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Company name

ASPEN INSURANCE BROWERS LIMITED

(formerly INTERMARK INSURANCE BROWERS

LIMITED)

! this return (See note 1) mation in this return is made

sh to make your next return earlier than the anniversary urn please show the date here. les House will then send a he appropriate time.

Day Month Year DA 2 1 10 8 0 Show date	
DB	

tered Office (See note 3) ire the address at the date of irn.

nge of registered office must ed on form 287.

RO 28-3	2 SHELTON STREET	
Post town	COVENT GAMPEN	
County/Region	LONDON	
Postcode	WC2H 7HP	
]		

pal business activities

ade classification code (s) for principal activity ties.

PA 8 6 5 9	

de number cannot be ned, give a brief description lpal activity.

Register of members

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

RM	18	THOMAS STOREST	•
Pos	st town	CIMENCESTER	1 A 1
County/		1010	11
Ро	stcode	GL7 2AX	

Register of Debenture holders

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

(RD) (8 7	HOMAS STREET	_]]
Post town	CINENCESTER	
County/Region	2010	
Postcode	GLT 2AX	
	*	

Company type (Sec note 7)

Public limited company.....

Private company limited by shares.....

Private company limited by guarantee without share capital......

Private company limited by shares exempt under section 30.....

Private company limited by guarantee exempt under section 30.....

Private unlimited company with share capital

Private unlimited company without share capital.....

Company Secretary (See note 8) (Please photocopy this area to provide details of joint secretaries).

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Address

Name

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

* Voluntary details

T1 T2 T3 T4 Please mark the appropriate box. T5 T6 T7	
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Details of a new o	ompany secretary	must be notif	fied on form 288.	
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County/Region	mores	gay v. 1/2 Samundak Sakharin Borino yi vina makesi	oggerman och Strädensprägenne habet grändelig bestättig bli er op o	
Postcode	wro opn	Country _	UK	

Directors Security, Please list directors in alphabetical ord	Potails of new directors must be notified on form 288.
Name *Style/ Forenz Surn *Honour Previous forenz	ame DAVID setc
Previous surn	AD 2 MEGENTS PLACE
Usual residential address must be g In the case of a corporation, give registered or principal office add	Post town LONDON County/Region .
Date of I Business occupa Other directors	ition oc PINECTOR
Name *Style/ Forenal Surna *Honours Previous forenar	mes GEONGE MAYES etc
Previous surna	[] DOD PARALLIA AND AND AND
Address Usual residential address must be given the case of a corporation, give registered or principal office address	ren. the ess. Post town MIAMI County/Region FLORIDA
Date of b	irth DO 08084-6 Nationality NA AMEMAN
Other directorsh	TI ATPALIET BIMENTATA CILIL LTD
* Voluntary details	DATASCOPE MANUETING LTO

Directors a	cantinued)	
Name	*Style/Title	CD)
	Forenames	A SECTION OF THE RESIDENCE OF THE PROPERTY OF
	Surname	
	*Honours etc	
	Previous forenames	
	Previous surname	
Address		AD
In the case of	al address must be given. a corporation, give the principal office address.	Post town County/Region Postcode Country
	Date of birth	DO Nationality NA
	Business occupation	oc
	Other directorships	OD
Name	*Style/Title	CD .
	Forenames	
	Surname	
	*Honours etc	
	Previous forenames	
	Previous surname	
Address		AD
In the case of	ial address must be given. f a corporation, give the principal office address.	Post town
		Postcode Country
	Date of birth	DO Nationality NA
	Business occupation	oc
	Other directorships	ОВ
* Voluntary d		
* Voluntary d	letails	

Issued share capital (Secrete 9) Enter details of all the shares in issue at the date of this return. ,	Class	20 ¹ 020 Namper	Aggregate Nominal Value
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 returns. (See note 10)	Totals There were no changes in t A list of changes is enclosed A full list of members is enc	on (Please mark the appropriate box(es)
Elective resolutions (Sec note 11) (Private companies only)	If an election is in force at the with annual general meeting of the state of the with laying accounts in general methods.	gs, <i>mark this box</i> ne date of this return to	o dispense
Certificate I certify that the information given in this return is true to the best of my knowledge and belief. I enclose the fee of £25. Make cheques payable to Companies House.	Signed Date This return includes (enter	continuation	Secretary/ Director.* (*delete as appropriate) on sheets.
To whom should Companies House direct any enquiries about the information shown in this return?	AND PEW J. 18 THOMAS CINENCESTE GLUS Telephone 0285-6	P	ostcode GL7 2AX xtension N/A
When you have signed the return send it with the fee to the Registrar of Companies at	Companies House, Crown to for companies registered in or Companies House, 100-102	England and Wales	

- 2 painty Number 1324965		Accou	und oil Straines	
Company Name AJPEN INSURANCE BROWEN		Particulars of shares 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	Date of Registration of Transfer	Remarks
INTERMANK HOLD INGK LTO AND DAVID	_	52,000	19.4.89	
SIMMONI OF 28-32 SHELTON IT, LONDON				
WC2H 9HP				
INTERMANN HOLDINGS LTD (oddru N	49,999			
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GLOJ, GL7 2A/				
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