

BLUEPRINT

OneWorld

000994/£240

363a

Please complete in typescript,
or in bold black capitals.

Annual Return

CHFP010

Company Number

3196171

Company Name in full

Clerical Medical Investment Group Limited

Date of this return

The information in this return is made up
to

Day Month Year

0 2 0 5 2 0 0 5

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

Registered Office

Show here the address at the date of
this return.

33 Old Broad Street

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

Post town

County / Region

London

UK Postcode

EC2N 1HZ

Principal business activities

Show trade classification code number(s)
for the principal activity or activities.

6601

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, 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 EdinburghA35
COMPANIES HOUSE

A8V7255L

0114
10/05/05

Register of members

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

Post town

County / Region

UK Postcode

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 where it is kept.

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

Mr

Forename(s)

Peter John

* Voluntary details.

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

Address

Surname

Veale

17 Sullivan Road

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

Post town

Kennington

County / Region

London

UK Postcode

SE11 4UH

Country

United Kingdom

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Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

| | | | | |
|----------------------------|---------------------------|-------|-------------|---------|
| Name | * Style / Title | | | |
| | Day | Month | Year | |
| Date of birth | 0 | 5 | 0 | 3 |
| | 1 | 9 | 6 | 4 |
| Forename(s) | Keith William | | | |
| Surname | Abercromby | | | |
| Address | Summerleaze House, Wookey | | | |
| | | | | |
| Post town | Nr. Wells | | | |
| County / Region | Somerset | | UK Postcode | BA5 1JU |
| Country | United Kingdom | | Nationality | British |
| Business occupation | Finance Director HBOS FS | | | |

* Voluntary details.

| | | | | |
|----------------------------|------------------------------------|-------|-------------|---------|
| Name | * Style / Title | | Mr | |
| | Day | Month | Year | |
| Date of birth | 1 | 0 | 0 | 6 |
| | 1 | 9 | 5 | 5 |
| Forename(s) | John Stephen | | | |
| Surname | Edwards | | | |
| Address | Ebbor House, Wookey Hole, Nr Wells | | | |
| | | | | |
| Post town | | | | |
| County / Region | Somerset | | UK Postcode | BA5 1AY |
| Country | United Kingdom | | Nationality | British |
| Business occupation | Chief Executive HBOS FS | | | |

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title _____

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 1 2 0 5 1 9 4 2

Forename(s) Duncan George Robin

Surname Ferguson

Address

Clive Wood Farm, Clive

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

Post town Shrewsbury

County / Region Shropshire

UK Postcode SY4 5PR

Country

Nationality British

Business occupation Actuary

* Voluntary details.

Name * Style / Title Mr

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Day Month Year
Date of birth 1 8 0 6 1 9 6 4

Forename(s) John Patrick

Surname Hiew

Address

Greenlands Farm, Little London, Oakhill

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

Post town Bath

County / Region

UK Postcode BA3 5AZ

Country United Kingdom

Nationality British

Business occupation Managing Director, Clerical Medical Financial Services

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

| | | | |
|---------------------|-------------------------------|-------------|---------|
| Name | * Style / Title | Mr | |
| | | Day | Month |
| | | Year | |
| Date of birth | | 2 | 6 |
| | | 0 | 4 |
| | | 1 | 9 |
| | | 5 | 8 |
| Forename(s) | Philip Andrew | | |
| Surname | Hodkinson | | |
| Address | Lynden Manor, Langworthy Lane | | |
| | | | |
| Post town | Holyport | | |
| County / Region | Berkshire | UK Postcode | SL6 2HH |
| Country | | Nationality | British |
| Business occupation | Company Director | | |

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

* Voluntary details.

| | | | |
|---------------------|--|-------------|---------|
| Name | * Style / Title | Mr | |
| | | Day | Month |
| | | Year | |
| Date of birth | | 0 | 2 |
| | | 1 | 1 |
| | | 1 | 9 |
| | | 5 | 9 |
| Forename(s) | Raymond John Hildreth | | |
| Surname | Milne | | |
| Address | Laurel Bank, 3 Hungerford Road, Edgerton | | |
| | | | |
| Post town | Huddersfield | | |
| County / Region | West Yorkshire | UK Postcode | HD3 3AL |
| Country | | Nationality | British |
| Business occupation | Actuary | | |

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

Directors

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name * Style / Title | Mr

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

 Day Month Year
 Date of birth | 1 | 5 | 0 | 3 | 1 | 9 | 3 | 6

Forename(s) | Michael Rodney Newton

Surname | Moore

Address | 32 Lower Belgrave Street

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

Post town | London

County / Region | UK Postcode | SW1W 0LN

Country | United Kingdom Nationality | British

Business occupation | Director

* Voluntary details.

Name * Style / Title |

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

 Day Month Year
 Date of birth | 2 | 2 | 0 | 6 | 1 | 9 | 5 | 3

Forename(s) | Kathleen Anne

Surname | Nealon

Address | 23 Ashley Gardens, Ambrosden Avenue

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

Post town | LONDON

County / Region | England UK Postcode | SW1P 1QD

Country | United Kingdom Nationality | American

Business occupation | Company Director

Directors*Please list directors in alphabetical order.***Details of new directors must be notified on form 288a**

Directors In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

Name

* Style / Title

Mr

Day Month Year

Date of birth

1 7 0 5 1 9 6 4

Forename(s)

Michael Stuart

Surname

Robinson

Address

"Conway", 2 Peter Avenue

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

Post town

Oxted

County / Region

Surrey

UK Postcode

RH8 9LG

Country

Nationality

British

Business occupation

Chief Executive

* Voluntary details.

Name

* Style / Title

Day Month Year

Date of birth

Forename(s)

Surname

Address

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

Post town

County / Region

UK Postcode

Country

Nationality

Business occupation

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) |
|-------------------------------------|----------------------------|--|
| Ordinary Shares of £1.00 | 1,629,000,000 | £1,629,000,000.00 |
| | | |
| | | |
| | | |
| Totals | 1,629,000,000 | 1,629,000,000.00 |

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



Date

5/5/05

† Please delete as appropriate.

† 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

1

continuation sheets.

(enter number)

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.

Mr P J Veale, Company Secretary, 33 Old Broad Street,

London, EC2N 1HZ

Tel: 020 7321 1146

Fax: 020 7321 1425

DX number 42626

DX exchange CHEAPSIDE

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List of past and present shareholders Schedule to form 363a

CHFP010

Company Number 3196171

Company Name in full Clerical Medical Investment Group 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 the 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 | Class and number of shares or amount of stock transferred | Shares or amount of stock transferred (if appropriate) Date of registration of transfer |
|---|---|---|--|
| Name HBOS Financial Services Limited Address 33 Old Broad Street, London, United Kingdom UK postcode EC2N 1HZ | £1.00 Ordinary Shares of £1.00 Shares Held 1,629,000,000 | | |
| Name Address UK postcode | | | |
| Name Address UK postcode | | | |