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£150,000  
001302

# 363a

Please complete in typescript,  
or in bold black capitals.

## Annual Return

Company Number

1670887

Company Name in full

FINSURE PREMIUM FINANCE LIMITED



\* F 3 6 3 A C 4 0 \*

**Date of this return** (See note 1)

The information in this return is made up to

Day Month Year

20 03 2000

**Date of next return** (See note 2)

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

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**Registered Office** (See note 3)

Show here the address at the date of this return.

CROWN HOUSE

145 CITY RD

LONDON

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

Post town

County / Region

Postcode

EC1V 1LP

### Principal business activities

(See note 4)

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

6522

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



LD5  
COMPANIES HOUSE

0043  
13/04/00

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

**Companies House, Crown Way, Cardiff, CF4 3UZ** DX 33050 Cardiff  
for companies registered in England and Wales

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

**Register of members** (See note 5)

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

Post town

County / Region

CROWN HOUSE

145 CITY RD

LONDON

Postcode

EC1V 1LP

**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.

Post town

County / Region

Postcode

**Company type** (See 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

☐☒☐☐☐☐☐

Please mark the appropriate box

**Company Secretary** (See note 8)

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

Name \* Style / Title

Forename(s)

Surname

\* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

Post town

County / Region

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

MR

\*Honours etc

PAUL BERNARD

CASSIDY

39 Fanshawe Street, Bengoe

Hertford

HERTS

Postcode

SG14 3AT

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

Page No. 2 (Company No. 1670887 ) Country

**Directors** (See note 8)  
Please list directors in alphabetical order.

**Details of new directors must be notified on form 288a**

<b>Name</b>	* Style / Title	MR			
			Day	Month	Year
* Honours etc			Date of birth	03	10 1961
Forename(s)	PHILIP MARK				
Surname	BUNKER				
Previous forename(s)					
Previous surname(s)					
<b>Address</b>	34 BIRCHWOOD ROAD				
	PETTS WOOD				
Post town	ORPINGTON				
County / Region	KENT	Postcode	BR5 1NZ		
Country		Nationality	UK		
<b>Business occupation</b>	CHARTERED ACCOUNTANT				
<b>Other directorships</b>	See continuation sheet				
* Voluntary details					

<b>Name</b>	* Style / Title	MR			
			Day	Month	Year
* Honours etc			Date of birth	20	10 1953
Forename(s)	JOHN				
Surname	CARRIER				
Previous forename(s)					
Previous surname(s)					
<b>Address</b>	WOODLANDS, BACON END				
Post town	GREAT DUNMOW				
County / Region	ESSEX	Postcode	CM6 1JP		
Country		Nationality	UK		
<b>Business occupation</b>	INSURANCE EXECUTIVE				
<b>Other directorships</b>	See continuation sheet				

**Issued share capital** (See note 9)  
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)
ORDINARY SHARES	100	£100
Totals	100	£100

**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)

There were no changes in the period ☐

on paper in another format

A list of changes is enclosed

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☐

A full list of members is enclosed

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☐

**Elective resolutions**

(Private companies only)

(See note 11)

If at the date of this return an election is in force to dispense with annual general meetings, mark this box

☒

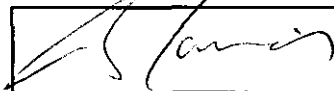
If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box

☒

**Certificate**

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

Signed



Date

13/04/2000

† Please delete as appropriate

† ~~XXXXXX~~ 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

3

continuation sheets

(enter number)

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.

P B CASSIDY	
CROWN HOUSE	
145 CITY ROAD, LONDON EC1V 1LP	Tel 0171 216 6117
DX number	DX exchange

**Directors** (continued)**Details of new directors must be notified on form 288a**

<b>Name</b>	* Style / Title			
		Day	Month	Year
	* Honours etc	Date of birth		
		29	01	1958
	Forename(s)	PAUL		
	Surname	CHAPLAIN		
	Previous forename(s)			
	Previous surname(s)			
<b>Address</b>	Ramblers Burley Lawn			
	Burley			
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	Ringwood		
	County / Region	Hants	Postcode	BH24 4DL
	Country		Nationality	BRITISH
<b>Business occupation</b>	General Manager - Finance Company			
<b>Other directorships</b>	Bishopsgate Insurance Company Ltd (Resigned on 31/12/1996)			
* Voluntary details				

<b>Name</b>	* Style / Title			
		Day	Month	Year
	* Honours etc	Date of birth		
		20	01	1943
	Forename(s)	HENRY STUART		
	Surname	HUGHES		
	Previous forename(s)			
	Previous surname(s)			
<b>Address</b>	3 BROADWATER COURT, BROADWATER DOWN			
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	TUNBRIDGE WELLS		
	County / Region	KENT	Postcode	TN2 5PB
	Country		Nationality	BRITISH
<b>Business occupation</b>	FINANCE DIRECTOR			
<b>Other directorships</b>	See continuation sheet			

**Other Directorships***Continuation sheet number: 1***Company****Company Number**

FINSURE PREMIUM FINANCE LIMITED

1670887

**Director**

MR PHILIP MARK BUNKER

DIAL DIRECT INSURANCE MARKETING LIMITED

HALLMARK INSURANCE COMPANY LIMITED

THE CAREFUL DRIVERS ASSOCIATION LTD

**Other Directorships**

Continuation sheet number: 2

**Company****Company Number**

FINSURE PREMIUM FINANCE LIMITED

1670887

**Director**

MR JOHN CARRIER

BURTON AGENCIES (INSURANCE SERVICES) LTD  
BUTTONBAY LIMITED  
DIAL DIRECT INSURANCE MARKETING LIMITED  
F RAUCH (INSURANCE BROKERS) LTD  
G F BENNETT (HOLDINGS) LTD  
G.F.BENNETT & CO LTD  
HALLMARK INSURANCE COMPANY LIMITED  
NIG SHERIDAN PROPERTIES LIMITED  
PRATT'S INSURANCE OFFICE  
STAFFORD PARK DEVELOPMENTS LIMITED  
THE CAREFUL DRIVERS ASSOCIATION LTD

**Other Directorships**

Continuation sheet number: 3

**Company****Company Number**

FINSURE PREMIUM FINANCE LIMITED

1670887

**Director**

HENRY STUART HUGHES

CADOGAN HOLIDAYS LIMITED (Resigned on 30/06/1996)  
CADOGAN TRAVEL LIMITED (Resigned on 30/06/1996)  
GB AIRWAYS (SERVICES) LIMITED (Resigned on 30/06/1996)  
HALLMARK INSURANCE COMPANY LIMITED  
RICHARD COHEN BOOKS LIMITED (Resigned on 01/04/1996)  
WEALD OF KENT EDUCATION BUSINESS PARTNERSHIP



Please complete in typescript,  
or in bold black capitals

# List of past and present members Schedule to form 363a, 363b

Company Number  
Company Name in full

1670887

FINSURE PREMIUM FINANCE LIMITED

Number of shares or amount of stock held by existing members at date of this return.

Particulars of shares or stock 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 or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
NATIONAL INSURANCE AND GUARANTEE CORPORATION PLC CROWN HOUSE 145 CITY ROAD	ORD 99			
THE NATIONAL INSURANCE AND GUARANTEE CORPORATION PLC CROWN HOUSE, 145,CITY ROAD, LONDON EC1V 1LP	ORD 1			