



Please complete in typescript,
or in bold black capitals.

NY ✓

363a

Annual Return

Company Number

2123239

Company Name in full

Ambassador Insurance Company Limited



* F363AD40 *

Date of this return (See note 1)

The information in this return is made up to

Day Month Year

25 01 1997

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

25 01 1998

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

71 LOMBARD STREET

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.



A34 *A6HEBT1G* 230
COMPANIES HOUSE 08/02/97

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

X

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 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

Surname

O'CONNOR

* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

181D WEST BARNES LANE

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 6HY

Country

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	20	12	1942
Forename(s)	EDWARD ALLAN					
Surname	KIRTLEY					
Previous forename(s)						
Previous surname(s)						
Address	CHESTNUT TREE COTTAGE, BRICK HILL					
	VALLEY END					
Post town	CHOBHAM					
County / Region	SURREY	Postcode	GU24 8TL			
Country		Nationality	BRITISH			
Business occupation	MANAGING DIRECTOR					
Other directorships	NO OTHER DIRECTORSHIPS					
* Voluntary details.						

Name	* Style / Title	MR	Day	Month	Year	
	* Honours etc		Date of birth	16	05	1940
Forename(s)	STEPHEN ANDREW					
Surname	MARAN					
Previous forename(s)						
Previous surname(s)						
Address	17 LANCASTER PARK					
Post town	RICHMOND					
County / Region	SURREY	Postcode	TW10 6AB			
Country		Nationality	BRITISH			
Business occupation	COMPANY DIRECTOR					
Other directorships	NO OTHER DIRECTORSHIPS					

Directors (see notes 1-5)
Please list directors in alphabetical order

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

Name	* Style / Title	MRS	Day	Month	Year	
	* Honours etc		Date of birth	16	05	1957
	Forename(s)	LAUREL CLAIRE				
	Surname	POWERS-FREELING				
	Previous forename(s)					
	Previous surname					
Address	38 BATH ROAD					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	BEDFORD PARK				
	County / Region	LONDON	Postcode	W4 1LH		
	Country					
Nationality	BRITISH					
Business occupation	COMPANY DIRECTOR					
Other directorships	NO OTHER DIRECTORSHIPS					
Name	* Style / Title		Day	Month	Year	
	* Honours etc		Date of birth			
	Forename(s)					
	Surname					
	Previous forename(s)					
	Previous surname					
Address						
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town					
	County / Region		Postcode			
	Country					
Nationality						
Business occupation						
Other directorships						
* Voluntary details.						

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 £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

S. S. S. S.

Date

07/02/97

† 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	
DX number	DX exchange



SECRETARIAT

Please complete in typescript,
or in bold black capitals.

**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 held

Number or
amount
Transferred

Date of
registration
of transfer

Name and address

Remarks

LLOYDS ABBEY LIFE PLC
71 LOMBARD STREET, LONDON, ENGLAND, EC3P
3BS

5,250,000
Ord. £1