

**Return of Allotment of Shares**

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

912211

**Company Name in full**

AA FINANCIAL SERVICES LIMITED

**Shares allotted (including bonus shares):**

Date or period during which shares  
were allotted

(if shares were allotted on one date enter that  
date in the "from" box)

From			To		
Day	Month	Year	Day	Month	Year
3	0	0	8	2	0

Class of shares

(ordinary or preference etc)

Ordinary		
1,000,000		
£1.00		
£1.00		

Number allotted

Nominal value of each share

Amount (if any) paid or due on each  
share (including any share premium)

**List the names and addresses of the allottees and the number of shares allotted to each overleaf**

**If the allotted shares are fully or partly paid up otherwise than in cash please state:**

% that each share is to be treated as  
paid up

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Consideration for which the shares  
were allotted

(This information must be supported by the duly  
stamped contract or by the duly stamped particulars  
on Form 88(3) if the contract is not in writing)


**When you have completed and signed the form send it to  
the Registrar of Companies at:**

**Companies House, Crown Way, Cardiff, CF14 3UZ**  
For companies registered in England and Wales

**DX 33050 Cardiff**



# Names and addresses of the allottees (List joint share allotments consecutively)

Company No 912211

Shareholder details	Shares and share class allotted	
<b>Name</b> AUTOMOBILE ASSOCIATION INSURANCE SERVICES HOLDINGS LIMITED	<b>Class of shares allotted</b> £1.00 Ordinary	<b>Number allotted</b> 1,000,000
<b>Address</b> NORFOLK HOUSE, PRIESTLEY ROAD, BASINGSTOKE, HAMPSHIRE, UNITED KINGDOM		
<b>UK postcode</b>   RG24 9NY		
<b>Name</b>	<b>Class of shares allotted</b>	<b>Number allotted</b>
<b>Address</b>		
<b>UK postcode</b>		
<b>Name</b>	<b>Class of shares allotted</b>	<b>Number allotted</b>
<b>Address</b>		
<b>UK postcode</b>		
<b>Name</b>	<b>Class of shares allotted</b>	<b>Number allotted</b>
<b>Address</b>		
<b>UK postcode</b>		

Please enter the number of continuation sheets (if any) attached to this form

0

Signed

*K. L. M.*

Date

30/8/01

A director / secretary / administrator / administrative receiver / receiver manager / receiver

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

COMPANY SECRETARIAL DEPARTMENT, CENTRICA plc, CHARTER COURT, 50 WINDSOR ROAD, SLOUGH, BERKSHIRE, SL1 2HA, UNITED KINGDOM Tel