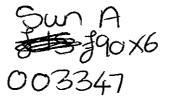


Please complete in typescript, or in bold black capitals.



363a

## **Annual Return**

889209

**Company Name in full** 

Sun Alliance	Linked Lif	e Insurance	Limited		



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

Day	Month	Year
14	05	1997

## 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
14	05	1998

1 BARTHOLOMEW LANE

Registered Office (See note 3) Show here the addressat the date of this return.

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

Post town

LONDON

County / Region

Postcode

EC2N 2AB

## Principal business activities

(See note 4)

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

)				
		]		_
	PENSIONS & UNIT LINKED LONG-TER	RM INSURANC	ICE	=
		•		

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



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 for companies registered in England and Wales

for companies registered in England and Wales **or** 

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of members	is not kept at the			
registered office, state her	re where it is kept.			
	Post town			
	County / Region		Postcode	
Register of Deben	ture holders			
(See note 6) If there is a register of deband it is not kept at the re	penture holders	1 BARTHOLOMEW LAN	<u>E</u>	
state here where it is kept	i.			
	Post town	LONDON		
	County / Region		Postcode	EC2N 2AB
Company type/See	noto 7i			
Company type lose	note //			
Public limited company				
Private company limited by sl	hares	x		
Private company limited by g share capital	uarantee without			
Private company limited by section 30	hares exempt under	Pleas	se mark the appropriate bo	×
Private company limited by g under section 30	uarantee exempt			
Private unlimited company w	ith share capital			
Private unlimited company w	ithout share capital			
Company Secreta	<b>ry</b> (see notes 1-5)	Details of a new compar	ny secretary must be notifi	ed on form 288a.
(Please photocopy this area to provide Name details of joint	* Style / Title		*Honours etc	FCII, FCIS
secretaries).	Forename(s)	RICHARD ANTHONY		
* Voluntary details.	Surname	EVES		
Prev	vious forename(s)			
Pre	evious surname(s)			
Addre	ss	20 WARLEY RISE		
Usual residential				
address must be given. In the case of a corporation, give the	Post town	TILEHURST READING		
registered or principal office address.	County / Region	BERKS	Postcode	RG31 6FR
	Country	ENGLAND		

	ors in a <b>Vame</b>	* Style / Title	MR		_			
ľ	varrie			<u> </u>	Day	Month		
		* Honours etc		Date of birth	06	10	1955	
		Forename(s)	JULIAN CHRISTOPHER					
		Surname	HANCE					
	Prev	rious forename(s)						
	Pre	vious surname(s)						
	Address	;	127 WESTERN ROAD					
Usual residenti								
address must be given. In the case corporation, give	se of a	Post town	HURSTPIERPOINT		•			
registered or pri office address.		County / Region	WEST SUSSEX	Postcode	BN6 9	SY		
		Country		Nationality	BRITIS	Н		
I	Busines	s occupation	INSURANCE MANAGER					
,	Other d	irectorships	NO OTHER DIRECTORSHI	PS				
* Voluntary details.								
	Name	* Style / Title	MR	]	_			
'	realite.	·		]	Day	Month		
		* Honours etc		Date of birth	08	11	1943	
		Forename(s)	JOHN STANLEY					
		Surname	KENT					
	Prev	vious forename(s)						
	Pre	evious surname(s)						
	Address	S	124 EASTCOTE ROAD					
Usual resident addressmust b								
given. In the ca corporation, giv	se of a e the	Post town	PINNER	<u> </u>				
registered or pri office address.	incipal	County / Region	MIDDLESEX	Postcode	HA5 1	EZ		
		Country		Nationality	BRITIS	 5Н		
	Busines	s occupation	INVESTMENT MANAGER					
		lirectorships	NO OTHER DIRECTORSHI	PS -				
		-	1			·		

Directors (see note Please list directors	es 1-5) <i>s in al</i> j	phabetical order	Details of new director	s must be notif	ied on form	288a.		
` ` Naı	me	* Style / Title	MR			Day	Month	Year
		* Honours etc		Da	nte of birth	01	01	1937
		Foreneme(s)	DAVID RONALD					
		Surname	PARRY					
	Previ	ous forename(s)						
	P	revious surname						
Ad	dress		THE PINES, 18 BASKERV	YLE ROAD				
Usual residential			GAYTON					
address must be given. In the case		Post town	WIRRAL					
corporation, give t registered or princion office address.	the	County / Region	MERSEYSIDE		Postcode	L60 8	NL	
office address.		Country				L	-	
Na	tionali	ity	BRITISH					
Bus	siness	occupation	INSURANCE EXECUTIVE					
Otl	her diı	rectorships	NO OTHER DIRECTORSHI	PS				
								i
Na	ıme	* Style / Title	MR			Day	Month	Year
		* Honours etc		Da	ate of birth	04	10	1935
		Forename(s)	RONALD HORACE WILLIA	/M			l	A
		Surname	WINCH					
	Previ	ious forename(s)						
	Р	revious surname						
Ad	idress		20 HILDRED HOUSE, 80	EBURY MEWS	·		·	
	_							
Usual residential address must be		Post town	LONDON					
given. In the case corporation, give t	the					[SW/1V	V 9NH	
registered or princ office address.	apai	County / Region			Postcode	344.14	v Sivin	
		Country	ENGLAND					
Na	tional	ity	AUSTRALIA					
Bu	siness	occupation	INSURANCE MANAGER					
Ot	her di	rectorships	CHASE DE VERE FINANC	IAL LIMITED				_
* Voluntary details.								
					Page	3, Cont	inuation	sheet

Directors (see notes 1) Please list directors in	-5) alphabetical order	Details of new directors	must be notified on form	288a.		
` . Name	* Style / Title	MR		Day	Month	Year
	* Honours etc		Date of birth	20	01	1941
	Foreneme(s)	JAMIE JEREMY				
	Surname	WOODS				
Pro	evious forename(s)					
	Previous surname					
Addre	ess	12 ASHLEIGH ROAD				
Usual residential				·		
address must be given. In the case of	a Post town	HORSHAM				
corporation, give the registered or principal office address.		SUSSEX	Postcode	RH12	2LF	
office address.	Country					
Natio	nality	BRITISH				
Busine	ess occupation	INSURANCE MANAGER				
Other	directorships	CHASE DE VERE FINANCI	AL LIMITED	=		
		WOOLWICH LIFE ASSURA	NCE COMPANY LIMITED			
Name	* Style / Title			Day	Month	Year
	* Honours etc		Date of birth			
	Forename(s)					
	Surname					
Pr	revious forename(s)					
	Previous surname					•
Addre	ess					
Usual residential address must be given. In the case of	a Post town			<del>.</del>		
corporation, give the registered or principal			Postcode	ə [		
office address.	Country			L		
Natio	nality					
	ess occupation					
	r directorships					
* Voluntary details.						
			Page	3, Con	tinuation	sheet

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)
	£1 ORDINARY	10,000,000	£ 10,000,000.00
	Totals	10,000,000	£ 10,000,000.00
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	There were no change	s in the period	
returns. (see note 10)	A list of changes is en	on pape	r in another format
	A full list of members	is enclosed X	
Elective resolutions (Private companies only) (See note 11)	If at the date of this re	eturn an election is in f annual general meetin	orce to dispense with gs <i>mark this box</i>
	If at the date of this re laying acc	eturn an election is in f counts in general meeti	orce to dispense with X
Certificate	knowledge and belief.		urn is true to the best of m
** Please delete as appropriate.	t a director/secretary	Date	30.5.1997
When you have signed the return send i with the fee to the Registrar of Compan Cheques should be made payable to Companies House.		es Two co	ontinuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for	CORPORATE SECRETARIAL DEP	ARTMENT, ROYAL & SUN ALLIAN	CE INSURANCE, 1 BARTHOLOMEW
the person Companies House should contact if there is any query.	LANE, LONDON, EC2N 2AB	T-1 0474 000 4	105
171-826 1185	DX number	Tel 0171-826 1  DX exchange	100





Please complete in typescript, or in bold black capitals.

## List of past and present members Schedule to form 363a, 363b

Company Number	889209					
Company Name in full	Sun Alliance Linked Life Insurance Limited					
	Number of shares or amount of stock held by existing members at date of this return.  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.					
Name and address	Number or Number or Date of amount amount registration currently held Transferred of transfer Remarks					
SUN ALLIANCE LIFE LIMITED 1 BARTHOLOMEW LANE, LONDON, ENGLAND, EC 2AB	2N £1 ordinary 10,000,000					