

288b

Resignation of director or secretary

Please complete in typescript, or in bold black capitals

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	Company	Number

0736581

Company Name in full

STRONGHOLD INSURANCE COMPANY LIMITED

Resig	nation
form	

Please insert details

Companies House.

as previously

notified to

Date of resignation

Year Month

Resignation as director

Day

14

as secretary

04

Please mark the appropriate box. If resignation is as a director and secretary mark both boxes

NAME

*Style/Title

1997

*Honours etc

Forename(s)

ULRICH EDUARD

Surname

THALMANN

Day

Year

+ Date of Birth

1937 10 08

Month

If cessation is other than resignation, please state reason

* Voluntary details. + Directors only.

Signed

A serving director, secretary etc must sign the form below.

Date

23.4.97

:ctor/secretary/adminstrator/administrative-receiver/receiver-manager/receiver) (by a serving di

Please give the name, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

R E TOWNSEND, P O BOX 62, ROSE LANE, NORWICH, NR1 1JY Tel 01603 697400 Fax 01603 697361 DX exchange DX number



When you have completed and signed the form please send it to the Registrar of Companies at: DX 33050 Cardiff

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales

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

DX 235 Edinburgh