

Please complete ın typescrıpt, or in bold black capıtals.		Annual Return	
CHFP010 Co	mpany Number	106317313	
Company Name in full		LSOUTH ESSEX INSURANCE HOLDINGS	
		UMITED	
Date of this return The information in this to		Day Month Year 1 8 07 2008	
Date of next retur	n		
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.		BEAUFORT HOUSE, BRUNSWICK ROAD	
Any change of registered office must	Post town	GLOUCESTER	
be notified on form 287	County / Region		
20,	UK Postcode	IGL 117Z	
Principal busines	s activities		
Show trade classification code number(s) for the principal activity or activities		17415-HOLDING COMPANY	
If the code number cannot be determined,		1	



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 for companies registered in England and Wales

for companies registered in England and vvales

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

DX 33050 Cardiff

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	X
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	Details of a new company secretary must be notified on form 288a.
(Please photocopy this area to provide details of joint Name * Style / Title	<u></u>
secretaries) * Voluntary details	RACHAEL JANE
If a partnership give Surname the names and	
addresses of the partners or the name Address of the partnership and office address	67 STOCKEN CLOSE
Usual residential address must be Post town	L HUCCLECOTE
· · · · · · · · · · · · · · · · · · ·	LGLAUCESTER UK Postcode GC3 3UL
give the registered or principal office Country address	

BLUEPRINT 2000

Directors Please list directors in alphabetical order		Details of new directors must be notified on form 288a	
Name * Style / Title		IMR	
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 04051955	
or a Scottish firm, the name is the	Forename(s)	L MICHAEL HOWARD	
corporate or firm	Surname	ITRIPP	
A	Address	I THE GREY HOUSE, COPT HILL LANE	
Usual residential address must be			
given In the case of a corporation,	Post town	TADNORTH	
give the registered or principal office	County / Region	SURREY UK Postcode KT206HL	
address	Country	LUNITED KINGDOM Nationality BRITISH	
		GROUP CHIEF EXECUTIVE	
* Voluntary details			
h	lame * Style / Title	L	
Directors In the		Day Month Year	
case of a director that is a corporate	Date of birth	1100711960	
or a Scottish firm, the name is the	Forename(s)	L STEVEN ARCHIBALD	
corporate or firm name	Surname	L M∞0	
Address		LPAYNES PLACE HOUSE, NEW ROAD,	
Usual residential address must be		LSHAFTESBURY	
given In the case of a corporation	Post town	LOORSET	
give the registered or principal office	County / Region	UK Postcode SP7 8QL	
address	Country	Nationality BRITISH	
	Business occupation	LCOMPANY 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)

		Sriare	e, or total amount of stock)
ORDINARY SHARE	FHEACH L	<u>1</u> 0000 _	£1000-00
	Totals		11000-00
List of past and present sharehold	lers		
(use attached schedule where appropriate) A full list is required if one was not included with either of the last two	There were no changes in the period	on paper	ın another format
returns	A list of changes is enclosed		
	A full list of shareholders is enclosed	\searrow	
Certificate	I certify that the information given in t	his return is true	to the best of my
Signed	knowledge and belief	Date	819108
† Please delete as appropriate	† a director / secretary		819100
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	contin	nuation sheets
Please give the name, address, telephone number and, if available, a DX number	RACHAEL HALL, F	BEAUTOR	T HOUSE,
and Exchange of the person Companies House should contact if there is any query	BRUNSHICK ROAS	_	
	GL1 1 J2 Tel 01	·	4231
BLUEPRINT 2000	DX number DX exc	nange	

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List of past and present shareholders Schedule to form 363a

CHFP010

Company Number 10317313

Company Name in full

JTH ESSEX INSURANCE HOLDINGS

- 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

		Shares or amount of transferred (if appro	
Shareholders' details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
BARRY FEHIER	+1000 ORDINARY SHARES OF	SHARES OF	
Address COMBWELL PRIORY, FLIMWELL, WACHURST, EAST SUSSEX UK postcode TNS 700	EI EACH	HEACH TRANSTERED TO ECCLESIASTRAI INSULANCE OFFICE PLC	
Name ECCLESIASTICAL INSURANCE OFFICE PLC Address BEAUTORT HOUSE BRUNSMICK ROAD GLOUCESTER UK postcode Lall 1/2	E1000 ORDINARY SHARES OF E1 EACH		
Address UK postcode			



CHFP010

UK postcode

List of past and present shareholders (Continued)

Co	ompany Number		
		Shares or amount of stock transferred (if appropriate)	
Shareholders' details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer

Shareholders' details	Class and number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer
Name			
Address			
UK postcode			
Name			
Address			
UK postcode [į	
Name			
Address			
UK postcode			
Name			
Address			



Issued share capital Schedule to form 363a

Chrruid	Company Numb	er		
	Company Name in f	ull		
		L		
	Curren	су		
Issued sha Enter details of at the date of	of all the shares in issue	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)
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		Totals	1	1