

Please complete in typescript, or in bold black capitals.

CHFP029

248696. 363a

Annual Return

Com	ipany Number	181116				
Compan	y Name in full	Willis Limited				
Date of this return The information in this retu	rn ie mada un to	Day Month Year				
The information in this retu	in is made up to	0 1 1 0 4 1 2 0 0 1				
Date of next return fyou wish to make your						
o a date earlier than the of this return please show Companies House will the	anniversary w the date here.	Day Month Year				
at the appropriate time.		0 1 1 0 4 1 2 0 0 2				
Registered Office		TEN TRINITY SQUARE				
Show here the address this return.	at the date of	TEN TRIMITT SQUARE				
Any change of registered office	Post town					
must be notified on 287.		LONDON				
50 1000 E01.	County / Region					
	UK Postcode	EC3P3AX				
Principal business	activities					
Show trade classification for the principal activity of						
or the principal activity	or douvides.	6603				
If the code number cann	ot be determined,					
give a brief description o	or principal activity.					
		NAMES were being permitted and signed the force of the the				
		When you have completed and signed the form please send it to the Registrar of Companies at: Companies House Crown Way Cardiff CE14 3UZ DX 33050 Cardiff				
	}	Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales				

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 B

21/04/01

DX 235 Edinburgh

Register of Debenture holders If there is a register of debenture holders If the partnership and of the partnership a	Register of members If the register of members is not kept at the registered office, state here where it is kept.	
Register of Debenture holders If there is a register of debenture holders, If there is a register of debenture holders, of it, which is not kept at the registered office, state here where it is kept. Post town County / Region UK Postcode UK Postcode UK Postcode UK Postcode UK Postcode Private company limited by shares X Private company limited by guarantee without share capital Private company limited by guarantee without share capital Private company limited by guarantee wathout share capital Private company limited by guarantee axempt under section 30 Private company limited by guarantee axempt under section 30 Private unlimited company without share capital Private unlimited company without share capital Private unlimited company without share capital Company Secretary (Please photocopy the private debate of joint secretaries). Name * Style / Title **Voluntary details.* Forename(s) MICHAEL PATRICK If a partnership give sacrieses of the partnersh address office address Address (Please tick the appropriate box Please tick the appropriate box Please tick the appropriate box Please tick the appropriate box Private company without share capital MICHAEL PATRICK If a partnership give sacrieses of the partnership give sacrieses must be soprostance of a comporation, or a comporation of a comporation of the company and the compan	Post town	Ĺ
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Company Secretary (Please photocopy this area to provide details of joint secretaries). * Voluntary details. * Voluntary details. Forename(s) Michael Patrick Surname(s) Chitty Chitty 17 ESKDALE ROAD Details of a new company secretary must be notified on form 288a. Michael Patrick Chitty 17 ESKDALE ROAD BEXLEYHEATH Scottlish firm, give the case of a corporation, or a Scottlish firm, give the registered or principal office address. County / Region KENT UK Postcode D A 7 5 D	Private company limited by guarantee exempt under section 30	
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address must be given. In the case of a corporation, or a Scottlish firm, give the registered or principal office address. County / Region BEXLEYHEATH UK Postcode D A 7 5 D	Vince Bouless.	
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cipal office address. County / Region KENT UK Postcode D A 7 5 D	corporation, or a POSI IOWII Scottish firm, give the registered or prin-	
Country , ENGLAND	cipal office address. County / Region	KENT UK Postcode D A 7 5 D
Page 2	Country	E-184 1-18

'Directors Please list directors i	in alphai	betical order.	Details of new directors must be no	tified on form 2	266a	
	Name	* Style / Title				
Directors In the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the	at	Date of birth	1 4 / 1 2 / 1 9 5 6			
name is the corporate or firm name.		Forename(s)	GUY MAURICE			
		Surname	BESSIS			
	Addre	! \$\$	14 OSSINGTON STREET			
Usual residential			1			
address must be given. In the case of corporation or a Scottish firm, give the		Post town	LONDON			
registered or principal office address.		County / Region		UK Postcode	W 2 4	LZ
		Country	ENGLAND	Nationality	FRANCE	
	Busin	ess occupation	INSURANCE BROKER			
* Voluntary details.						
	Name	* Style / Title			-	
Directors In the case of a director that	at		Day Month Year			
is a corporation or a Scottish firm, the		Date of birth	0 4 / 0 7 / 1 9 4 8			
name is the corporate or firm name.		Forename(s)	RICHARD JOHN STAFFORD			
		Surname	BUCKNALL			
	Addre	9\$\$	3 ORIANA HOUSE, VICTORY PLACE			
Usual residential			LIMEHOUSE			-
address must be given. In the case of corporation or a Scottish firm, give th		Post town	LONDON			
registered or principal office address.	al	County / Region		UK Postcode	E 1 4	8 B C
		Country	ENGLAND	Nationality	BRITISH	

Business occupation | INSURANCE BROKER

Please list directors in	alphab	etical order.				
N	Name	* Style / Title			_	
Directors In the case of a director that is a corporation or a Scottish firm, the		Date of birth	Day Month Year 2 4 / 0 1 / 1 9 4 3			
name is the corporate or firm name.		Forename(s)	RICHARD			
		Surname	CHIVERRELL			
A	Addres	6S	HIGH LAVER HOUSE, HIGH LAVER			
Usual residential			I			
address must be given. In the case of a corporation or a		Post town	NR ONGAR			
Scottish firm, give the registered or principal office address.	(County / Region	ESSEX	UK Postcode	C M 5	0 D R
		Country	ENGLAND	Nationality	BRITISH	
•	Busine	ess occupation	INSURANCE BROKER			
* Voluntary details.						
1	Name	* Style / Title			_	
Directors In the case of a director that is a corporation or a Scottish firm, the		Date of birth	Day Month Year 0 4 0 4 1 9 5 8			
name is the corporate or firm name.		Forename(s)	CHRISTOPHER NORMAN			
		Surname	CLARK			
,	Addre	SS	10 HIGHWOOD CLOSE			
Usual residential			l			
address must be given. In the case of a corporation or a		Post town	KENLEY			
Scottish firm, give the registered or principal office address.		County / Region	SURREY	UK Postcode	C R 8	5 H V
		Country		Nationality	BRITISH	

 $\textbf{Business occupation} \quad | \text{INSURANCE BROKER}$

Details of new directors must be notified on form 288a

Directors Please list directors i	in alphal	betical order.	Details of new directors must be	e notified on fo	orm 288	a			
	Name	* Style / Title	1						
Directors In the case of a director the is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 0 3 / 1 1 1 / 1 9 4 4		-				
name is the corporate or firm name.		Forename(s)	ROBERT GERALD WARDE						
		Surname	DIXON						
	Addre	ess	FLOODS FARM, DOGMERSFIELD						
Usual residential address must be given. In the case of corporation or a Scottish firm, give the registered or principal	e _.	Post town County / Region	HOOK	UK Postcode	ıR ıG	.2 .7			
office address.						2 7	8	. _	
		Country		Nationality	BRITISH	 			
	Busin	ess occupation	INSURANCE BROKER						
* Voluntary details.									
	Name	* Style / Title	<u></u>		-				
Directors In the case of a director that is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 2 1 / 1 0 / 1 9 4 5						
name is the corporate or firm name.		Forename(s)	MICHAEL DAVID TUFNELL						
		Surname	FABER			·	 -		
	Addre	ess	2A LYALL MEWS						
Usual residential address must be						<u>.</u>			
given. In the case of corporation or a		Post town	LONDON						
Scottish firm, give the registered or principal office address.	ie al	County / Region		UK Postcode	s w	1 X	8	D	
		Country		Nationality	BRITISH	ł 			_

Business occupation $\ \ \ |$ INSURANCE BROKER

Directors Please list directors i	in alphal	betical order.	Details of new directors must be	e notified on fo	orm :	288a			
	Name	* Style / Title							
Directors In the case of a director that is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 1 6 / 0 4 / 1 9 4 7						
name is the corporate or firm name.		Forename(s)	ROBERT HEYDON			*			
		Surname	GAYNER	_					
	Addre	SS	8 BELVEDERE AVENUE, WIMBLEDO	N VILLAGE					
Usual residential address must be given. In the case of corporation or a	а	Post town	LONDON						
Scottish firm, give th registered or principa office address.	e al	County / Region		UK Postcode	s	W 1	9	7	PS
		Country		Nationality	BRIT	TISH			
	Busin	ess occupation	INSURANCE BROKER						
* Voluntary details.									
	Name	* Style / Title			-				
Directors In the case of a director this a corporation or a Scottish firm, the name is the corpo-	at	Date of birth	Day Month Year 1 8 / 0 1 / 1 9 4 8						
rate or firm name.		Forename(s)	ALAN BERTIE						
		Surname	HEDGECOCK						
	Addre	ess	SANDBANKS, 71 CLIFF ROAD						
Usual residential address must be given. In the case of corporation or a		Post town	FELIXSTOWE						
Scottish firm, give the registered or princip office address.	al	County / Region	SUFFOLK	UK Postcode	: [[P 1	1	9	S
		Country		Nationality	BRI	тіѕн			

Business occupation | ACCOUNTANT

Directors Please list directors i	in alphal	betical order.	Details of new directors must be	e notified on fo	orm 288a	
	Name	* Style / Title	<u> </u>		_	
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corpo-	at	Date of birth	Day Month Year 0 2 / 0 3 / 1 9 4 4		-	
rate or firm name.		Forename(s)	MARTYN ANTHONY			
		Surname	HEDLEY			
	Addre	ss	67 DOVEHOUSE STREET			
Usual residential address must be given. In the case of corporation or a Scottish firm, give the registered or principal office address.	е	Post town County / Region Country	LONDON	UK Postcode Nationality	S W 3 E	6 J Y
	Busin	ess occupation	INSURANCE BROKER			
* Voluntary details.	Name	* Style / Title				
Directors in the		,	Day Month Year			
case of a director the is a corporation or a Scottish firm, the		Date of birth	•			
name is the corpo- rate or firm name.		Forename(s)	CHRISTOPHER MICHAEL			
		Surname	LONDON			
	Addre	ess	51 STREATHBOURNE ROAD			
Usual residential address must be given. In the case of corporation or a	fa	Post town	LONDON			
Scottish firm, give the registered or princip office address.	ne eal	County / Region		UK Postcode	S W 1 7	
		Country		Nationality	BRITISH	

Business occupation $\ \ |$ INSURANCE BROKER

Directors Please list directors i	in alphal	betical order.	Details of new directors must be	e notified on fo	orm 288a			
	Name	* Style / Title	_					
Directors In the case of a director that is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 2 8 / 0 4 / 1 9 6 3		-			
name is the corporate or firm name.		Forename(s)	GRAHAME JOHN					
		Surname	MILLWATER					
	Addre	ess	11 DARTMOUTH ROW, BLACKHEAT	Н				
Usual residential address must be given. In the case of corporation or a Scottish firm, give th registered or principa office address.	е	Post town County / Region Country	LONDON	UK Postcode Nationality	S E 1	0	8	A W
	Busin	ess occupation	REINSURANCE BROKER	· '				
* Voluntary details.								
	Name	* Style / Title			_			
Directors In the case of a director the is a corporation or a Scottish firm, the		Date of birth	Day Month Year 2 3 / 0 2 / 1 9 5 3					
name is the corporate or firm name.		Forename(s)	JOHN MARRIOTT					
		Surname	PELLY					
	Addre	ess	37 ALBERT BRIDGE ROAD					
Usual residential address must be given. In the case of corporation or a		Post town	LONDON					
Scottish firm, give the registered or princip office address.	ne al	County / Region		UK Postcode	s W 1	1	4	P X
cinco addiçõe.		Country		- Nationality	BRITISH	_ \	<u> </u>	

Business occupation | INSURANCE BROKER

Aggregate Issued share capital (e.g. Ordinary/Preference) Nominal Value shares issued Enter details of all the shares in issue (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock) at the date of this return. 105,000,000 £ 105,000,000.00 ORD £1.00 **Totals** 105,000,000 105,000,000.00 List of past and present shareholders There were no changes in the period (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns. in another format on paper 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. **Signed** † Please delete as appropriate. a director/secretary When you have signed the return send it This return includes continuation sheets. with the fee to the Registrar of Companies. Cheques should be made payable to (enter number) Companies House. Please give the name, address, telephone number, and if available, a DX number and Exchange, for MISS T M WARREN, TEN TRINITY SQUARE, LONDON, EC3P 3AX the person Companies House should contact if there is any query. Tel 1020 7481 7004 DX exchange DX number

Class

Number of



List of past and present shareholders Schedule to form 363a

CI	НF	P	0	2	9
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Company Number	181116
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Company Name in full | Willis Limited

- 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 a	shares	Shares or amount of stock transferred (if appropriate) Class and number of Date of				
Charcholders details	or amour stock h	nt of eld	shares or amount of stock transferred	registration of transfer			
Name	Ord £1.00	104,999,995					
WILLIS FABER LIMITED		104,555,553					
Address							
TEN TRINITY SQUARE, LONDON	ļ						
LUCBerter							
UK Postcode EC3P3AX							
Name	Ord £1.00	5					
WILLIS PENSION TRUSTEES LIMITED		Ĭ					
Address							
TEN TRINITY SQUARE, LONDON							
		į					
LIV Doctord							
UK Postcode E C 3 P 3 A X							
Name							
Address							
		į					
UK Postcode							