

Please complete in typescript, or in bold black capitals.

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change

| CHFP029 | | of particulars (use Form 288c)) | | | | | | |
|--|----------------|---|--------------|---------|--|--|-------------------|--|
| Company Number | | 1132760 | | | | | | |
| Company Name in full | | LLOYDS TSB LIFE ASSURANCE COMPANY LIMITED | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Day Month | Year | | | | | |
| Date of termination of appointment | | | 2 0 0 3 | | | | | |
| | as director | \overline{V} | as secretary | арр | ase mark the pointment as a h boxes. | appropriate box, If tern a director and secretary | ninating rmark | |
| NAME | *Style / Title | Mr | |]*Honou | rs etc | | | |
| Please insert letails as previously lotified to Companies House. | Forename(s) | IAN DAVID | | | | | | |
| | Surname | THOMPSON | | | | | | |
| | †Date of Birth | Day Month | Year 1 9 5 4 | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

| dotaile | Sign |
|---------|------|
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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.



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

| (** selfing director / secret | any / adminixratox adminixative rixeiver / xceiver X ana xr / re xver) x x | |
|-------------------------------|--|---|
| TRACEY NICHOL | LS | _ |
| 69 MORRISON ST | REET, EDINBURGH, EH3 8YF. | |
| | Tel | |
| DX number | DX exchange | |
| When you have cor | nnleted and signed the form please send it to the | _ |

Date

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

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

^{*} Voluntary details.

[†] Directors only.
**Delete as appropriate