

RB5/645/005649 + 3

Please complete in typescript,  
or in bold black capitals.

CHFP010

Company Number

Company Name in full

## Annual Return

2199286

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

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

The information in this return is made up to

Day		Month		Year			
3	1	1	2	1	9	9	9

### 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			

### Registered Office (See note 3)

Show here the address at the date of this return.

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

Post town

County / Region

Postcode

3 EDRIDGE ROAD

CROYDON

SURREY

CR9 1AG

### 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.

6601



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

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

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB  
for companies registered in Scotland

DX 33050 Cardiff

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 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)

Name \* Style / Title

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

Forename(s)

Surname

\* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

**Usual residential address**

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

Post town

County / Region

Country

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

\* Honours etc

LORNA HELEN

FINLAYSON

3/2, 34 CRANWORTH STREET

GLASGOW

Postcode G12 8AG

**Directors** (See notes 1-5)

Please list directors in alphabetical order.

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

<b>Name</b>	<b>* Style / Title</b>	Mr	
<b>* Honours etc</b>			
<b>Forename(s)</b>		IAN HUGH	
<b>Surname</b>		CHIPPENDALE	
<b>Previous forename(s)</b>			
<b>Previous surname(s)</b>			
<b>Address</b>		FLAT 8, ST NICHOLAS HOUSE, 4 PARK HILL ROAD	
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
<b>Post town</b>		CROYDON	
<b>County / Region</b>		<b>Postcode</b>	CRO 5NA
<b>Country</b>		<b>Nationality</b>	BRITISH
<b>Business occupation</b>		CHIEF EXECUTIVE	
<b>Other directorships</b>		See attached schedule	

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>	Mr	
<b>* Honours etc</b>			
<b>Forename(s)</b>		STEPHEN ANDREW	
<b>Surname</b>		CLARKE	
<b>Previous forename(s)</b>			
<b>Previous surname(s)</b>			
<b>Address</b>		32 CLEAVER SQUARE, KENNINGTON	
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
<b>Post town</b>		LONDON	
<b>County / Region</b>		<b>Postcode</b>	SE11 4EA
<b>Country</b>		<b>Nationality</b>	BRITISH
<b>Business occupation</b>		CHARTERED ACCOUNTANT	
<b>Other directorships</b>		See attached schedule	

**Directors** (See notes 1-5)

Please list directors in alphabetical order.

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

<b>Name</b>	* Style / Title	MR	
	* Honours etc		
	Date of Birth	Day 2 9	Month 0 8
		Year 1 9 5 4	
	Forename(s)	STEPHEN JOHN	
	Surname	GERAGHTY	
	Previous forename(s)		
	Previous surname(s)		
<b>Address</b>	HIGH HALEY, DARK LANE, OXENHOPE		
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
	Post town	NORTH KEIGHLEY	
	County / Region	WEST YORKSHIRE	Postcode BD22 9PU
	Country		Nationality BRITISH
<b>Business occupation</b>	COMPANY DIRECTOR		
<b>Other directorships</b>	See attached schedule		

\* Voluntary details.

<b>Name</b>	* Style / Title	MR	
	* Honours etc		
	Date of Birth	Day 2 7	Month 0 9
		Year 1 9 5 0	
	Forename(s)	DUNCAN ARCHIBALD	
	Surname	MACKECHNIE	
	Previous forename(s)		
	Previous surname(s)		
<b>Address</b>	36 STRATHMORE AVENUE, DUNBLANE		
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.			
	Post town		
	County / Region	PERTSHIRE	Postcode FK15 9HX
	Country		Nationality BRITISH
<b>Business occupation</b>	CHIEF EXECUTIVE		
<b>Other directorships</b>	See attached schedule		

**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 issued  
sharesAggregate Nominal  
Value(i.e. Number of shares issued  
multiplied by nominal value per  
share)

ORDINARY	44,000,000	44,000,000.00
<b>Totals</b>	<b>44,000,000</b>	<b>44,000,000.00</b>

**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

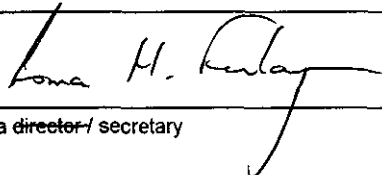
☐

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



† a director/ secretary

Date

12/1/2000

† Please delete as appropriate.

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 of the person Companies House should contact if there is any query.

3 EDRIDGE ROAD, CROYDON, SURREY, CR9 1AG	
Tel	
DX number	DX exchange

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Class**

(e.g. Ordinary / Preference)

ORDINARY

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
DIRECT LINE LIFE HOLDINGS LIMITED 3 EDRIDGE ROAD, CROYDON, SURREY, CR9 1AG	44,000,000			



Please complete in typescript,  
or in bold black capitals.

CHFP010

Company Number

2199286

Company Name in full

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

Name

IAN HUGH CHIPPENDALE

Company Name	Resignation
CAR CARE PLAN (HOLDINGS) LIMITED	
COLONNADE INSURANCE BROKERS LIMITED	
COLONNADE REINSURANCE LIMITED	
DIRECT LINE ACCIDENT MANAGEMENT LIMITED	
DIRECT LINE FINANCIAL SERVICES LIMITED	
DIRECT LINE GROUP LIMITED	
DIRECT LINE GROUP SERVICES LIMITED	
DIRECT LINE INSURANCE PLC	
DIRECT LINE LIFE HOLDINGS LIMITED	
DIRECT LINE UNIT TRUSTS LIMITED	
GREEN FLAG GROUP LIMITED	
GREEN FLAG HOLDINGS LIMITED	
GREEN FLAG LIMITED	
HALIFAX INSURANCE PLC	
LINEA DIRECTA ASEGURADORA S.A.	
MENTOR INTERACTIVE TRAINING LIMITED	
PRIVILEGE ASSISTANCE LIMITED	
PRIVILEGE ASSISTANCE LIMITED	05/03/1999
PRIVILEGE FINANCE LIMITED	23/04/1998
PRIVILEGE FINANCE LIMITED	
PRIVILEGE FINANCIAL SERVICES LIMITED	
PRIVILEGE FINANCIAL SERVICES LIMITED	05/03/1999
PRIVILEGE HOME AND CONTENTS LIMITED	
PRIVILEGE HOME AND CONTENTS LIMITED	05/03/1999
PRIVILEGE INSURANCE COMPANY LIMITED	07/10/1998
PRIVILEGE INSURANCE COMPANY LIMITED	
PRIVILEGE INSURANCE HOLDINGS LIMITED	07/10/1998
PRIVILEGE INSURANCE HOLDINGS LIMITED	
PRIVILEGE INVESTMENT LIMITED	05/03/1999
PRIVILEGE INVESTMENT LIMITED	

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Name**

IAN HUGH CHIPPENDALE

Company Name	Resignation
PRIVILEGE LEGAL PROTECTION LIMITED	05/03/1999
PRIVILEGE LEGAL PROTECTION LIMITED	
PRIVILEGE LIMITED	
PRIVILEGE LIMITED	05/03/1999
PRIVILEGE LOANS LIMITED	
PRIVILEGE LOANS LIMITED	05/03/1999
PRIVILEGE MORTGAGES LIMITED	
PRIVILEGE MORTGAGES LIMITED	05/03/1999
PRIVILEGE MOTOR LEGAL PROTECTION LIMITED	
PRIVILEGE MOTOR LEGAL PROTECTION LIMITED	05/03/1999
PRIVILEGE PENSIONS LIMITED	
PRIVILEGE PENSIONS LIMITED	05/03/1999
PRIVILEGE SHARES LIMITED	
PRIVILEGE SHARES LIMITED	05/03/1999
PRIVILEGE TRAVEL SERVICES LIMITED	
PRIVILEGE TRAVEL SERVICES LIMITED	05/03/1999
PRIVILEGE UNDERWRITING LIMITED	
PRIVILEGE UNDERWRITING LIMITED	05/03/1999
PRIVILEGE VEHICLE BREAKDOWN RECOVERY SERVICES LIMITED	05/03/1999
PRIVILEGE VEHICLE BREAKDOWN RECOVERY SERVICES LTD	
PROVIDENT FINANCIAL PLC	
PROVIDENT MANAGEMENT SERVICES LIMITED	
PROVIDENT PERSONAL CREDIT (NORTH) LIMITED	
RBSG INTERNATIONAL HOLDINGS LIMITED	
TESCO PERSONAL FINANCE GROUP LIMITED	
TESCO PERSONAL FINANCE LIMITED	
THUS PLC	
UK INSURANCE LIMITED	
WAKEFIELD & PONTEFRACCT COMMUNITY HEALTH NHS TRUST	



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Name**

STEPHEN ANDREW CLARKE

Company Name	Resignation
D L BUILDINGS LIMITED	
DIRECT LINE 2000 LIMITED	
DIRECT LINE ACCIDENT MANAGEMENT LIMITED	
DIRECT LINE ALARM SERVICES LIMITED	
DIRECT LINE ASSISTANCE LIMITED	
DIRECT LINE COMMUNICATION LIMITED	
DIRECT LINE COMMUNICATIONS (UK) LIMITED	
DIRECT LINE CONVEYANCING LIMITED	
DIRECT LINE CONVEYANCING SERVICES LIMITED	
DIRECT LINE CREDIT CARDS LIMITED	
DIRECT LINE ELECTRICITY LIMITED	
DIRECT LINE EXTENDED WARRANTY LIMITED	
DIRECT LINE FAMILY LEGAL PROTECTION LIMITED	
DIRECT LINE FINANCE LIMITED	
DIRECT LINE FINANCIAL PLANNING LIMITED	
DIRECT LINE FINANCIAL PLANNING SERVICES LIMITED	
DIRECT LINE FINANCIAL SERVICES LIMITED	
DIRECT LINE GAS LIMITED	
DIRECT LINE GROUP LIMITED	
DIRECT LINE GROUP SERVICES LIMITED	
DIRECT LINE HOLIDAY INSURANCE LIMITED	
DIRECT LINE HOLIDAY SERVICES LIMITED	
DIRECT LINE HOME & CONTENTS LIMITED	
DIRECT LINE INCOME PROTECTION LIMITED	
DIRECT LINE INDIVIDUAL SAVINGS ACCOUNTS LIMITED	
DIRECT LINE INSURANCE PLC	
DIRECT LINE INSURANCE SERVICES LIMITED	
DIRECT LINE INTERNET LIMITED	
DIRECT LINE INTERNET SERVICE PROVIDER LIMITED	
DIRECT LINE INVESTMENT LIMITED	



Please complete in typescript,  
or in bold black capitals.

CHFP010

Company Number

## List of other directorships Schedule to form 363a

2199286

Company Name in full

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

Name

STEPHEN ANDREW CLARKE

Company Name	Resignation
DIRECT LINE INVESTMENT SERVICES LIMITED	
DIRECT LINE ISP LIMITED	
DIRECT LINE LEASING (DECEMBER) LIMITED	
DIRECT LINE LEASING (JUNE) LIMITED	
DIRECT LINE LEGAL PROTECTION LIMITED	
DIRECT LINE LIFE HOLDINGS LIMITED	
DIRECT LINE LIFE INSURANCE SERVICES LIMITED	
DIRECT LINE LIMITED	
DIRECT LINE LOANS LIMITED	
DIRECT LINE MARKETING LIMITED	
DIRECT LINE MONITORING SERVICES LIMITED	
DIRECT LINE MORTGAGES LIMITED	
DIRECT LINE MOTOR LEGAL PROTECTION LIMITED	
DIRECT LINE ON-LINE LIMITED	
DIRECT LINE PENSION SERVICES LIMITED	
DIRECT LINE PENSIONS LIMITED	
DIRECT LINE PERSONAL EQUITY PLAN LIMITED	
DIRECT LINE PET INSURANCE LIMITED	
DIRECT LINE PET PROTECTION PLAN LIMITED	
DIRECT LINE PROPERTY INVESTMENTS LIMITED	
DIRECT LINE RECOVERY AND RESCUE LIMITED	
DIRECT LINE REPAIR CENTRES LIMITED	
DIRECT LINE REPAIRERS LIMITED	
DIRECT LINE SECURITY LIMITED	
DIRECT LINE SECURITY SERVICES LIMITED	
DIRECT LINE SERVICES LIMITED	
DIRECT LINE SHARES LIMITED	
DIRECT LINE SYSTEMS LIMITED	
DIRECT LINE TAX ASSESSMENTS LIMITED	
DIRECT LINE TAX SERVICES LIMITED	



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

## List of other directorships Schedule to form 363a

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Name**

STEPHEN ANDREW CLARKE

Company Name	Resignation
DIRECT LINE TELECOM LIMITED	
DIRECT LINE TELECOMMUNICATION LIMITED	
DIRECT LINE TELECOMS LIMITED	
DIRECT LINE TRAVEL AGENCY LIMITED	
DIRECT LINE TRAVEL INSURANCE LIMITED	
DIRECT LINE TRAVEL SERVICES LIMITED	
DIRECT LINE UK LIMITED	
DIRECT LINE UNDERWRITING LIMITED	
DIRECT LINE UNIT TRUST SERVICES LIMITED	
DIRECT LINE UNIT TRUSTS LIMITED	
DIRECT LINE UTILITIES LIMITED	
DIRECT LINE VEHICLE BREAKDOWN RECOVERY SERVICES LIMITED	
DIRECT LINE VEHICLE REPAIR LIMITED	
GREEN FLAG GROUP LIMITED	
GREEN FLAG HOLDINGS LIMITED	
GREEN FLAG LIMITED	
LINEA DIRECTA ASEGURADORA S.A.	
PRIVILEGE TELECOM LIMITED	
RATEFLAME LIMITED	
RBSG BUREAU SERVICES LIMITED	
RED PHONE RESCUE LIMITED	
RED PHONE TELECOMMUNICATIONS LIMITED	
RED PHONE TELEPHONE COMPANY LIMITED	
UK INSURANCE LIMITED	



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Name**

STEPHEN JOHN GERAGHTY

Company Name	Resignation
DIRECT LINE FINANCIAL SERVICES LIMITED DIRECT LINE LIFE HOLDINGS LIMITED DIRECT LINE UNIT TRUSTS LIMITED	



Company Secretarial and  
Compliance Software

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

2199286

**Company Name in full**

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

**Name**

DUNCAN ARCHIBALD MACKECHNIE

Company Name	Resignation
DIRECT LINE LIFE HOLDINGS LIMITED DIRECT LINE UNIT TRUSTS LIMITED	