

Please complete in typescript, or in bold black capitals

Form revised July 1998

## **CHANGE OF PARTICULARS for** director or secretary (NOT for appointment (use Form 288a) or resignation (use Form 288b))

CHFP029	Company Number	1628564		
Co	ompany Name in full	LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED		;
Changes of particulars form	Complete in all cases	Date of change of particulars	Day Month Year 0 5 0 5 2 0 0 0	
	Name *Style / Title	MR.	*Honours etc	
	Forename(s)	GRAHAM WINSTON		
	Surname	FILLERY		
	† Date of Birth	Day Month Year 3 0 1 1 1 9 6 3		
Change of name (enter new name)	Forename(s)			
	Surname			
Change of usua (enter new address)	l residential address	GREENOAK, MILL STREET, CAERI	LEON	
	Post town	NEWPORT		
	County / Region Country	SOUTH WALES WALES	Postcode NP18 1BH	
Other change	(please specify)			
			etc must sign the form below.	
* Voluntary details. † Directors only.	Signed	48 Kedgers	Date 5/5/2000	
a DX number and	ame, address, er and, if available,	(** director / secretary / administrator / adm	nistrative receiver / receiver manager / receiver) ET, LONDON, EC3P 3BS	,
contact if there is any query.			Tel 020 7356 1957	
		DX number When you have completed an Registrar of Companies at: Companies House, Crown V	DX exchange Id signed the form please send it to the  Vav. Cardiff. CF4 3UZ DX 33050 Card	iff
A12 COMPANIES HOU	SE 08/05/00	for companies registered in E	ngland and Wales or e Terrace, Edinburgh, EH1 2EB	