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Please complete in typescript,
or in bold black capitals

CHFP041

AMENDING

NG
363a

Annual Return

Company Number 04585723

Company Name in full MOTAQUOTE INSURANCE SERVICES LIMITED

Date of this return

The information in this return is made up to

Day Month Year

08/11/2007

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

MOTAQUOTE HOUSE

DINAS ISAF INDUSTRIAL ESTATE

Any change of
registered office
must be notified
on form 287

Post town WILLIAMSTOWN

County / Region RHONDDA CYNON TAFF

UK Postcode CF40 1NY

Principal business activities

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

7499

If the code number cannot be determined,
give a brief description of principal activity

MONDAY



A36 *A3BGGY06* 94
07/04/2008
COMPANIES HOUSE

Form revised April 2007

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 Edinburgh**

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

L L L L L L L

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 here where it is kept

Post town

County / Region

UK Postcode

L L L L L L L

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)

IAN WILLIAM

*Voluntary details

Surname

BROWN

Address ††

36 BEECH WOOD DRIVE

Post town

TONYREFAIL

County / Region

RHONDDA CYNON TAFF

UK Postcode

C F 3 9 8 J E

Country

WALES

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address

☐

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

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Co363a/2

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 corporation or a Scottish firm, the name is the corporate or firm name

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address

Name _____ *Style / Title _____

Date of birth _____ Day _____ Month _____ Year _____
0 8 / 1 1 / 1 9 6 7

Forename(s) LINDA

Surname HAGGETT

Address †† ☐ 51 GRAIG Y MYNYDD
THOMASTOWN

Post town PORTH

County / Region MID GLAMORGAN UK Postcode CF 3 9 8 EF D

Country WALES Nationality BRITISH

Business occupation INSURANCE BROKER

*Voluntary details

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

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address

Name _____ *Style / Title MR

Date of birth _____ Day _____ Month _____ Year _____
1 8 / 0 9 / 1 9 6 7

Forename(s) PAUL ROBERT

Surname RAGAN

Address †† ☐ TREGYRNOG FARMHOUSE
ST BRIDES SUPER ELY

Post town CARDIFF

County / Region VALE OF GLAMORGAN UK Postcode CF 5 1 6 E Z

Country WALES Nationality BRITISH

Business occupation MANAGING DIRECTOR

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	101	£101
Totals	101	£101

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 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

† 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

(enter number)

continuation sheets

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

M&A Solicitors LLP

Kenneth Pollard Hse, 5-19 Cowbridge Rd East, Cardiff

CF11 9AB

Tel 029 2066 7788

DX number 141879

DX exchange CARDIFF 28

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 corporation or a Scottish firm, the name is the corporate or firm name		Day	Month	Year
		Date of birth	17/06/1968	
		Forename(s)	PAUL	
		Surname	REES	
<input type="checkbox"/>	Address ††	PLOT 1 SPRINGFIELD GARDENS		
			HIRWAUN	
		Post town	ABERDARE	
		County / Region	MID GLAMORGAN	UK Postcode CF44 9PA
		Country	WALES	Nationality BRITISH
Business occupation		DIRECTOR		

*Voluntary details

Name	*Style / Title			
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name		Day	Month	Year
		Date of birth	/ / / /	
		Forename(s)		
		Surname		
<input type="checkbox"/>	Address ††			
		Post town		
		County / Region		UK Postcode / / / / /
		Country		Nationality
Business occupation				

List of past and present shareholders

Schedule to form 363a

Company Name in full MOTAQUOTE INSURANCE SERVICES 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 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

Shareholder's details	Class and number of shares or amount of stock held	Shares or amount of stock transferred (if appropriate)	
		Class and number of shares or amount of stock transferred	Date of registration of transfer
Name PROTECTAGROUP LIMITED Address MOTAQUOTE HOUSE, DINAS ISAF INDUSTRIAL ESTATE, WILLIAMSTOWN, RHONDDA CYNON TAFF UK Postcode CF4 0 1 N Y	96 £1 00 ORDINARY		
Name PAUL REES Address PLOT 1 SPRINGFIELD GARDENS, HIRWAUN, ABERDARE, MID GLAMORGAN UK Postcode CF4 4 9 P A	5 £1 00 ORDINARY		
Name _____ Address _____ _____ _____ UK Postcode _____			