

Please complete in typescript,
or in bold black capitals.

CHFP029

Annual Return

000 218 / 90

Company Number 2376164

Company Name in full TSB GENERAL INSURANCE SERVICES LIMITED

Date of this return

The information in this return is made up to

Day Month Year

28 / 01 / 2003

Date of next return

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

28 / 01 / 2004

Registered Office

Show here the address at the date of
this return.

CHARLTON PLACE

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

Post town ANDOVER

County / Region HAMPSHIRE

UK Postcode SP10 1RE

Principal business activities

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.



A19
COMPANIES HOUSE
13/02/03
0849

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

Companies House, Crown Way, Cardiff, CF14 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

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

71 LOMBARD STREET

Post town LONDON

County / Region

UK Postcode E C 3 P 3 B S

Register of Debenture holders

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.

N/A

Post town

County / Region

UK Postcode

Company type

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 tick the appropriate box

Company Secretary

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

Name

* Style / Title

MS

* Voluntary details.

Forename(s)

SHARON NOELLE

If a partnership give the names and addresses of the partners or the name of the partnership and office address.

Surname(s)

O'CONNOR

Address

176 BLAGDON ROAD

Usual residential address

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

Post town

NEW MALDEN

County / Region

SURREY

UK Postcode

K T 3 4 A L

Country

ENGLAND

Directors

Details of new directors must be notified on form 288a

Please list directors in alphabetical order.

Name	* Style / Title	MR.												
Directors		Day	Month	Year										
In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	3	0	/	1	1	/	1	9	6	3			
	Forename(s)	GRAHAM WINSTON												
	Surname	FILLERY												
Address		GREENOAK, MILL STREET												
Usual residential address		CAERLEON												
must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	NEWPORT												
	County / Region	SOUTH WALES					UK Postcode	N	P	1	8	1	B	H
	Country	WALES					Nationality	BRITISH						
	Business occupation	DIRECTOR												

* Voluntary details.

Name	* Style / Title	MR.												
Directors		Day	Month	Year										
In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	0	4	/	1	1	/	1	9	5	7			
	Forename(s)	JONATHAN CHARLES												
	Surname	PAIN												
Address		PLOT 6, IVE GRANGE, MOORHALL DRIVE												
Usual residential address		NINFIELD												
must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.	Post town	BATTLE												
	County / Region	EAST SUSSEX					UK Postcode	T	N	3	3	9	J	T
	Country	ENGLAND					Nationality	BRITISH						
	Business occupation	BANKER												

Issued share capital

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, or total amount of stock)

ORD SHARES OF £1	2	£ 2.00
Totals	2	£ 2.00

List of past and present shareholders
(Use attached schedule where appropriate)

A full list is required if one was not included with either of the last two returns.

There were no changes in the period

☐

on paper in another format

A list of changes is enclosed

☐
☐

A full list of shareholders is enclosed

☒
☐
Certificate

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

Signed

S. J. O'Connell

Date

4/2/03

† Please delete as appropriate.

† *S. J. O'Connell*
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

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.

MS SHARON O'CONNOR, 71 LOMBARD STREET, LONDON, EC3P 3BS

Tel 020 7356 1034

DX number DX exchange

List of past and present shareholders Schedule to form 363a

CHFP029
Company Number 2376164

Company Name in full TSB GENERAL INSURANCE SERVICES LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following incorporation;
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- List joint shareholders consecutively

Shareholders' details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED Address CHARLTON PLACE, ANDOVER, HAMPSHIRE UK Postcode SP10 1RE	ord shares of £1 2		
Name Address UK Postcode			
Name Address UK Postcode			