



SECRETARIAT

Please complete in typescript,
or in bold black capitals.

CHFP029

✓ TSD
30x2
000507

363a

Annual Return

Company Number 1132760

Company Name in full LLOYDS TSB LIFE ASSURANCE COMPANY LIMITED

Date of this return

The information in this return is made up to

Day Month Year
2 3 / 0 3 / 2 0 0 1

Date of next return

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
2 3 / 0 3 / 2 0 0 2

Registered Office

Show here the address at the date of
this return.

71 LOMBARD STREET

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

Post town LONDON

County / Region

UK Postcode

E C 3 P 3 B S

Principal business activities

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

6601

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



A09 *APP2FZBF* 0157
COMPANIES HOUSE 28/03/01

When you have completed and signed the form please send it to the
Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
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

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

Company type

Public limited company

Private company limited by shares

Private company limited by guarantee without share capital

Private company limited by shares exempt under section 26

Private company limited by guarantee exempt under section 30

Private unlimited company with share capital

Private unlimited company without share capital

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please tick the appropriate box

Company Secretary

(Please photocopy this area to provide details of joint secretaries).

* Voluntary details.

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Usual residential address must be given. In the case of a corporation, or a Scottish firm, give the registered or principal office address.

Name

* Style / Title

Forename(s)

Surname(s)

Address

Post town

County / Region

Country

Details of a new company secretary must be notified on form 288a.

MRS.

ALEXANDRA FRANCIS

FLETCHER

106 MAIN STREET

ROSLIN

MIDLOTHIAN

SCOTLAND

UK Postcode

E H 2 5 9 L T

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	MR.		
		Day	Month	Year
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	03 / 09 / 1951		
	Forename(s)	MICHAEL RICHARD		
	Surname	POULDING		
Address	PILLHILL LODGE, MONXTON			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.				
	Post town	ANDOVER		
	County / Region	HAMPSHIRE	UK Postcode S P 1 1 8 A L	
	Country		Nationality BRITISH	
Business occupation	DIRECTOR			

* Voluntary details.

Name	* Style / Title	MR.		
		Day	Month	Year
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	09 / 02 / 1950		
	Forename(s)	MALCOLM LESLIE		
	Surname	SYKES		
Address	8 BISHOPS COURT GARDENS			
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.				
	Post town	CHELMSFORD		
	County / Region	ESSEX	UK Postcode C M 2 6 A Z	
	Country	ENGLAND	Nationality BRITISH	
Business occupation	BANK ASSURANCE			

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	MR.												
		Day	Month	Year										
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	1	2	/	0	8	/	1	9	5	4			
	Forename(s)	IAN DAVID												
	Surname	THOMPSON												
Address	13 DALHOUSIE CRESCENT, ESKBANK													
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.														
	Post town	EDINBURGH												
	County / Region						UK Postcode	E	H	2	2	3	D	P
	Country	SCOTLAND					Nationality	BRITISH						
Business occupation	DIRECTOR													

* Voluntary details.

Name	* Style / Title													
		Day	Month	Year										
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth			/			/							
	Forename(s)													
	Surname													
Address														
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.														
	Post town													
	County / Region						UK Postcode							
	Country						Nationality							
Business occupation														

Issued share capital

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, or total amount of stock)

ORD SHARES OF £1	16,000,000	£ 16,000,000.00
Totals	16,000,000	£ 16,000,000.00

List of past and present shareholders

(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☐

on paper in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☒
☐
Certificate

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

W Fletcher

Date

21 March 2001.

† Please delete as appropriate.

† a ~~director~~/secretary

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

(enter number)

continuation sheets.

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

MRS ALEXANDRA FRANCIS FLETCHER, 69 MORRISON STREET, EDINBURGH, EH3 8YF

Tel 0131 655 7230

DX number

DX exchange

List of past and present shareholders Schedule to form 363a

CHFP029

Company Number 1132760

Company Name in full LLOYDS TSB LIFE ASSURANCE COMPANY LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following incorporation;
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	Date of registration of transfer
Name LLOYDS TSB FINANCIAL SERVICES LIMITED Address 71 LOMBARD STREET, LONDON, ENGLAND UK Postcode EC3P 3BS	ord shares of £1 16,000,000		
Name Address UK Postcode L L L L L L L L			
Name Address UK Postcode L L L L L L L L			