



Please complete in typescript,  
or in bold black capitals.

CHFP029

## Annual Return

Company Number 158900

Company Name in full World Auxiliary Insurance Corporation Limited/The

### Date of this return

The information in this return is made up to

Day Month Year  
2 6 / 0 1 / 2 0 0 1

### Date of next return

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  
2 6 / 0 1 / 2 0 0 2

### Registered Office

Show here the address at the date of  
this return.

ST. HELEN'S

1 UNDERSHAFT

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

Post town

LONDON

County / Region

UK Postcode

E C 3 P 3 D Q

### Principal business activities

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

6601

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



A45  
COMPANIES HOUSE  
01/03/01

When you have completed and signed the form please send it to the  
Registrar of Companies at:  
Companies House, Crown Way, Cardiff, CF14 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

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

Post town

County / Region

UK Postcode

## Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

## Company type

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

## Company Secretary

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

Name

\* Style / Title

\* Voluntary details.

Forename(s)

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Surname(s)

Address

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

Post town

County / Region

Country

Details of a new company secretary must be notified on form 288a.

CGNU COMPANY SECRETARIAL SERVICES LIMITED

ST. HELEN'S

1 UNDERSHAFT

LONDON

UK Postcode

ENGLAND

**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

<b>Name</b>	<b>* Style / Title</b>	MR										
		Day	Month	Year								
<b>Directors</b>	<b>Date of birth</b>	1	4	0	8	1	9	5	2			
In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	<b>Forename(s)</b>	MICHAEL NICHOLAS										
	<b>Surname</b>	BIGGS										
<b>Address</b>	415 UNTHANK ROAD											
<b>Usual residential address</b>												
must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	<b>Post town</b>	NORWICH										
	<b>County / Region</b>	NORFOLK				<b>UK Postcode</b>	N	R	4	7	Q	B
	<b>Country</b>	ENGLAND				<b>Nationality</b>	BRITISH					
<b>Business occupation</b>	INSURANCE COMPANY OFFICIAL											

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>	MR										
		Day	Month	Year								
<b>Directors</b>	<b>Date of birth</b>	1	8	0	6	1	9	6	1			
In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	<b>Forename(s)</b>	IGAL MORDECIAH										
	<b>Surname</b>	MAYER										
<b>Address</b>	KINROSS, MANOR LANE											
<b>Usual residential address</b>	GERRARDS CROSS											
must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	<b>Post town</b>	BUCKINGHAMSHIRE										
	<b>County / Region</b>					<b>UK Postcode</b>	S	L	9	7	N	H
	<b>Country</b>	ENGLAND				<b>Nationality</b>	CANADA					
<b>Business occupation</b>	INSURANCE EXECUTIVE											

**Directors***Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

**Directors** In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.

<b>Name</b>	<b>* Style / Title</b>	MR												
		Day	Month	Year										
	Date of birth	1	2	/	0	6	/	1	9	5	0			
	Forename(s)	PATRICK JOSEPH ROBERT												
	Surname	SNOWBALL												
<b>Address</b>	THE OLD RECTORY, LONGHAM													
<b>Usual residential address</b>														
	Post town	EAST DEREHAM												
	County / Region	NORFOLK					UK Postcode	N	R	1	9	2	R	G
	Country	ENGLAND					Nationality	BRITISH						
<b>Business occupation</b>	INSURANCE COMPANY OFFICIAL													

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>													
		Day	Month	Year										
	Date of birth			/			/							
	Forename(s)													
	Surname													
<b>Address</b>														
<b>Usual residential address</b>														
	Post town													
	County / Region						UK Postcode							
	Country						Nationality							
<b>Business occupation</b>														

**Issued share capital**

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, or total amount of stock)

£1 ORD	600,000	£ 600,000.00
<b>Totals</b>	600,000	£ 600,000.00

**List of past and present shareholders**

(Use attached schedule where appropriate)

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

There were no changes in the period

☐

on paper in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☒
☐
**Certificate**

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

**AUTHORISED SIGNATORY**

**FOR AND ON BEHALF OF**

Signed

CGNU COMPANY

SECRETARIAL SERVICES LIMITED

*S. Neale*

Date

20.2.2001

† a director/secretary

† Please delete as appropriate

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

(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.

GROUP LEGAL AND SECRETARIAL, ST HELENS, 1 UNDERSHAFT, LONDON, EC3P 3DQ

Tel

DX number

DX exchange

# List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 158900

Company Name in full World Auxiliary Insurance Corporation Limited/The

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
  - The company's first annual return following incorporation;
  - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name CGU INTERNATIONAL INSURANCE PLC Address ST. HELEN'S, 1 UNDERSHAFT, LONDON, ENGLAND _____ _____ UK Postcode EC3P 3DQ	£1 Ord 600,000		
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			
Name _____ Address _____ _____ _____ UK Postcode L L L L L L L L			