

**KIDSONS
IMPEY**

MB
£30x2 | 104076

363a

Chartered Accountants
Please complete in typescript,
or in bold black capitals.

Annual Return

Company Number

2774470

Company Name in full

CARROLL INSURANCE GROUP LIMITED



F363AE60

Date of this return

(See note 1)

The information in this return is made
up to

Day Month Year

22 09 1997

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

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Registered Office

(See note 3)

Show here the address at the date of
this return.

SPECTRUM HOUSE

20/26 CURSITOR STREET

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

Post town

LONDON

County / Region

Postcode

EC4A 1HY

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.

6601

6603



A29 *AC4V010A* 383
COMPANIES HOUSE 03/12/97

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

Companies House, Crown Way, Cardiff, CF4 3UZ
for companies registered in England and Wales
or

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

DX 33050 Cardiff

DX 235 Edinburgh
Page No: 1

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 here 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)

Name

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

*Style/Title

*Honours etc

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

Postcode

Country

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

69 CONIGER ROAD

LONDON

SW6 3TB

**KIDSONS
IMPEY**

Directors

(See notes 1-5)

Details of new directors must be notified on form 288a*Please list directors in alphabetical order.*

Name	*Style/Title				
	*Honours etc	Date of Birth	Day	Month	Year
		07	11	1941	
	Forename(s)	PETER ROBERT			
	Surname	CARROLL			
	Previous forename(s)				
	Previous surname(s)				
Address	69 CONIGER ROAD				
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	LONDON			
	County / Region		Postcode	SW6 3TB	
	Country		Nationality	BRITISH	
	Business occupation	INSURANCE BROKER			
	Other directorships	As per attached list			
* Voluntary details.					

Name	*Style/Title				
	*Honours etc	Date of Birth	Day	Month	Year
	Forename(s)				
	Surname				
	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		Postcode		
	Country		Nationality		
	Business occupation				
	Other directorships				

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 shares
issuedAggregate Nominal
Value*(i.e. Number of shares issued
multiplied by nominal value
per share)*

ORDINARY	150,000	£150,000.00
Totals	150,000	£150,000.00

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**

31.10.97

† Please delete as appropriate.

When you have signed the return send it with the fee to the Registrar of Companies.

Cheques should be made payable to Companies House.

† a director/secretary

This return includes

2

(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.

KIDSONS IMPEY, SPECTRUM HOUSE, 20-26 CURSITOR STREET,
LONDON, EC4A 1HY

Tel

DX number DX 458

DX exchange LONDON

**KIDSONS
IMPEY**

Chartered Accountants

Company No: 2774470

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Company Name
CARROLL INSURANCE GROUP LIMITED

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

Number transferred

Date of registration of transfer

Remarks

150,000

Total Shares Issued	Acquired by Transfer	Disposed by Transfer
150,000	0	0

Company Number 2774470			
Company Name CARROLL INSURANCE GROUP LIMITED			
Name & Address	Appointment	Resignation	Company Name
CARROLL, PETER ROBERT 69 CONIGER ROAD, LONDON, SW6 3TB			CARROLL & CARROLL LIMITED CARROLL FOLEY LLOYD LIMITED CARROLL & PARTNERS LIMITED GRIMSTON SCOTT & CARROLL LIMITED