



## Appointment of Director

Company Name: **METHODIST INSURANCE PLC**

Company Number: **00006369**



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### New Appointment Details

Date of Appointment: **27/03/2024**

Name: **REVEREND JULIA IRENE REID**

The company confirms that the person named has consented to act as a director.

Service Address: **BENEFACT HOUSE 2000 PIONEER AVENUE  
GLOUCESTER BUSINESS PARK, BROCKWORTH  
GLOUCESTER  
UNITED KINGDOM  
GL3 4AW**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/04/1969**

Nationality: **BRITISH**

Occupation: **MINISTER**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

**Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor**