



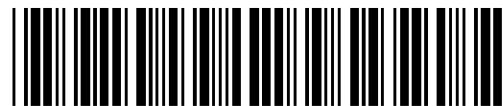
Companies House

**CS01** (ef)

**Confirmation Statement**

Company Name: **MEDICAL SICKNESS ANNUITY AND LIFE ASSURANCE SOCIETY  
LIMITED(THE)**

Company Number: **00167697**



Received for filing in Electronic Format on the: **22/07/2016**

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Company Name: **MEDICAL SICKNESS ANNUITY AND LIFE ASSURANCE SOCIETY  
LIMITED(THE)**

Company Number: **00167697**

Confirmation **10/07/2016**

Statement date:

# Persons with Significant Control (PSC)

## PSC notifications

### Notification Details

Date of becoming a  
registrable RLE: **06/04/2016**

Name: **WESLEYAN ASSURANCE SOCIETY**

Registered or Principal  
Office Address: **WESLEYAN ASSURANCE SOCIETY COLMORE CIRCUS  
QUEENSWAY  
BIRMINGHAM  
ENGLAND  
B4 6AR**

Legal Form: **MUTUAL**

Governing Law: **WESLEYAN AND GENERAL ASSURANCE SOCIETY ACT 1914**

### Nature of control

The relevant legal entity holds, directly or indirectly, 75% or more of the voting rights in the company.

## **Confirmation Statement**

I confirm that all information required to be delivered by the company to the registrar in relation to the confirmation period concerned either has been delivered or is being delivered at the same time as the confirmation statement

# Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager,  
Judicial Factor