued share capital Enter details of all the shares in issue at the date of this return.	Class (e.g. Ordinary/Preference)	Number shares iss		Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	£5 CUM PREF	L	20,000	£	100,000.00	
	£4.00 ORD	<u> </u>	207,500	£	830,000.00	
		L				
	Totala					
	Totals	L	227,500	£	930,000.00	
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	in the period	1			
returns.	A list of changes is encl	osed	on paper	r in anoth	er format	
	A full list of shareholder	s is enclosed	X			
Certificate AUTHORISED SIGNATOR FOR AND ON BEHALF OF CGNU COMPANY Signed + SECRETARIAL SERVICES LIMITED + Please delete as appropriate.	I certify that the informa knowledge and belief.	ition given in	this return i		e best of my	
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	(enter no		ontinuation	sheets.	
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 R A WHITAKER, GROUP SEC	CRETARY, GENER	AL ACCIDENT PL	.C, PITHEAVLIS,	PERTH, PH2 0NH	
			1738 895114			
	DX number	DX exc	change			



List of past and present shareholders Schedule to form 363a

	C	Н	F	P	n	2	9
--	---	---	---	---	---	---	---

Company Number	6252

Company Name in full | General Accident Executor and Trustee 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 sto (if approp Class and number of shares or amount of stock transferred	ck transferred riate) Date of registration of transfer
Name	£5 cum pref	20,000	<u></u>	<u> </u>
CGU INSURANCE PLC		,,,,,,		
Address				
PITHEAVLIS, PERTH, SCOTLAND				
UK Postcode PH2 ONH				
Name	£4.00 Ord	207.400		
CGU INSURANCE PLC		207,400		
Address				
PITHEAVLIS, PERTH, SCOTLAND				
UK Postcode PH2 0NH	•			
Name	£4.00 Ord	100		
GAFLAC NOMINEES LIMITED		100		
Address				
PITHEAVLIS, PERTH, SCOTLAND	_			
<u></u>	-			
UK Postcode P H 2 L O N H	-			