

Please complete in typescript,

88(2)

Return of Allotment of Shares

or in bold black capitals CHFP029			
Company Number	99122		
Company Name in full	Norwich Union Insurance Limited		
Shares allotted (including bon	us shares):		
	From	То	
Date or period during which	Day Month Year	Day Month Year	
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	1 8 1 2 2 0 0 3		
Class of shares	Ordinary		
(ordinary or preference etc)			
Number allotted	200,000,000		
Nominal value of each share	£1		
Amount (if any) paid or due on eac share (including any share premium)	h £1		
List the names and addresses of	f the allottees and the number of shares	allotted to each overleaf	
If the allotted shares are fully o	r partly paid up otherwise than in cash	n please state:	
% that each share is to be treated as paid up	100%		
Consideration for which the shares were allotted	CASH		
(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)			



When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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

, Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share cla	ss allotted	
Name Norwich Union Holdings Limited	Class of shares allotted	Number allotted	
Address 8 Surrey Street, Norwich , Norfolk	Ordinary	200,000,000	
UK Postcode LN R 1 3 LN G	1		
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode LLLLL		L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode LLLL LL	1	L	
Name	Class of shares allotted	Number allotted	
Address			
<u></u>	L		
UK Postcode LLLLLLLL	I		
Name	Class of shares allotted	Number allotted	
Address			
<u> </u>	·	<u> </u>	
AUTHORISED SIGNATORY FOR AND ON BEHALF OF			
AVIVA COMPANY Please and the number of Cesting at Each (if any) attached to this form	n		
Signed Date	9		
A director / secretary / administrator / administrative receiver / receiver manager / recei	A director / secretary / administrator / administrative receiver / receiver manager / receiver Please delete as appropriate		

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.

Lisa Andrieux			
St Helen's, 1 Undershaft, London EC3P 3DQ			
	Tel 0207 662 8108		
DX number DX exch	hange		