

Please complete in typescript, or in bold black capitals.

363a

Annual Ret

Company Number

Company Name in full

2123239	

Year

1999

* F363AD40 *	

Date of this return(See note 1) The information in this return is made up to

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.

AMBASSADOR INSURANCE COMPANY LIMITED

Day	Month	Year
25	01	200

Month

01

Day

25

Registered Office(See note 3) Show here the address at the date of this return.

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

Post town

County / Region

Postcode

71 LOMBARD STRI	<u> </u>	
LONDON		
EC3P 3BS		

Principal business activities

(See note 4) Show trade classification code number(s) for the principal activity or activities.

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

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Jun revised March 1995

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 for companies registered in Scotland DX 235 Edinburgh

Register of m If the register of mer registered office, sta	mbers is no	t kept at the						
		Post town						
	Co	ounty / Region					Postcode	
Register of D (See note 6) If there is a register and it is not kept at t state here where it is	of debentur he register	e holders						
		Post town						
	Co	ounty / Region					Postcode	
Company typ	e (See not	e 7)						
Public limited company	•							
Private company limite	d by shares		X					
Private company limited share capital	d by guarant	ee without						
Private company limited section 30	d by shares (exempt under			Pleas	lease mark the appropriate box		
Private company limited under section 30	d by guarant	ee exempt						
Private unlimited compa	any with sha	re capital						
Private unlimited compa	any without s	share capital						
Company Sec	retary _{(s}	ee notes 1-5)	Details of	f a new co	mpan	y secretary	must be notifi	ied on form 288a.
details of joint	Name	* Style / Title	MS				*Honours etc	
secretaries).		Forename(s)	SHARON	NOELLE				
* Voluntary details.		Surname	O'CONNO	R				
	Previous	s forename(s)						
	Previou	s surname(s)						·
A	Address	+	176 BLAGI	DON ROAD				
Usual residentia	n/							
address _{must} be given. In the case of server of the case of server of the case of the cas	of a	Post town	NEW MALDEN					
corporation, give the registered or principoffice address.		unty / Region	SURREY				Postcode	KT3 4AL
	ENGLAND)						

Directors (se Please list direct	e notes 1 ctors in a	to 5) Alphabetical order.	Details of new director	rs must be notified on form	n 288a		
	Name	* Style / Title	MR.]	Day	Month	Year [.]
		* Honours etc		Date of birth	28	10	1948
		Forename(s)	DENNIS				
		Surname	HOLT				
	Pre	evious forename(s)					
	Pr	revious surname(s)					
	Addres	SS	6 DRUID CLOSE				
Usual resider	ntial						
address must given. In the cas	se of a	Post town	STOKE BISHOP				
corporation, given registered or prioffice address.	e tne incipal	County / Region	BRISTOL	Postcode	BS9 1	RZ	
		Country		Nationality	BRITIS	====== SH	
	Busine	ss occupation	GENERAL MANAGER		<u> </u>	-	
	Other d	lirectorships	See attached list				
* Voluntary details.							
	Name	* Style / Title	MR.		Day	Month	Year
		* Honours etc		Date of birth	05	11	1955
		Forename(s)	PETER JOHN				
		Surname	HUBBARD				
	Pre	evious forename(s)					
	Pre	evious surname(s)					
	Addres	s	14 QUEENS GATE				
Usual resident address must b							
given. In the cas corporation, give	se of a e the	Post town	STOKE BISHOP				
registered or prinoffice address.	ncipal	County / Region	BRISTOL	Postcode	B\$9 17	ΓZ	
		Country	ENGLAND	Nationality	BRITIS	 6H	
	Busines	ss occupation	DIRECTOR				
	Other d	irectorships	See attached list				

	Other relevant directorships
Company Number	2123239
Company Name	AMBASSADOR INSURANCE COMPANY LIMITED
Directors Name	HOLT DENNIS
† Directors only. † Other directorships	AIC SERVICES LIMITED
	LLOYDS BANK INSURANCE SERVICES (DIRECT) LIMITED
NOTES	
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office	LLOYDS BANK PRINT MANAGEMENT SERVICES LIMITED
on the usual residential line. Give previous forenames or surname(s) except: - for a married woman, the name by which she was known before marriage need not be given.	LLOYDS TSB FINANCIAL SERVICES HOLDINGS PLC
- for names not used since the age of 18 or for at least 20 years	LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.	LLOYDS TSB GENERAL INSURANCE LIMITED
Other directorships.	LLOYDS TSB INDEPENDENT FINANCIAL ADVISERS LIMITED
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	
You may exclude a company which either is, or at all times during the past five years when the person	LLOYDS TSB INSURANCE SERVICES LIMITED
concerned was a director, was - dormant	LLOYDS TSB UNIT TRUST MANAGERS LIMITED
 a parent company which wholly owned the company making the return, or 	
 another wholly owned subsidiary of the same parent company. 	THE GROVE AMENITY COMPANY LIMITED
	TSB GENERAL INSURANCE SERVICES LIMITED
	TSB LIFE LIMITED
	TSB PENSIONS LIMITED
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	Other relevant directorships
Company Number	2123239
Company Name	AMBASSADOR INSURANCE COMPANY LIMITED
Directors Name	HUBBARD PETER JOHN
† Directors only. † Other directorships	ABBOTSGATE FOODS LIMITED
	AIC SERVICES LIMITED
NOTES	DOWNSBROOK PARK (HASSOCKS) MANAGEMENT LIMITED
Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.	
Give previous forenames or surname(s) except: - for a married woman, the name by which she was known before marriage need not be given.	LLOYDS BANK INSURANCE SERVICES (DIRECT) LIMITED
for names not used since the age of 18 or for at least 20 years	LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED
A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.	LLOYDS TSB GENERAL INSURANCE LIMITED
Other directorships.	LLOYDS TSB INDEPENDENT FINANCIAL ADVISERS LIMITED
Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.	
You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was	LLOYDS TSB INSURANCE SERVICES LIMITED
- dormant - a parent company which wholly owned the company	TSB GENERAL INSURANCE SERVICES LIMITED
making the return, or - another wholly owned subsidiary of the same parent	
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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)
	ORD SHARES OF £1	5,250,000	£ 5,250,000.00
	Totals	5,250,000	£ 5,250,000.00
List of past and present members (Use attached schedule where appropriate) A full list is required if one was not	There were no changes	in the period	
included with either of the last two returns.		on paper	in another format
(see note 10)	A list of changes is enclo	osed	
	A full list of members is	enclosed X	
Elective resolutions (Private companies only) (See note 11)	If at the date of this return	rn an election is in force annual general meeting	to dispense with s, mark this box
	If at the date of this retuing accordance	rn an election is in force to bunts in general meetings	
Certificate	I certify that the informat knowledge and belief.	tion given in this return is	true to the best of my
Signed	30 lone	Date	57-02-99
† 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	co (enter number)	ntinuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for	MS, S.N. O'CONNOR, 71 LOMBAR	D STREET, LONDON, EC3P 3BS	
the person Companies House should contact if there is any query.			
		Tel	
	DX number	DX exchange	



List of past and present members

or in bold black capitals.	Schedule to for	m 363a, 363b			
Company Number	2123239				
Company Name in full	AMBASSADOR INSUR	ANCE COMPANY LIMIT	ED		
	Number of shares or amount of stock held by existing members at date of this return.	the date of the last retu- first return, since the in- company) by (a) persons who are st	•		
Name and address	amount a	mber or Date of mount registration insferred of transfer	Remarks		
LLOYDS TSB FINANCIAL SERVICES HOLDINGS PI 71 LOMBARD STREET, LONDON, EC3P 3BS	Ord shares of £1 0	5,250,000 26/02/1998	LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED		
LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED CHARLTON PLACE, ANDOVER, HAMPSHIRE, SP10 1RE	Ord shares of £1 5,250,000				