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Please comp	lete in	typescri	pt,
or in bold bla	ck cap	oitals.	

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CHANGE	OF P	ARTI	ICULA	RS	for	dire	ctor	0
secretary								

Please complete in typescript, or in bold black capitals.		(NOT for appointment (use Form 288a) or resignation (use Form 288b))
CHFP010	Company Number	6369
Company Name in full		METHODIST INSURANCE PLC
Changes of particulars form	Complete in all cases	Day Month Year Date of change of particulars 3 1 1 2 2 0 0 6
	Name * Style / Title	* Honours etc
	Forename(s)	GRAHAM VINCENT
Surnam		DOSWELL
	† Date of Birth	Day Month Year 3 0 0 9 1 9 4 5
Change of name Fenter new name)	ne Forename(s)	
	Surname	
Change of usual residential address		
enter new address)	Post town	
	County / Region	Postcode
	Country	
Other Change (please specify)		Occupation: CONSULTANT.
		A serving director, secretary etc must sign the form below.
Voluntary details. Directors only. Delete as appropriate.		1.1-621 Date 11/1107
		(**director/ secretary/ administrator/ administrative receiver/ receiver manager/ receiver)
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.		MRS R J HALL, BEAUFORT HOUSE, BRUNSWICK ROAD,
		GLOUCESTER, GL1 1JZ
		Tel

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12/01/2007 **COMPANIES HOUSE** When you have completed and signed the form please send it to the Registrar of Companies at:

DX exchange

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

DX number

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland DX 235 Edinburgh