

Please complete in typescript, or in bold black capitals.

CHFP029

Annual Return

363a PLTSB £180×12 000015

Company Number | 2376164

Company Name in full		TSB GENERAL INSURANCE SERVICES LIMITED		
ate of this return		Day Month Year		
The information in this return is made up to		[2 8 [0 1 [2 0 0 2		
ate of next return				
you wish to make your a date earlier than the				
f this return please sho Companies House will th	w the date here.	Day Month Year		
at the appropriate time.	ion dono a ionn	2 8 / 0 1 / 2 0 0 3		
Registered Office Show here the address	at the date of	CHARLTON PLACE		
his return.				
Any change of registered office	Post town	ANDOVER		
nust be notified on form 287.	County / Region	HAMPSHIRE		
	UK Postcode	S P 1 0 1 R E		
Principal business	s activities			
Show trade classification code number(s) for the principal activity or activities.		6603		
If the code number can				
give a brief description of principal a				
		When you have completed and signed the form please send it to the		



COMPANIES HOUSE Form revised September 1999 Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Register of men of the register of ment registered office, state	mbers pers is not kept at the here where it is kept.	71 LOMBARD STREET
	Post town	LONDON
	County / Region	UK Postcode E C 3 P 3 B S
Register of Del If there is a register of or a duplicate of any of it, which is not kep office, state here who	such register or part t at the registered ere it is kept.	N/A
	Post town County / Region	UK Postcode
Company type		
Public limited company		
Private company limited	by shares	x
Private company limited share capital	d by guarantee without	
Private company limited section 30	d by shares exempt under	Please tick the appropriate box
Private company limite under section 30	d by guarantee exempt	
Private unlimited comp	any with share capital	
Private unlimited comp	any without share capital	
Company Sec (Please photocopy this area to provide details of joint sec-	retary Name * Style / Titl	Details of a new company secretary must be notified on form 288a.
retaries). * Voluntary details.	·	
If a partnership give	Forename(s	
the names and addresses of the part- ners or the name of the partnership and office address.	Surname(s	176 BLAGDON ROAD
Usual residential address must be given. In the case of a corporation, or a	Post tow	n NEW MALDEN
Scottish firm, give the registered or prin- cipal office address.	County / Region	UK Postcode K T 3 L 4 A L
	Count	ry ENGLAND

Directors Please list directors in	n alphabe		Details of new directors must be no	otified on form 2	88a	
	Name	* Style / Title	MR.			
Directors In the case of a director that is a corporation or a	ıt	Date of birth	Day Month Year			
Scottish firm, the name is the corporate or firm name.		Forename(s)	GRAHAM WINSTON	<u> </u>		
		Surname	FILLERY			
	Addres	s	GREENOAK, MILL STREET			
Usual residential			CAERLEON			
address must be given. In the case of corporation or a	а	Post town	NEWPORT			
Scottish firm, give th registered or principal		County / Region	SOUTH WALES	UK Postcode	N P 1 8	1 B H
office address.		Country	WALES	Nationality	BRITISH	
	Busine	ss occupation	DIRECTOR			
* Voluntary details.						
	Name	* Style / Title	MR.		_	
Directors 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	Day Month Year			
		Forename(s)	JONATHAN CHARLES			
		Surname	PAIN			
	Addre	ss	PLOT 6, IVE GRANGE, MOORHALL	DRIVE		

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

Issued share capital Enter details of all the shares in issue at the date of this return.	Class 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	
	L			
		<u></u>		
	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	There were no changes	s in the period		
returns.		on pape	r in another format	
	A list of changes is enc	losed		
	A full list of shareholder	rs is enclosed X		
Certificate	I certify that the information and belief.	ation given in this return	is true to the best of my	
Signed	Poster	—~ Dat	te oxbalor	
† Please delete as appropriate.	† a director /secretary			
When you have signed the return send it	This return includ	05	continuation sheets.	
with the fee to the Registrar of Companies Cheques should be made payable to Companies House.	This return includ	(enter number)	continuation sneets.	
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 L	OMBARD STREET, LONDON, EC3F	?3BS	
condoth thoro is any query.	L	Tel 020 7356 103	34	
	DX number	DX exchange		



List of past and present shareholders Schedule to form 363a

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Company Number	2376164
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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

	Class and	Shares or amount of stock transferred (if appropriate)			
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer		
Name	ord shares of £1				
LLOYDS TSB GENERAL INSURANCE HOLDINGS LIMITED			1		
Address					
CHARLTON PLACE, ANDOVER, HAMPSHIRE					
L					
L					
UK Postcode <u>S P 1 0 1 R E</u>					
Name					
Address	-				
	-				
UK Postcode	-				
	 		 		
Name					
Address	-				
	_				
	-				
UK Postcode					