

COMPANIES FORM No. 88(2) (Rev 1988)

Return of allotments of shares

Pursuant to section 88(2) of the Companies Act 1985 (the Act)

88(2)

(REVISED 1988) This form replaces forms PUC2, PUC3 and 88(2)

Please do not write in this margin

Please complete legibly, preferably in black type, or bold block lettering

To the Registrar of Companies (address overleaf) (see Note 1)

Company number

1. Name of company 0736581

 μ insert full name of company

* Distinguish between ordinary, preference etc 2. This section must be completed for all allotments

STRONGHOLD INSURANCE COMPANY LIMITED

Description of shares *	ORDINARY			
A. Number allotted	2,000,000)		
B. Nominal value of each	£ 1.00	£	٤	
C. Total amount (if any) paid or due and payable on each share (including premium if any)	£ 1.00	£	£	

^ complete (a) or (b) as appropriate

(a) [on 31 December 1996] or ^ (b) [from to]^ The names and addresses of the allottees and the number of shares allotted to each should be given overleaf.		re allotted	Date(s) on which the shares were
] or ^	(a) [on <u>31 December 1996</u>
The names and addresses of the allottees and the number of shares allotted to each should be given overleaf.	1^	to	(b) [from
······································			

3. If the allotment is wholly or partly other than for cash the following information must be given. (Notes 2 & 3)

D. Extent to which each share is to be treated as paid up. Please use a percentage	
E. Consideration for which the shares were allotted	

NOTES

1. This form should be delivered to the Registrar of Companies within one month of the (first) date of allotment.

2. If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E. and the delivery of the information must be accompanied by the duly stamped contract required by section 88(2)(b) of the Act or by the duly stamped prescribed particulars required by section 88(3) (Form no 88(3)).

3. Details of bonus issues should be included only in section 2.

Presentor's name, address, telephone number and reference (if any):

R E Townsend P O Box 62 Rose Lane NORWICH NR1 1JY Tel: 01603 697400 For official use

Post room



COMPANIES HOUSE 15/01/97



Please do not write in this margin

Please complete legibly, preferably in black type, or bold block lettering

4. Names and addresses of the allottees

Number of shares allotted

	<u> </u>	7	
Names and Addresses	Ordinary	Preference	Other
NW REINSURANCE CORPORATION LIMITED	2,000,000		
P O BOX 62, ROSE LANE, NORWICH			
NR1 1JY			
Total	2,000,000		· ··

* insert Director Secretary	Where the space and the number	given on this forn of sheets attached	n is inadequate, conti d should be indicated	nuation sheets should in the box opposite.	be used
Administrator Administrative Receiver or Receiver (Scotland)	Signed Control		Designation*	iv & KurteryDate	13 au
as appropriate	1				

Companies registered in England and Wales or Wales should deliver this form to:

The Registrar of Companies Companies House Crown Way Cardiff CF4 3UZ

Companies registered in Scotland should deliver this form to:

The Registrar of Companies Companies House 100 - 102 George Street Edinburgh EH2 3DJ

