

## AR01 (ef)

## **Annual Return**

INTERNATIONAL HOUSE 1 ST. KATHARINES WAY



Received for filing in Electronic Format on the: 19/10/2009

Company Name: THE STOP LOSS MUTUAL INSURANCE ASSOCIATION

LIMITED

Company Number: 02430780

Date of this return: 10/10/2009

SIC codes: 6603

Private company limited by guarantee Company Type:

Situation of Registered

Office: **LONDON** 

E1W 1UT

Officers of the company

Service Address:

## Company Secretary 1

Type: Corporate

Name: CHARLES TAYLOR & CO. LIMITED

Registered or

principal address: INTERNATIONAL HOUSE 1 ST. KATHARINE'S WAYI

LONDON **ENGLAND E1W 1UT** 

European Economic Area (EEA) Company

**ENGLAND & WALES** Register Location:

02561548 Registration Number:

Consented to Act: Y Date authorised: Authenticated: ERRO

Company Director 1

Type: Person

MR JEREMY MARK Full forename(s):

Surname: **BRAY** 

Former names:

Service Address: THE HIGH BEECHES

> **HANDCROSS WEST SUSSEX RH17 6QH**

Country/State Usually Resident: ENGLAND

Date of Birth: **22/09/1957** Nationality: BRITISH

LLOYDS UNDERWRITING Occupation:

**AGENT** 

Company Director

Type: Person

MR CHRISTOPHER JAMES *Full forename(s):* 

Surname: **HODGSON** 

Former names:

Service Address: **PINGLE HOUSE** 

PRIORS HARDWICK

**SOUTHAM** 

WARWICKSHIRE

**CV47 7SL** 

Country/State Usually Resident: ENGLAND

Date of Birth: 03/09/1949 Nationality: BRITISH

Occupation: LLOYDS UNDERWRITING

**AGENT** 

Company Director 3

Type: Person

**MR DAVID** Full forename(s):

Surname: **MONKSFIELD** 

Former names:

Service Address: 22 HONEYWELL ROAD

> **LONDON SW11 6EG**

Country/State Usually Resident: NORTHERN IRELAND

Date of Birth: **24/06/1952** Nationality: BRITISH

Occupation: LLOYD'S UNDERWRITING

**AGENT** 

## Company Director 4

Type: Person

Full forename(s): MR STEPHEN MARK

Surname: WILCOX

Former names:

Service Address: 149 THURLEIGH ROAD

LONDON SW12 8TX

Country/State Usually Resident: ENGLAND

Date of Birth: 04/09/1954 Nationality: BRITISH

Occupation: LLOYD'S UNDERWRITING

**AGENT** 

Presenter information
Contact Name: Address:
Authorisation
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