



Please complete in typescript,
or in bold black capitals.

LB
45x3
058764

363a

Annual Return

CHFP029

Company Number

2123239

Company Name in full

AMBASSADOR INSURANCE COMPANY LIMITED

Date of this return (See note 1)

The information in this return is made up to

Day Month Year

2 5 0 1 2 0 0 0

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

2 5 0 1 2 0 0 1

Registered Office (See note 3)

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

Postcode

EC3P 3BS

Principal business activities

(See note 4)

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

6603

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



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 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

Postcode

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

X

Please mark the appropriate box

Company Secretary *(see notes 1-5)***Details of a new company secretary must be notified on form 288a.**

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

Name

* Style / Title

MS

*Honours etc

Forename(s)

SHARON NOELLE

Surname

O'CONNOR

* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

176 BLAGDON ROAD

Usual residential address

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

Post town

NEW MALDEN

County / Region

SURREY

Postcode

KT3 4AL

Country

ENGLAND

Directors (see notes 1 to 5)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title	MR.	Day	Month	Year						
	* Honours etc		Date of birth	2	8	1	0	1	9	4	8
	Forename(s)	DENNIS									
	Surname	HOLT									
	Previous forename(s)										
	Previous surname(s)										
Address	6 DRUID CLOSE										
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	STOKE BISHOP									
	County / Region	BRISTOL	Postcode	BS9 1RZ							
	Country		Nationality	BRITISH							
Business occupation	BANK DIRECTOR										
Other directorships											
* Voluntary details.											

Name	* Style / Title	MR.	Day	Month	Year						
	* Honours etc		Date of birth	0	5	1	1	1	9	5	5
	Forename(s)	PETER JOHN									
	Surname	HUBBARD									
	Previous forename(s)										
	Previous surname(s)										
Address	14 QUEENS GATE										
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	STOKE BISHOP									
	County / Region	BRISTOL	Postcode	BS9 1TZ							
	Country	ENGLAND	Nationality	BRITISH							
Business occupation	DIRECTOR										
Other directorships											

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 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

☐
☐

A full list of members is enclosed

☒
☐

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

15/12/20

† 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.

MS. S.N. O'CONNOR, 71 LOMBARD STREET, LONDON, EC3P 3BS	
Tel 020 7 356 1034	
DX number	DX exchange



CHFP029

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

Company Number

2123239

Company Name in full

AMBASSADOR INSURANCE COMPANY 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.

Number or
amount
currently heldNumber or
amount
Transferred

Date of registration of transfer

Name and address

Remarks

LLOYDS TSB GENERAL INSURANCE HOLDINGS
LIMITED
CHARLTON PLACE, ANDOVER, HAMPSHIRE, SP10
1RE

ord shares of £1
5,250,000

LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED CHARLTON PLACE, ANDOVER, HAMPSHIRE, SP10 1RE	Ord shares of £1 5,250,000			