

Please complete in typescript, or in bold black capitals.

CHFP029

Annual Return

363a

Comp	21708						
Company Name in full		The Medical Defence Union Limited					
		1					
Date of this return The information in this return is made up to		Day Month		2			
Date of next return If you wish to make your r to a date earlier than the a of this return please show	next return anniversary	1 6 / 1 1 Day Month					
Companies House will the at the appropriate time.		Day Month 1 6 / 1 1	Year , 2 0 0	3			
Registered Office Show here the address at the date of this return.		230 BLACKFRI	ARS ROAD				
Any change of registered office must be notified on form 287.	Post town County / Region	LONDON					
	UK Postcode	S E 1	8 P J				
Principal business a	activities						
Show trade classification for the principal activity or	code number(s) activities.	7484					
If the code number canno give a brief description of	t be determined, 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 DX 33050 Cardiff for companies registered in England and Wales

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

DX 235 E DX 235 Edinburgh

	Post town			
	County / Region		UK Postcode	÷
Register of Debent If there is a register of debe or a duplicate of any such r of it, which is not kept at th- office, state here where it is	enture holders, register or part e registered			
	Post town			
	County / Region		UK Postcode	
Company type				
Public limited company				
Private company limited by sh	ares			
Private company limited by gu share capital	arantee without	X		
Private company limited by sh section 30	ares exempt under) Please t	tick the appropriate box	
Private company limited by gu under section 30	arantee exempt			
Private unlimited company wit	h share capital			
Private unlimited company wit	hout share capital			
The second secon				
Company Secretar	у	Details of a new company s	secretary must be notified on forn	n 288a.
		MR	secretary must be notified on forn	n 288a.
Company Secretar (Please photocopy this area to provide details of joint sec-		MR NICHOLAS JOHN	·	
Company Secretar (Please photocopy this area to provide details of joint sec- retaries). Name	* Style / Title	MR NICHOLAS JOHN BOWMAN	secretary must be notified on form	
Company Secretar (Please photocopy this area to provide details of joint secretaries). Name * Voluntary details. If a partnership give the names and addresses of the part-	* Style / Title Forename(s) Surname(s)	MR NICHOLAS JOHN BOWMAN		
Company Secretar (Please photocopy this area to provide details of joint secretaries). * Voluntary details. If a partnership give the names and addresses of the partners or the name of the partnership and office address. Addresses Usual residential	* Style / Title Forename(s) Surname(s)	MR NICHOLAS JOHN BOWMAN LEGERWOOD CHERRY GARDEN HILL		
Company Secretar (Please photocopy this area to provide details of joint secretaries). * Voluntary details. If a partnership give the names and addresses of the partners or the name of the partnership and office address. * Usual residential address must be given. In the case of a corporation, or a	* Style / Title Forename(s) Surname(s)	MR NICHOLAS JOHN BOWMAN LEGERWOOD CHERRY GARDEN HILL GROOMBRIDGE		
Company Secretar (Please photocopy this area to provide details of joint secretaries). * Voluntary details. If a partnership give the names and addresses of the partners or the name of the partnership and office address. * Usual residential address must be given. In the case of a	* Style / Title Forename(s) Surname(s)	MR NICHOLAS JOHN BOWMAN LEGERWOOD CHERRY GARDEN HILL GROOMBRIDGE		

Directors Please list directors in	in alphabeti		Details of new directors must be no	otified on form 288a	
	Name	* Style / Title	MR		
Directors In the case of a director that is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 3 0 / 0 9 / 1 9 3 6		
name is the corporate or firm name.		Forename(s)	HEDLEY EDWARD		
		Surname	BERRY		
	Address		TWO WAYS, 39 ELWILL WAY		
Usual residential address must be given. In the case of corporation or a		Post town	BECKENHAM		
Scottish firm, give the registered or principa office address.		ounty / Region	KENT	UK Postcode B R 3	3 A B
		Country	ENGLAND	Nationality BRITISH	
	Busines	s occupation	CONSULTANT SURGEON		
* Voluntary details.					
	Name	* Style / Title	SIR		
Directors In the case of a director that is a corporation or a Scottish firm, the	at	Date of birth	Day Month Year 1 3 / 0 1 / 1 9 3 3		
name is the corporate or firm name.		Forename(s)	JOHN		
		Surname	CAINES		
	Address		13 HAMBLEDON PLACE, DULWICH C	COMMON	· · · · · · · · · · · · · · · · · · ·
Usual residential address must be given. In the case of	а	Post town	LONDON		
corporation or a Scottish firm, give th registered or principal		ounty / Region		LIK Postcode S E 2 4	
office address.	O.		ENCLAND	UK Postcode S E 2 1	r E Y
		Country	ENGLAND	Nationality BRITISH	

Business occupation RETIRED CIVIL SERVANT

Please list directors in alphabetical order. * Style / Title DR Name Dav Month Year Directors In the case of a director that Date of birth 2 8 , 1 0 , 1 9 3 is a corporation or a Scottish firm, the name is the corpo-Forename(s) EDITH MARY rate or firm name. Surname COOKE , 12 THE PRYORS, EAST HEATH ROAD Address **HAMPSTEAD** Usual residential address must be given. In the case of a Post town LONDON corporation or a Scottish firm, give the registered or principal County / Region UK Postcode :N 1 B S office address. Country **ENGLAND** Nationality BRITISH Business occupation | CONSULTANT MICROBIOLOGIST (RETIRED) " Voluntary details. * Style / Title MR Name Day Month Year Directors In the case of a director that Date of birth 1 3 , 0 4 , 1 is a corporation or a Scottish firm, the name is the corpo-Forename(s) ROGER DAVID rate or firm name. Surname CORLEY 51 MIDDLEWAY **Address** Usual residential address must be given. In the case of a Post town LONDON corporation or a Scottish firm, give the registered or principal County / Region -UK Postcode ₁N 6 S Н office address. Country | ENGLAND Nationality | BRITISH

Business occupation ACTUARY AND DIRECTOR

Details of new directors must be notified on form 288a

Directors

· Directors Please list directors in alphabetical order.		Details of new directors must b	e notified on form 288a	
1	Name * Style / Title	• MR		
Directors In the case of a director that	Date of birth	Day Month Year 0 9 , 0 1 , 1 9 4 9	, ,	
is a corporation or a Scottish firm, the name is the corpo- rate or firm name.	Forename(s)	JOHN PHILIP		
	Surname	DE BLOCQ VAN KUFFELER		
	Address	PARK HOUSE, CHRISHALL		
Usual residential address must be given. In the case of a corporation or a	FOSCIOWN	ROYSTON		
Scottish firm, give the registered or principal office address.		HERTFORDSHIRE		S
	Country	ENGLAND	Nationality BRITISH / DUTCH	
ı	Business occupation			
* Voluntary details.	Name * Style / Title	DR		
Directors In the		Day Month Year		
case of a director that is a corporation or a Scottish firm, the	Date of birth	0 2 / 1 0 / 1 9 4 1		
name is the corporate or firm name.	Forename(s)	CHRISTOPHER CHARLES		
	Surname	EVANS		
	Address	LAGOM, GLENDYKE ROAD		
Usual residential address must be given. In the case of a	D	LIVERBOOL		
corporation or a Scottish firm, give the	POSLIOWII	LIVERPOOL		
registered or principal office address.	County / Region	I	UK Postcode L 1 8 6 J	R
	Country	ENGLAND	Nationality BRITISH	

Business occupation CONSULTANT PHYSICIAN

Details of new directors must be notified on form 288a

Directors Please list directors in alphabetical order.		Details of new directors must	be notified on fo	orm 288a	
	Name * Style / Title	MR			
Directors In the		Day Month Year			
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	t Date of birth	2 6 / 0 1 / 1 9 5 3			
	Forename(s)	MAURICE MICHAEL			
	Surname	GALLIVAN			
Address		HEATHLANDS COTTAGE, ROCKFIE	ELD ROAD	····	
Usual residential address must be					
given. In the case of corporation or a	1º OSC LOWIT	OXTED			
Scottish firm, give the registered or principal office address.		SURREY	UK Postcode	R H 8	0 E 7
	Country	ENGLAND	Nationality	BRITISH	
	Business occupation	FINANCE DIRECTOR			
* Voluntary details.					
	Name * Style / Title	THE RT HON LORD			
Directors In the case of a director that is a corporation or a Scottish firm, the	t Date of birth	Day Month Year			
name is the corporate or firm name.	Forename(s)	SIMON MARK			
	Surname	GLENARTHUR			
Address		NORTHBRAE FARMHOUSE, CRATHES			
Usual residential		·			
address must be given. In the case of corporation or a	FOSLIOWII	BANCHORY			
Scottish firm, give the registered or principal office address.		KINCARDINESHIRE	UK Postcode	A B 3 1	6 J Q
	Country	SCOTLAND	Nationality	BRITISH	
Business occupation		DIRECTOR			

Directors Please list directors in alphabetical order.		Details of new dire	ctors must b	e notified on f	orm 288a				
	Name	* Style / Title	, MR						
Directors In the case of a director tha is a corporation or a Scottish firm, the	t	Date of birth	Day Month	Year					
name is the corporate or firm name.		Forename(s)	RONALD WILLIAM						
		Surname	HILES						
	Address		UP YONDER, BURY H	IILL					
Usual residential			HAMBROOK						
address must be given. In the case of a corporation or a		Post town	BRISTOL						
Scottish firm, give the registered or principa office address.		ounty / Region			UK Postcode	B S 1		1 S	S
		Country	ENGLAND	·	Nationality	BRITISH			
	Busines	s occupation	CONS. PLASTIC REC		AND SURGEON				
* Voluntary details.	Name	* Style / Title	, DR						
Directors In the		·	Day Month	Year					
case of a director that is a corporation or a Scottish firm, the	t	Date of birth	2 6 , 0 4 , 1						
name is the corpo- rate or firm name.		Forename(s)	JOHN GREER						
		Surname	KENNEDY			·			
	Address		45 DRUMALIG ROAD						
Usual residential address must be given. In the case of corporation or a Scottish firm, give the registered or principa	e	Post town	BELFAST		UK Postcode				
office address.		ounty / Region Country	NORTHERN IRELAND		Nationality	*	i	8 E	Ų
			·						

Business occupation HOSPITAL CONSULTANT

Directors Please list directors in	n alphabetical order.	Details of new directors must be	e notified on form 288a
	Name * Style / Title	. MR	
Directors In the		Day Month Year	
case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	t Date of birth	0 2 / 0 5 / 1 9 3 6	
	Forename(s)	DAVID ERIC	
	Surname	MARKHAM	
Address		12 MANOR CLOSE	
Usual residential address must be given. In the case of corporation or a	T OSL LOWIT	CHEADLE HULME	
Scottish firm, give the registered or principa office address.	County / Region	CHESHIRE	UK Postcode S K 8 7 D J
	Country	ENGLAND	Nationality BRITISH
* Voluntary details.			
	Name * Style / Title	DR	
Directors In the		Day Month Year	
case of a director that is a corporation or a Scottish firm, the	t Date of birth	2 5 / 0 4 / 1 9 4 9	
name is the corporate or firm name.	Forename(s)	MICHAEL THOMAS	
	Surname	SAUNDERS	
	Address	317 ANDOVER ROAD	· · · · · · · · · · · · · · · · · · ·
Usual residential address must be		:	
given. In the case of corporation or a	1 OSC LOWIT	NEWBURY	
Scottish firm, give the registered or principal office address.			UK Postcode R G 2 0 0 L N
	Country	ENGLAND	Nationality BRITISH
	Business occupation		

Details of new directors must be notified on form 288a Directors Please list directors in alphabetical order. * Style / Title Name Day Month Year Directors In the case of a director that Date of birth is a corporation or a Scottish firm, the name is the corpo-CHRISTINE MARGARET Forename(s) rate or firm name. Surname TOMKINS PARIS HOUSE, THE ROCKS ROAD **Address** Usual residential address must be given. In the case of a Post town EAST MALLING corporation or a Scottish firm, give the registered or principal County / Region KENT UK Postcode M E 1 9 U office address. Country ENGLAND Nationality BRITISH Business occupation PROFESSIONAL SERVICES DIRECTOR * Voluntary details. * Style / Title DR Name Day Month Year Directors In the case of a director that Date of birth is a corporation or a Scottish firm, the name is the corpo-Forename(s) PETER RANDALL rate or firm name. Surname WILLIAMS ALAN COURT, 13 MILL LANE **Address** OLD MARSTON Usual residential address must be given. In the case of a Post town OXFORD corporation or a Scottish firm, give the registered or principal County / Region . OXON UK Postcode O X 3 0 P Υ office address. Country ENGLAND Nationality BRITISH

Business occupation GENERAL PRACTITIONER

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)
	-		' <u></u>
List of past and present shareholders (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	· · · · · · · · · · · · · · · · · · ·	
rotalijo.	A list of changes is enclo	on pape osed	er in another format
	A full list of shareholders		
Certificate	I certify that the informati knowledge and belief.	ion given in this return	is true to the best of my
Signed	NSownbu	Dat	e 7.11-07.
† 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)	ontinuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.	ELEEN HALL, 230 BLACKFRIARS I	ROAD, LONDON, SE1 8PJ	·
		Tel _{020 7202 1558}	5
	DX number	DX exchange	