



*Companies House*  
— for the record —

**AR01** (ef)

**Annual Return**



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*Company Name:* **BOOTS INSURANCE SERVICES LIMITED**

*Company Number:* **03467418**

*Date of this return:* **18/11/2009**

*SIC codes:* **7499**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **1 THANE ROAD WEST  
NOTTINGHAM  
NG2 3AA**

**Officers of the company**

*Company Secretary* **I**

*Type:* **Person**

*Full forename(s):* **DAVID CHARLES GEOFFREY**

*Surname:* **FOSTER**

*Former names:*

*Service Address:* **D90  
1 THANE ROAD WEST  
NOTTINGHAM  
NG90 1BS**

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*Company Director* **I**

*Type:* **Person**

*Full forename(s):* **KEN**

*Surname:* **MURPHY**

*Former names:*

*Service Address:* **D90 1 THANE ROAD WEST  
NOTTINGHAM  
NG90 1BS**

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **1966-09-15** *Nationality:* **IRISH**

*Occupation:* **COMMERCIAL DIRECTOR**

## *Company Director 2*

*Type:* **Corporate**

*Name:* **ALLIANCE BOOTS (NOMINEES) LIMITED**

*Registered or  
principal address:* **1 THANE ROAD WEST  
NOTTINGHAM  
NG2 3AA**

### *European Economic Area (EEA) Company*

*Register Location:* **1 THANE ROAD WEST, NOTTINGHAM, NG2 3AA**

*Registration Number:* **555964**

## Statement of Capital (Share Capital)

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<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>2</b>
		<i>Aggregate nominal value</i>	<b>2</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1</b>
		<i>Amount unpaid per share</i>	<b>0</b>

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## Statement of Capital (Totals)

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<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>2</b>
		<i>Total aggregate nominal value</i>	<b>2</b>

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### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 18/11/2009 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for a private or non-traded public company are shown below*

*Shareholding : 1*

**2 ORDINARY Shares held as at 18/11/2009**

*Name:* **AB DORMANTS LIMITED**

*Address:*

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### *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.