Package: 'Laserform' by Laserform International Ltd.

Please complete in typescript, or in hold black capitals.

**APPOINTMENT** of director or secretary

(NOT for resignation (use Form 288b) or change

| CHFP025                                                                                                                                                                                                                                                  |            | of particulars (use Form 288c))                    |                                                                                               |                                 |                     |              |                          |                        |        |            |           |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|---------------------|--------------|--------------------------|------------------------|--------|------------|-----------|-----------------------|
|                                                                                                                                                                                                                                                          |            |                                                    | 455980                                                                                        | )5                              |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            |                                                    | LONDON & EUROPEAN INSURANCE MANAGEMENT COMPANY LTD                                            |                                 |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            |                                                    | Day                                                                                           | Month                           | Yea                 | r            |                          |                        | Day    | Month      | Year      | r                     |
|                                                                                                                                                                                                                                                          |            | Date of<br>appointment                             | 110                                                                                           | 0 2                             | 20                  | 0  3         | †Da <sup>.</sup><br>Birt | 1 1                    | 7      | 0 6        | 1 9       | 4 7                   |
| Appointment<br>form                                                                                                                                                                                                                                      | : Appointn | nent as director                                   | Х                                                                                             |                                 | as secre            | tary         |                          | ase mark the           |        |            | , .       |                       |
|                                                                                                                                                                                                                                                          | NAME       | *Style / Title                                     | MR *Honours etc                                                                               |                                 |                     |              |                          |                        |        |            |           |                       |
| Notes on completion appear on reverse.                                                                                                                                                                                                                   |            | Forename(s)                                        | PETER HINMAN                                                                                  |                                 |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            | Surname                                            | FOLEY                                                                                         |                                 |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            | N/A Previous Surname(s) N/A                        |                                                                                               |                                 |                     |              |                          | ·                      |        |            |           |                       |
| †† Tick this box if the address shown is a service address for                                                                                                                                                                                           | Usı        | Forename(s)  ual residential  address tt           | 45-534 INDIAN WELLS LANE                                                                      |                                 |                     |              |                          |                        |        |            |           |                       |
| the beneficiary of a<br>Confidentiality Order<br>granted under the<br>provisions of section<br>723B of the<br>Companies Act 1985                                                                                                                         | !          | Post town                                          | INDIAN                                                                                        | 1                               |                     |              |                          | Postcod                | e C    | A 92210    | 1         |                       |
|                                                                                                                                                                                                                                                          | (          | County / Region                                    | WELLS                                                                                         | 6                               |                     |              |                          | Counti                 | y U    | SA         |           |                       |
|                                                                                                                                                                                                                                                          |            | †Nationality                                       | AMER                                                                                          | CAN                             |                     | †Busin       | cupation                 | INS                    | URANCE | E DIREC    | CTOR      |                       |
|                                                                                                                                                                                                                                                          | †Oth       | LONDON & EUROPEAN TITLE INSURANCE SERVICES LIMITED |                                                                                               |                                 |                     |              |                          |                        |        |            |           |                       |
| (additional space overle                                                                                                                                                                                                                                 |            |                                                    | I conse                                                                                       | nt to ac                        | at as ** o          | director /   | / <del>-secre</del>      | <del>stary</del> -of t | he ab  | ove nan    | ned com   | npany                 |
| * Voluntary details. † Directors only.                                                                                                                                                                                                                   |            |                                                    | - fli                                                                                         | to A                            | Jole                | y            |                          | Date                   |        | 1/02/      | 03        |                       |
| **Delete as appropriate                                                                                                                                                                                                                                  |            | A direc                                            | tor, sec                                                                                      | retary e                        | c must              | sign         | the form                 | belo                   | w.     |            |           |                       |
|                                                                                                                                                                                                                                                          |            | Signed                                             |                                                                                               | Re                              | De                  | elk.         |                          | Date                   | 10     | 1/02/      | 03        |                       |
|                                                                                                                                                                                                                                                          |            |                                                    | (** a dire                                                                                    | etor / secr                     | etary / adm         | inictrator / | adminic                  | <del>strative re</del> | civer  | receiver r | nanager†  | <del>recei</del> ver) |
| You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record. |            |                                                    | Slaughter and May (Ref:MDB/SZK/AJZW)  One Bunhill Row London EC1Y 8YY  Tel Tel: 020 7600 1200 |                                 |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            |                                                    | DX nu                                                                                         | DX number 11 DX exchange London |                     |              |                          |                        |        |            |           |                       |
|                                                                                                                                                                                                                                                          |            |                                                    |                                                                                               |                                 | e comple<br>mpanies |              | signed                   | the form               | plea   | se send    | it to the |                       |

11/02/08 COMPANIES HOUSE

Laserrorm International 6/02

rcode

for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff

for companies registered in Scotland

DX 235 Edinburgh

|                   | Company Number       | 455 9805          |  |
|-------------------|----------------------|-------------------|--|
| † Directors only. | †Other directorships | SEE PREVIOUS PAGE |  |
|                   |                      |                   |  |
|                   |                      |                   |  |
|                   |                      |                   |  |
|                   |                      |                   |  |

## **NOTES**

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

## Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.