



SECRETARIAT

Please complete in typescript,
or in bold black capitals.

3AK
012695
K15

363a

Annual Return

Company Number

36142

Company Name in full

The Medical Protection Society Limited



* F363AD40 *

Date of this return (See note 1)

The information in this return is made up to

Day Month Year

20 05 1998

Date of next return (See note 2)

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.

Day Month Year

20 05 1999

Registered Office (See note 3)

Show here the address at the date of
this return.

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

Post town

33 CAVENDISH SQUARE

County / Region

LONDON

Postcode

W1M 0PS

Principal business activities

(See note 4)

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

7484

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

TO PROVIDE MEDICAL AND DENTAL INDEMNITY TO MEMBERS WORLDWIDE



A02 *A05P06BX* 585
COMPANIES HOUSE 19/05/98

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

Register of members *(See note 5)*

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

Post town

County / Region

Postcode

Register of Debenture holders*(See note 6)*

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

Post town

County / Region

Postcode

Company type *(See note 7)*

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

X

Please mark the appropriate box

Company Secretary *(see notes 1-5)***Details of a new company secretary must be notified on form 288a.**

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

Name

* Style / Title

DR

*Honours etc

Forename(s)

ROY NEWBERRY

Surname

PALMER

* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

57 KENNINGTON ROAD

Usual residential

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

Post town

LONDON

County / Region

Postcode

SE1 7PZ

Country

Directors (see notes 1 to 5)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title	MRS.		Day	Month	Year
	* Honours etc	BDS DGDP(UK)	Date of birth	23	05	1945
	Forename(s)	MEREDYTH CHERYL				
	Surname	BELL				
	Previous forename(s)					
	Previous surname(s)					
Address	PARK HEAD, WOODHALL					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.						
	Post town	COCKERMOUTH				
	County / Region	CUMBRIA	Postcode	CA13 0NX		
	Country		Nationality	BRITISH		
Business occupation	DENTIST					
Other directorships	See attached list					
* Voluntary details.						

Name	* Style / Title	RT.HON. THE LORD		Day	Month	Year
	* Honours etc	CBE BDS LDSRCS	Date of birth	01	01	1942
	Forename(s)	IAN ANTHONY				
	Surname	COLWYN				
	Previous forename(s)					
	Previous surname(s)					
Address	BEARD MILL, STANTON HARCOURT					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	WITNEY					
	Post town					
	County / Region	OXFORDSHIRE	Postcode	OX8 1AG.		
	Country		Nationality	BRITISH		
Business occupation	DENTAL SURGEON					
Other directorships	See attached list					

Directors (see notes 1-5)
Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	DR.			Day	Month	Year
	* Honours etc	MB ChB FRCGP Dabst R604			Date of birth		
		17	01	1944			
	Forename(s)	GEORGE ALAN					
	Surname	CROUCH					
	Previous forename(s)						
	Previous surname						
	Address	18 HOLLINS ROAD, HARROGATE					
	Post town						
	County / Region	N. YORKSHIRE		Postcode	HG1 2JF		
	Country						
	Nationality	BRITISH					
	Business occupation	DOCTOR					
	Other directorships	NO OTHER DIRECTORSHIPS					

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

Name	* Style / Title	MR.			Day	Month	Year
	* Honours etc	BA FCA			Date of birth		
		07	07	1938			
	Forename(s)	MARTIN HUGH TEMPLE					
	Surname	GAIRDNER					
	Previous forename(s)						
	Previous surname						
	Address	HEATH FARMHOUSE, HEATH LANE					
	Post town	GODALMING					
	County / Region	SURREY		Postcode	GU7 1UN		
	Country						
	Nationality	BRITISH					
	Business occupation	CHARTERED ACCOUNTANT					
	Other directorships	ST. HILARY'S SCHOOL TRUST LIMITED					

* Voluntary details.

Directors (see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	PROFESSOR	Day	Month	Year
* Honours etc	MA MChir FRCS FRCP	Date of birth	03	04	1933
Forename(s)	JACK DONALD				
Surname	HARDCASTLE				
Previous forename(s)					
Previous surname					
Address	GOVERTON HEIGHTS, GOVERTON				
	BLEASBY				
Post town	NOTTINGHAM				
County / Region		Postcode	NG14 7FN		
Country					
Nationality	BRITISH				
Business occupation	PROFESSOR OF SURGERY				
Other directorships	COLL SURG SERVICES LIMITED				
	NOTTINGHAM ICE HOCKEY CLUB LIMITED				

Usual residential

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

Name	* Style / Title	PROFESSOR	Day	Month	Year
* Honours etc	MB ChB FRCA	Date of birth	02	11	1953
Forename(s)	FREDERICK DAVID RICHARD				
Surname	HOBBS				
Previous forename(s)					
Previous surname					
Address	48 WAKE GREEN ROAD, MOSELEY				
Post town	BIRMINGHAM				
County / Region		Postcode	B13 9PF		
Country					
Nationality	BRITISH				
Business occupation	UNIVERSITY ACADEMIC				
Other directorships	NO OTHER DIRECTORSHIPS				
* Voluntary details.					

Directors (see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	DR.		
		Day	Month	Year
* Honours etc	FRCPI	Date of birth		
		07	09	1952
Forename(s)	MARY			
Surname	KING			
Previous forename(s)				
Previous surname				
Address	81 ANGLESEA ROAD, BALLSBRIDGE			
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	DUBLIN 4		
	County / Region	Postcode		
	Country			
Nationality	IRISH			
Business occupation	DOCTOR			
Other directorships	NO OTHER DIRECTORSHIPS			

Name	* Style / Title	DR.		
		Day	Month	Year
* Honours etc	MA MSC DPHIL FRCP	Date of birth		
		10	07	1940
Forename(s)	JOHN PAUL			
Surname	MILLER			
Previous forename(s)				
Previous surname				
Address	1 BALLBROOK AVENUE			
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	MANCHESTER		
	County / Region	Postcode	M20 6AB	
	Country			
Nationality	BRITISH			
Business occupation	DOCTOR			
Other directorships	HALLAM MEDICAL TRAINING SERVICES LIMITED			

* Voluntary details.

Directors (see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	MR.	Day	Month	Year
* Honours etc	CBE BDS MGDSRCS	Date of birth	04	09	1936
Forename(s)	RICHARD BRIAN				
Surname	MOUATT				
Previous forename(s)					
Previous surname					
Address	SUTHERLARACH, 30 CRESCENT WALK				
	WEST PARLEY				
Post town	DORSET				
County / Region		Postcode	BH22 8PZ		
Country					
Nationality	BRITISH				
Business occupation	DENTAL SURGEON				
Other directorships	NO OTHER DIRECTORSHIPS				

Usual residential

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

Name	* Style / Title	MR.	Day	Month	Year
* Honours etc	MB CMB FRCSed FRCS	Date of birth	25	07	1947
Forename(s)	KEITH FRANCIS				
Surname	PARSONS				
Previous forename(s)					
Previous surname					
Address	31 DERBY ROAD				
Post town	FORMBY				
County / Region	MERSEYSIDE	Postcode	L37 6BN		
Country					
Nationality	BRITISH				
Business occupation	UROLOGICAL SURGEON				
Other directorships	THE BRITISH JOURNAL OF UROLOGY				

* Voluntary details.

Directors (see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	MISS		Day	Month	Year
	* Honours etc	MBCHB MD FRCOG	Date of birth	13	01	1949
	Forename(s)	SUSAN MARY				
	Surname	SELLERS				
	Previous forename(s)					
	Previous surname					
Address	8 BEECH ROAD, HEADINGTON					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	OXFORD				
	County / Region	OXON	Postcode	OX3 7RR		
	Country					
Nationality	BRITISH					
Business occupation	OBSTETRICIAN					
Other directorships	NO OTHER DIRECTORSHIPS					

Name	* Style / Title	MR.		Day	Month	Year
	* Honours etc	MA Barrister	Date of birth	28	08	1946
	Forename(s)	ROBERT CANTON				
	Surname	SEWARD				
	Previous forename(s)					
	Previous surname					
Address	47 KINGSTOWN STREET					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	LONDON				
	County / Region		Postcode	NW1 8JP		
	Country					
Nationality	BRITISH					
Business occupation	LAWYER					
Other directorships	See attached list					

* Voluntary details.

Directors (see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	MR.		
		Day	Month	Year
	* Honours etc	BA		
		Date of birth	15	03 1941
Forename(s)	DAVID JOHN			
Surname	YOUNGMAN			
Previous forename(s)				
Previous surname				
Address	CROCKMORE HOUSE, FAWLEY			
Post town	HENLEY ON THAMES			
County / Region	OXFORDSHIRE	Postcode	RG9 6HY	
Country				
Nationality	BRITISH			
Business occupation	CHIEF EXECUTIVE			
Other directorships	See attached list			

Usual residential address

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

Name	* Style / Title			
		Day	Month	Year
	* Honours etc			
		Date of birth		
Forename(s)				
Surname				
Previous forename(s)				
Previous surname				
Address				
Post town				
County / Region		Postcode		
Country				
Nationality				
Business occupation				
Other directorships				

Usual residential address

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

* Voluntary details.

Other relevant directorships

Company Number **36142**

Company Name **The Medical Protection Society Limited**

Directors Name **BELL MEREDYTH CHERYL**

† Directors only.

† Other directorships

BETTER PRACTICE

DENPLAN LIMITED

THE VISUAL LINK

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:
- for a married woman, the name by which she was known before marriage need not be given.

- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant

- a parent company which wholly owned the company making the return, or

- another wholly owned subsidiary of the same parent company.

Other relevant directorships

Company Number 36142

Company Name The Medical Protection Society Limited

Directors Name COLWYN IAN ANTHONY

† Directors only.

† Other directorships

CORTECS PLC

IN PERPETUITY LIMITED

LORD COLWYN ORGANISATION

THE DENTAL PROTECTION SOCIETY LIMITED

THREE B CONSULTANTS LIMITED

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- dormant

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- another wholly owned subsidiary of the same parent company.

Other relevant directorships

Company Number 36142

Company Name The Medical Protection Society Limited

Directors Name SEWARD ROBERT CANTON

† Directors only.

† Other directorships

GRIFFIN MANAGERS LIMITED

INTERNATIONAL TANKER OWNERS POLLUTION FED. LTD.

TINDALL RILEY (WAR RISKS) LIMITED

TINDALL, RILEY (MARINE) LIMITED

TINDALL, RILEY (P&I) LIMITED

WREN MANAGERS LIMITED

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- dormant

- a parent company which wholly owned the company making the return, or

- another wholly owned subsidiary of the same parent company.

Other relevant directorships

Company Number 36142

Company Name The Medical Protection Society Limited

Directors Name YOUNGMAN DAVID JOHN

† Directors only. † Other directorships

COATES BROTHERS (SOUTH AFRICA) LIMITED

COATES BROTHERS PENSIONS LIMITED

COATES BROTHERS PLC

COATES ITALIA SPA

COATES OF INDIA LIMITED

KLEINWORT CHARTER INVESTMENT TRUST PLC

TOREX PLC

TOTAL OIL G.B. LIMITED

NOTES

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Other directorships.

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- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.

Issued share capital (see note 9)
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)
Totals		

List of past and present members
(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

(see note 10)

There were no changes in the period

☒

on paper in another format

A list of changes is enclosed

☐
☐

A full list of members is enclosed

☐
☐

Elective resolutions
(Private companies only)

(See note 11)

If at the date of this return an election is in force to dispense with annual general meetings, mark this box

☐

If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box

☐

Certificate

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

Signed



Date

18 May 1998

† 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

51X

(enter number)

continuation 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.

MISS L J WHITTLE, MEDICAL PROTECTION SOCIETY, 33 CAVENDISH SQUARE, LONDON, W1M 0PS	
Tel 0171 399 1336	
DX number 42736	DX exchange Oxford Circus North