



SECRETARIAT

Please complete in typescript,  
or in bold black capitals.

LT8B / 058889 / 1135x9  
**363a**

## Annual Return

CHFP029

Company Number 204373

Company Name in full LLOYDS TSB GENERAL INSURANCE LIMITED

**Date of this return** (See note 1)  
The information in this return is made up to

Day Month Year

2 8 0 1 2 0 0 0

**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

2 8 0 1 2 0 0 1

**Registered Office** (See note 3)  
Show here the address at the date of  
this return.

71 LOMBARD STREET

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

Post town LONDON

County / Region

Postcode EC3P 3BS

### Principal business activities

(See note 4)

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

6603

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



A38  
COMPANIES HOUSE

0579  
04/02/00

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**  
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.

N/A

Post town

County / Region

Postcode

**Company type** *(See note 7)*

Public limited company

Private company limited by shares

X

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

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

MRS.

\*Honours etc

Forename(s)

HELEN SUZANNE

Surname

RODGERS

\* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

HEATHER BANK

**Usual residential address**

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

Post town

6 BURSTON GARDENS

EAST GRINSTEAD

County / Region

Postcode RH19 2HD

Country

**Directors** (see notes 1 to 5)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

<b>Name</b>	* Style / Title	MR.	Day	Month	Year						
	* Honours etc		Date of birth	2	6	0	7	1	9	5	8
	Forename(s)	KEITH GEORGE									
	Surname	GIBBS									
	Previous forename(s)										
	Previous surname(s)										
<b>Address</b>	SHARLANDS, BLACKBOYS										
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	UCKFIELD									
	County / Region	EAST SUSSEX					Postcode	TN22 5HN			
	Country	ENGLAND					Nationality	BRITISH			
<b>Business occupation</b>	DIRECTOR										
<b>Other directorships</b>											
* Voluntary details.											

<b>Name</b>	* Style / Title	MR.	Day	Month	Year						
	* Honours etc		Date of birth	2	8	1	0	1	9	4	8
	Forename(s)	DENNIS									
	Surname	HOLT									
	Previous forename(s)										
	Previous surname(s)										
<b>Address</b>	6 DRUID CLOSE										
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	STOKE BISHOP									
	County / Region	BRISTOL					Postcode	BS9 1RZ			
	Country						Nationality	BRITISH			
<b>Business occupation</b>	BANK DIRECTOR										
<b>Other directorships</b>											

**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		Date of birth	0	5	1	1	1	9	5	5
Forename(s)	PETER JOHN										
Surname	HUBBARD										
Previous forename(s)											
Previous surname											
Address	14 QUEENS GATE										
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	STOKE BISHOP									
	County / Region	BRISTOL					Postcode	BS9 1TZ			
	Country	ENGLAND									
Nationality	BRITISH										
Business occupation	DIRECTOR										
Other directorships											
Name	* Style / Title		Day	Month	Year						
	* Honours etc		Date of birth								
Forename(s)											
Surname											
Previous forename(s)											
Previous surname											
Address											
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town										
	County / Region						Postcode				
	Country										
Nationality											
Business occupation											
Other directorships											

\* Voluntary details.

**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)
ORD SHARES OF £1	61,700,000	£ 61,700,000.00
Totals	61,700,000	£ 61,700,000.00

**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

X

**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

X

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

X

**Certificate**

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

Signed

*H.S. Rodgers*

Date 28/1/00

† 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

continuation sheets.

(enter number)

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.

MRS. H.S. RODGERS, 71 LOMBARD STREET, LONDON, EC3P 3BS

Tel 020 7 356 1957

DX number

DX exchange

**CHFP029**

**Company Number** : 204373

**Company Name in full** LLOYDS TSB GENERAL INSURANCE LIMITED

Particulars of shares or stock transferred since the date of the last return (or in the case of the first return, since the incorporation of the company) by

- (a) persons who are still members, and
- (b) persons who have ceased to be members.

Number or  
amount  
currently heldNumber or  
amount  
Transferred

Date of  
registration  
of transfer

Remarks

LLOYDS TSB GENERAL INSURANCE HOLDINGS  
LIMITED  
CHARLTON PLACE, ANDOVER, HAMPSHIRE, SP10  
1RE

Ordinary shares of £1  
61,700,000