G

CHFP080

Please do not

Notice of appointment of liquidator Voluntary winding up (Members or Creditors)

FORM No. 600

600

Pursuant to section 109 of the Insolvency Act 1986

Write in this margin
Please complete

legibly preferably in black type or bold block lettering *insert full name

of company

EC2P 2YU

To the Registrar of Cor (Address Overleaf)	mpanies	For official use	Company number 00150650	
Name of Company				
* Sun Alliance Insurance	ce UK Limited			
Nature of Business				
Non-trading				
I give notice that I have 15 November, 2016	e been appointed liquidator o	f the above company on		
The appointment was by the company				
Type of liquidation Mer	mbers			
Name of Liquidator Office holder number Address	Sean K Croston 8930 30 Finsbury Square London	•		

20	
Name of Liquidator Office holder number Address	
Signature	Date

Presenters name and address and reference (If any)
Sean K Croston
Grant Thornton UK LLP
30 Finsbury Square
London

EC2P 2YU R30201163/9

Signature

Time Critical Reference

For Official Use General Section

Post room

Date 22 November 2016





A06 23/11/2016 COMPANIES HOUSE #175

NOTES

The address for companies registered in England and Wales or Wales is -

The Registrar of Companies, Companies House, Crown Way, Cardiff, CF14 3UZ

Or, for companies registered in Scotland -

The Registrar of Companies, Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB