

363a

000312

240

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

320321

Company name in full

OBC INSURANCE CONSULTANTS LIMITED

Date of this return

The information in this return is made up to

Day Month Year

0 7 / 0 6 / 2 0 0 9

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day Month Year

/ / / / /

Registered Office

Show here the address at the date of this return

ONE ARLESTON WAY

Any change of registered office must be notified on form 287

Post town

SOLIHULL

County/Region

UK Postcode

B 9 0 4 L H

Principal business activities

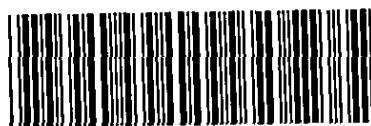
Show trade classification code number(s) for the principal activity or activities

6603

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

NON-LIFE INSURANCE/REINSURANCE

FRIDAY



A09 19/06/2009 224
COMPANIES HOUSE

When you have completed and signed the form please send it to the Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF14 3UZ
for companies registered in England or Wales or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
For companies registered in Scotland

DX 33050 Cardiff

DX ED235 Edinburgh 1
or LP-4 Edinburgh 2

Register of members

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

ARBUTHNOT HOUSE, 20 ROPEMAKER STREET

Post town

LONDON

County/Region

UK Postcode

E C 2 Y 9 A R

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

N/A

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

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

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

Name

*Style/Title MR

Forename(s) JEREMY ROBIN

Surname KAYE

Address †† MALLARDS, 52 MOAT ROAD

Post town EAST GRINSTEAD

County/Region WEST SUSSEX

UK Postcode R H 1 9 3 L H

Country

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

☐

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

Directors

Please list the directors in alphabetical order

* Voluntary details

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

Name***Style/Title**

MR

Day

Month

Year

Date of birth 2 2 / 1 0 / 1 9 6 5**Forename(s)** NICHOLAS MARK**Surname** FIELDEN**Address** †† 38 CARTBRIDGE LANE

RUSHALL

Post town WALSALL**County/Region** WEST MIDLANDS**UK Postcode** W S 4 1 S B**Country****Nationality** BRITISH**Business occupation** CHARTERED ACCOUNTANT

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

☐**Directors**

Please list the directors in alphabetical order

* Voluntary details

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

Name***Style/Title**

MR

Day

Month

Year

Date of birth 1 7 / 0 6 / 1 9 5 7**Forename(s)** GARY ANTONY**Surname** JENNISON**Address** †† WALDEN COTTAGE

BULL LANE, CHALFONT ST. PETER

Post town GERRARDS CROSS**County/Region** BUCKINGHAMSHIRE**UK Postcode** S L 9 8 R Y**Country****Nationality** BRITISH**Business occupation** BANKER

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

☐

Issue 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)

ORDINARY	360	£360
Totals	360	£360

Traded public companies

A traded public company means a company any of whose shares are shares admitted to trading on a regulated market

Please tick this box if your company was a traded public company at any time during the period of this return

☐**List of past and present
shareholders**

(use attached schedule where appropriate)

Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.

Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two returns.

Please tick the appropriate box below:

On paper

In another
format

A full list of shareholders for a private or non-traded public company is enclosed. **Please complete Schedule A.**

☒☐

A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. **Please complete Schedule B.**

☐☐

A list containing shareholder changes is enclosed

☐☐

→ For private or non-traded public companies, **please complete Schedule A**

→ For traded public companies, **please complete Schedule B**

There were no shareholder changes in this period

☐**Certificate**

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

Signed

J.R. Kaye

Date

15 June 2009

* Please delete as appropriate

When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

*(~~director~~ / secretary)

This return includes

☐

continuation sheets

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

J.R. KAYE, ARBUTHNOT HOUSE, 20 ROPEMAKER STREET,

LONDON EC2Y 9AR

TEL: 020 7012 2430

DX number

DX exchange

Schedule A
for private or non-traded public companies
List of past and present shareholders

Company number	320321
Company name in full	OBC INSURANCE CONSULTANTS LIMITED

- Do not give shareholder address information**

[illegible]