## 363a

Please complete in typescript.

or in bold black capitals.	Annual Return LISBIS 100135						
Company Number	02810267						
Company Name in full	ARGENT INSURANCE PRACTICE LIMITED						
* F 3 6 3 A C 9 0 *							
Date of this return (See note 1) The information in this return is made up to	Day Month Year  19 04 99						
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	6, HIGH STREET						
this return.							
Any change of Post town	STONE						
registered office must be notified County / Region on form 287.	STAFFS						
Postcode	ST15/8AW						
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.							
	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)	REGISTERED OFFICE					
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 Debentutre 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)	Postcode					
	<b>-</b>					
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	Please mark the appropriate box					
Private company limited by guarantee exempt under section 30						
Private unlimited company with share capital						
Private unlimited company without share capital						
Company Secretary (See notes 1 - 5)	Details of a new company secretary must be notified on form 288a.					
(Please photocopy Name * Style / Title	MRS * Honours etc					
this area to provide details of joint Forename(s)	ANGELA					
secretaries).  Surname	WHITFIELD					
* Voluntary details. Previous forename(s)						
Previous surname(s)						
Address	ROUGHSTONE HALL FARM					
Usual residential address must be	BRADNOP					
given. In the case of a corporation, give the	LEEK					
registered or principal office address. County / Region	STAFFS Postcode ST13 7NN					
Country	ENGLAND					

Directors (See notes 1 - 5)	Details	of new director	s must l	be notified on fo	rm 288a.			
Please list directors in alphabetical ord			,					
Name * Style	/ Title MR				<del>'</del>	Year		
* Honou	ırs etc		Da	ate of birth	11	60		
Foren	ame(s) MICHA	MICHAEL PETER						
Sui	name WHITF	IELD			JK*			
* Voluntary details. Previous foren	ame(s)			and the state of t				
Previous surn	ame(s)			defended				
Address	ROUG	HSTONE HAI	LL FAI	RM	· · · · · · · · · · · · · · · · · · ·			
Usual residential address must be	BRADI	BRADNOP						
given. In the case of a	t town LEEK							
registered or principal office address.	Region STAFF	S		Postcode	ST13 7N	N		
	ountry ENGL	AND		Nationality	BRITISH			
Business occu	pation INSUR	ANCE BROK	ER					
Other directors	hips PADDO	OCK UNDER	VRITI	NG AGENCIES	S LIMITED	,		
	CLUBS	URE DIREC	T LIMI	TED				
	ARGER	24 FIWAN	CIAL	. SERVICE	5 him	TEO		
Name * Style	/ Title MR			Da	ay Month	Year		
* Honou	<u> </u>		Da	ate of birth	02	55		
Foren	ame(s) RICHA	RICHARD						
Sur	name DEAN							
* Voluntary details. Previous forence	ame(s)							
Previous surna	ame(s)							
Address	VALLE	VALLEY HOUSE						
Usual residential address must be	NUNE	NUNEATON ROAD						
given. In the case of a	t town FILLOI	NGLEY, COV	ENTR	7				
registered or principal office address.	Region WARW	ICKSHIRE		Postcode	CV7 8DL			
omec address.	ountry ENGLA	ND		Nationality	BRITISH			
Business occuj	pation INSUR	INSURANCE BROKER						
Other directors		CLUBSURE DIRECT LIMITED						
	NUNEA	NUNEATON FINANCE LIMITED						
	P	-c.10 11000	)EQ.	8171NG F	JOEN CH	es himite		

Issued Share capital (see note 9) Enter details of all the shares in issue at the date of this return.	<b>Class</b> (e.g. Ordinary / i		Numl shares	oer of s issue	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)		
	ORDINARY		483,433		£483,433		
	PREFERENC	E	200,000		£200,000		
	Tota	ıls [	683,433		£683,433		
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	There were no	changes in th	e period	X On paper	in another format		
returns. (see note 10)	A list of change	es is enclosed					
	A full list of mer	mbers is enclo	sed				
Elective resolutions (Private companies only) (See note 11)	If at the date of  If at the date of laying	annua this return an	al general election is	meetings, <i>ma</i>	spense with		
Certificate	I certify that the knowledge and	_	iven in this	s return is true	to the best of my		
Signed	1			Dat	e 28/4/99		
# Please delete as appropriate.	# a director / sec	retary			· · · · · · · · · · · · · · · · · · ·		
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 re	eturn includes	(enter n		nuation sheets.		
Please give the name, address, telephone number, and if available, a DX number and Exchange of the person Companies House	nd						
should contact if there is any query.	Tel 01782 711637						
	DX number			DX exchange			

Directors	(continued)		Details of new directors must be notified on form 288a.							
J	Name	* Style / Title	MR	]		Da	у Моі	nth Yea	r	
		* Honours etc			ate of birth	23	12	64		
		Forename(s)	DAVID JOHN	<u> </u>						
		Surname	CRICK							
	Previ	ious forename(s)				/SECTIVET A	٠,>			
	Prev	vious surname(s)			\_american	ji ir				
	Address		4, HOSKINGS CLOS	SE		· · · · ·				
Usual resident			ASTON LODGE PA	RK		-			···	
given. In the case	e of a	Post town	STONE			· ·				
registered or prin	icipal	County / Region	STAFFS	<u></u>	Postcode		ST15 8FS			
		Country	ENGLAND		Nationality		BRITISH			
	Busin	ess occupation	INSURANCE BROK	ER	·					
Other directorships			PADDOCK UNDERWRITING AGENCIES LIMITED							
* Voluntary details.			<u> </u>					<u></u>		
	Name	* Style / Title	MR			Da	y Mon	nth Year	<u>.                                    </u>	
		* Honours etc		D	ate of birth	14	03	68		
Forename(s)			NATHAN LUCAS							
		Surname	WALTON							
	Previ	ous forename(s)								
	Prev	ious surname(s)								
	Address		17, WALSINGHAM GARDENS							
Usual resident address must b			WESTBURY PARK, CLAYTON							
given. In the case corporation, give		Post town	NEWCASTLE							
registered or prince office address.	cipal	County / Region	STAFFS		Postcode		ST5 4.	JΤ		
		Country	ENGLAND		Nationality	,	BRITIS	Н		
	Busine	ess occupation	INSURANCE BROKER							
	Other	directorships	PADDOCK UNDERWRITING AGENCIES LIMITED							

* Directors	(continued)		Details of new directors must be notified on form 288a.						
•	Name	* Style / Title	MR	]		Da	y Mon	th Year	r
		* Honours etc		j <sub>D</sub>	ate of birth	19	02	63	7
		Forename(s)	COLIN STANLEY	1	· <del></del>	<u>.</u>			<del></del>
		Surname	WHITFIELD						
	Prev	rious forename(s)			· · · · · · · · · · · · · · · · · · ·				
		vious surname(s)							
	Address	, .	32, BEAUMONT GA	ARDEN	<u></u>				
Usual residen			MELTON MOWBRA	<u> </u>					···
address must given. In the cas		D44	LEICESTER					_	
corporation, give registered or pri		Post town			<u></u> 1		1 540 4		
office address.		County / Region	LEICESTERSHIRE		Postcode	ļ	LE13 1JU		
		Country	ENGLAND		Nationality		BRITISH		
	Busin	ess occupation	INSURANCE BROK			<u></u>			
	Other	directorships	ARGENT FINANCIAL SERVICES LIMITED						
* Voluntary details									
·	Name	* Style / Title				Day	/ Mont	h Year	
		* Honours etc		Da	ate of birth				
		Forename(s)							
		Surname				,			
	Previ	ious forename(s)							
	Prev	vious surname(s)							
	Address								
Usual resident									
given. In the cas	e of a	Post town							
corporation, give registered or prir		County / Region			Postcode	ſ			
office address.		Country			Nationality				
	Donie	•				-			
		ess occupation		· <u>-</u>	<u>.</u>				
	Omer	directorships							
			I						1