

Package: 'Laserform'
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88(2)

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.

CHFP025

Company Number

03720091

Company name in full

REBUS INSURANCE SERVICES LIMITED

Shares allotted (including bonus shares):

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" box)

From			To		
Day	Month	Year	Day	Month	Year
30	01	2004			

Class of shares

(ordinary or preference etc)

ORDINARY

Number allotted

12,775,460

Nominal value of each share

£1.00

Amount (if any) paid or due on each
share (including any share premium)

£1.00

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be
treated as paid up

Consideration for which
the shares were allotted

(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland DX 235 Edinburgh
1019955

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Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name REBUS INSURANCE SERVICES HOLDINGS LIMITED Address 120 LEMAN STREET, LONDON UK Postcode E 1 L L 8 E U		Class of shares allotted ORDINARY 	Number allotted 12,775,460
Name Address UK Postcode L L L L L L L L		Class of shares allotted 	Number allotted
Name Address UK Postcode L L L L L L L L		Class of shares allotted 	Number allotted
Name Address UK Postcode L L L L L L L L		Class of shares allotted 	Number allotted
Name Address UK Postcode L L L L L L L L		Class of shares allotted 	Number allotted

Please enter the number of continuation sheets (if any) attached to this form

Signed

[Signature]

Date

30/01/2004

A director / ~~secretary~~ / administrator / administrative receiver / receiver manager / receiver

Please delete as appropriate

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.

Clifford Chance Limited Liability Partnership

10 Upper Bank Street, London, E14 5JJ

Doc Ref: L1/1019955

Tel 020 7006 1000

DX number 149120

DX exchange Canary Wharf 1019955