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000923

Please complete in typescript,  
or in bold black capitals.

CHFP010

Company Number

Company Name in full

**Annual Return**

0736581

STRONGHOLD INSURANCE COMPANY LIMITED

**Date of this return** (See note 1)

The information in this return is made up  
to

Day		Month		Year		
1	6	0	7	1	9	9

**Date of next return** (See note 2)

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** (See note 3)

Show here the address at the date of  
this return.

Any changes of  
registered office must  
be notified on form  
287.

Post town

County / Region

Postcode

P O BOX 62, ROSE LANE

NORWICH

NORFOLK

NR1 1JY

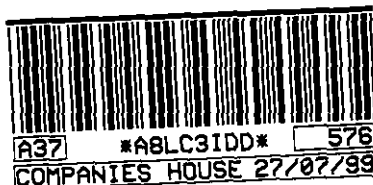
**Principal business activities**

(See note 4)

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

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

6603



When you have completed and signed the form please send it to the  
Registrar of Companies at:

**Companies House, Crown Way, Cardiff, CF4 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** (See note 5)

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

P O BOX 62, ROSE LANE

NORWICH

NORFOLK

Postcode

NR1 1JY

**Register of Debenture holders**

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state where it is kept.

Post town

County / Region

P O BOX 62, ROSE LANE

NORWICH

NORFOLK

Postcode

NR1 1JY

**Company type** (See note 7)

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 mark the appropriate box

**Assistant Company Secretary** (See notes 1-5)

Name

\* Style / Title

Mr

\* Honours etc

(Please photocopy this area to provide details of joint secretaries).

Forename(s)

MERVYN GEORGE

Surname

FLATMAN

\* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

1 Cranwell Gardens, Burgate Lane, Poringland

**Usual residential address**

must be given. In the case of a corporation, give the registered or principal office address.

Post town

County / Region

Country

NORWICH

Postcode

NR14 7SQ

**Register of members** (See note 5)

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

Postcode

**Register of Debenture holders**

(See note 6)

If there is a register of debenture holders and it is not kept at the registered office, state where it is kept.

Post town

County / Region

Postcode

**Company type** (See note 7)

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 mark the appropriate box

**Company Secretary** (See notes 1-5)

(Please photocopy this area to provide details of joint secretaries).

Name \* Style / Title

Forename(s)

Surname

\* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

**Usual residential address**

must be given. In the case of a corporation, give the registered or principal office address.

Post town

County / Region

Country

**Details of a new company secretary must be notified on form 288a.**

Mr

\* Honours etc FCIS, FCII

ROY EDWARD

TOWNSEND

THE GROVE, 19 OLD GROVE COURT

NORWICH

NORFOLK

Postcode NR3 3NL

**Directors** (See notes 1-5)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

<b>Name</b>	* Style / Title	Ms		<b>Date of Birth</b>	Day	Month	Year
	* Honours etc	LLB (HONS)			2	9	1 0 1 9 5 5
	Forename(s)	ANN MARIE					
	Surname	DUFFY					
	Previous forename(s)						
	Previous surname(s)						
<b>Address</b>	108 WELLS STREET						
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	WESTFIELD					
	County / Region	NJ 07090		Postcode			
	Country	USA		Nationality	BRITISH		
	<b>Business occupation</b>	EXECUTIVE					
	<b>Other directorships</b>	See attached schedule					

\* Voluntary details.

<b>Name</b>	* Style / Title	Mr		<b>Date of Birth</b>	Day	Month	Year
	* Honours etc	BSC (ECON) ACA			1	6	0 9 1 9 5 5
	Forename(s)	HENRY					
	Surname	SOPHER					
	Previous forename(s)						
	Previous surname(s)						
<b>Address</b>	37 FERRIS DRIVE						
<b>Usual residential address</b> must be given. In the case of a corporation, give the registered or principal office address.	Post town	WEST ORANGE					
	County / Region	NJ 07052		Postcode			
	Country	USA		Nationality	BRITISH		
	<b>Business occupation</b>	EXECUTIVE					
	<b>Other directorships</b>	See attached schedule					

**Directors** (See notes 1-5)

Please list directors in alphabetical order.

**Details of new directors must be notified on form 288a**

<b>Name</b>	* Style / Title	Mr							
	* Honours etc	ACA		Date of Birth		Day	Month	Year	
				1	3	0	6	1	9
	Forename(s)	JOHN MICHAEL							
	Surname	MASSEY							
	Previous forename(s)								
	Previous surname(s)								
<b>Address</b>	RUSTLINGS, 1 BURNTWOOD ROAD								
<b>Usual residential address</b>	must be given. In the case of a corporation, give the registered or principal office address.								
	Post town	SEVENOAKS							
	County / Region	KENT	Postcode	TN13 1PS					
	Country	ENGLAND	Nationality	BRITISH					
<b>Business occupation</b>	CHARTERED ACCOUNTANT								
<b>Other directorships</b>	See attached schedule								

\* Voluntary details.

<b>Name</b>	* Style / Title	Mr							
	* Honours etc			Date of Birth		Day	Month	Year	
				2	5	0	6	1	9
	Forename(s)	KENNETH FRANCIS							
	Surname	WATKINS							
	Previous forename(s)								
	Previous surname(s)								
<b>Address</b>	30 CONANT MEWS, HOOPER SQUARE, HOOPER STREET								
<b>Usual residential address</b>	must be given. In the case of a corporation, give the registered or principal office address.								
	Post town	LONDON							
	County / Region		Postcode	E1 8RZ					
	Country	ENGLAND	Nationality	BRITISH					
<b>Business occupation</b>	CONSULTANT								
<b>Other directorships</b>	See attached schedule								

**Issued share capital** (See note 9)

Enter details of all the shares in issue at the date of this return.

Class (e.g. Ordinary/Preference)	Number of issued shares	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
ORDINARY	27,000,000	27,000,000.00
<b>Totals</b>	27,000,000	27,000,000.00

**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.

(See note 10)

There were no changes in the period

☒

on paper

in another format

A list of changes is enclosed

☐☐

A full list of members is enclosed

☒☐**Elective Resolutions**

(Private companies only)

(See note 11)

If at the date of this return an election is in force to dispense with annual general meetings, mark this box

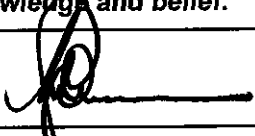
☒

If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box

☒**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

21 JULY 1999

† 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.

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.

R E TOWNSEND, P O BOX 62, ROSE LANE, NORWICH, NR1 1JY

Tel 0603 599400

DX number

DX exchange

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

**Company Name in full**

**Class**

(e.g. Ordinary / Preference)

## List of past and present members Schedule to form 363a, 363b

0736581

STRONGHOLD INSURANCE COMPANY LIMITED

ORDINARY

Number of shares or  
amount of stock held  
by existing members  
at date of this return.

Particulars of shares or stock transferred since the  
date of the last return (or in the case of the first  
return, since the incorporation of the company) by  
(a) persons who are still members, and  
(b) persons who have ceased to be members.

Name and address	Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
STRONGHOLD HOLDINGS LIMITED 3RD FLOOR, 124-130 TABERNACLE STREET, LONDON, EC2A 4SD	27,000,000			



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

**List of other directorships  
Schedule to form 363a**

0736581

**Company Name in full**

STRONGHOLD INSURANCE COMPANY LIMITED

**Name**

ANN MARIE DUFFY

Company Name	Resignation
STRONGHOLD HOLDINGS LIMITED	



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

0736581

**Company Name in full**

STRONGHOLD INSURANCE COMPANY LIMITED

**Name**

HENRY SOPHER

## List of other directorships Schedule to form 363a

Company Name	Resignation
STRONGHOLD HOLDINGS LIMITED	



*Please complete in typescript,  
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CHFP010

**Company Number**

**List of other directorships  
Schedule to form 363a**

0736581

**Company Name in full**

STRONGHOLD INSURANCE COMPANY LIMITED

**Name**

JOHN MICHAEL MASSEY

Company Name	Resignation
BRADSTOCK GROUP PLC CONNOLLY SHAW HOLDINGS LIMITED SVB SYNDICATES LIMITED	

*Please complete in typescript,  
or in bold black capitals.*

CHFP010

**Company Number**

## List of other directorships Schedule to form 363a

0736581

**Company Name in full**

STRONGHOLD INSURANCE COMPANY LIMITED

**Name**

KENNETH FRANCIS WATKINS

Company Name	Resignation
CJW (UNDERWRITING AGENCIES) LIMITED STRONGHOLD HOLDINGS LIMITED	31/07/1996