

Company Secretarial and Compliance Software Please complete in typescript,

or in bold black capitals.

Annual Return

Company Number

3416231
0,10201

Company Name in full

CHILTERN INSURANCE CONSULTANTS LIMITED



Date of this return

(See note 1)

The information in this return is made up to

Day	Month	Year
07	08	1998

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 change of registered office must be notified on form 287.

Post town

County / Region

20B HORSESHOE PARK

PANGBOURNE

READING

BERKSHIRE

RG8 7JW Postcode

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	·



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

DX 33050 Cardiff

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

DX 235 Edinburgh Page No: 1

Register of members	S				
(See note 5) If the register of member	are is not kent at				
the registered office, sta					
is kept.		44			
	Post town				
	County / Region			Postsod	
	obunity / riogion			Postcod	e [
Register of Debentu	re holders				
(See note 6)	ic floidels				
If there is a register of o					
and it is not kept at the				×-	111.
state here where it is ke	pt.				
	Post town				
	0 . (5 :				
	County / Region			Postcod	e
Company type	/C 71				
	(See note 7)				
Public limited company					
Private company limited	i hy shares	X			
Private company limited	by guarantee				
without share capital Private company limited	l by charge	<u> </u>	Please	mark the approp	oriate box
exempt under section 3					
Private company limited					
exempt under section 3					
Private unlimited compa	ny with share				
capital Private unlimited compa	any without				
share capital	iny without				
Company Secretary					
(See notes 1-5)		Details of a new comp	anv sec	retary must be i	notified on form 288a
Name				i r	- Total Car Total 2004
(Please photocopy	*Style/Title	MR		*Honours etc	
this area to provide details of joint	Forename(s)	EDEDEDICK JOHN	EDEDEDICK TOTAL		
secretaries).	· or or armo(e)	FREDERICK JOHN			
	Surname	OWEN			
* Voluntary details.		<u></u>			
Prev	vious forename(s)				
Pre	evious surname(s)				*******
	wiodo damamo(o,				
Addre	ess	19 LYCROFT CLOSE			
Usual residential addres	20	CORTUG			
must be given. In the	3	GORING			
case of a corporation,	Post town	READING			
give the registered or principal office address.				·	
principal office dudiess.	County / Region	n OXFORDSHIRE Postcode RG8 OAT			
	^ .	ENCLAND			
	Country	ENGLAND			

Company Secretarial and Compliance Software

Company No: 3416231

Directors		Details of new directors must be notified on form 288a					
Name		MR			_		
			_		Day	Month	Year
	*Honours etc		Date	of Birth	13	03	1929
	Forename(s)	FREDERICK JOHN				*******	
	Surname	OWEN					
Prev	rious forename(s)						
Pre	vious surname(s)						
Addres	ss	19 LYCROFT CLOSE					
Usual residential address must be given. In the	3	GORING					
case of a corporation, give the registered or	Post town	READING		, ,			
principal office address.	County / Region	OXFORDSHIRE		Postcode	RG8 (DAT	
	Country	ENGLAND Nationality BRITISH					
Bus	iness occupation	INSURANCE CONSULTANT					
Ot	ther directorships	None					
* Voluntary details.		- 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100					
* \$\tau_1 \sets_1 \tau_7 \tau_1 \tau_1		up.					
Name	*Style/Title	MR		_	Day	Month	Year
	*Honours etc		Date	of Birth	24	07	1954
Forename(s)		GRAEME MARTIN					
Surname		OWEN					
Previous forename(s)							
Previous surname(s)						-	
Addres	ss	21 TWIN OAKS					
Usual residential address must be given. In the case of a corporation, give the registered or Post town		EMMER GREEN					
		READING					
principal office address.	County / Region	BERKSHIRE		Postcode	RG4	8SW	
	Country	UK		Nationality	BRIT	ISH	
Bus	siness occupation	INSURANCE BROKER					
01	ther directorships	As per attached list					

Issued share capital (see note 9)	Class	Number of shares	Aggregate Nominal	
Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	issued	Value (i.e. Number of shares issued multiplied by nominal value per share)	
	ORDINARY	1,000	£1,000.00	

	Totals	1,000	£1,000.00	
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.	There were no changes in th	ne period		
(see note 10)	A list of changes is enclosed	on paper	in another format	
	A full list of members is enc	losed X		
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 a with laying accounts in			
Certificate	I certify that the information my knowledge and belief.	given in this return	is true to the best of	
Signed	Muen	Date	19-8-18	
t Please delete as appropriate. When you have signed the return send it with the fee to the Registrar of Companies.	t a director/secretary This return includes	2	continuation sheets.	
Cheques should be made payable to Companies House.	retain morado	(enter number)		
Please give the name, address, telephone number and, if available, a	GEOFFREY COLE & CO, 2	OB HORSESHOE PAR	RK, PANGBOURNE,	
DX number and Exchange of the person Companies House should	READING, BERKS, RG8 7JW, UK			
contact if there is any query.	Tel 01	734 841556		
,	DX number	DX exchange		

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Company No: 3416231 Page No: 4

£1.00 ORDINARY Shares

Company Name CHILTERN INSURANCE CONSULTANTS	Company Number 3416231				
LIMITED	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	members at date of this return	Number transferred	Date of registration of transfer	Remarks	
OWEN, FREDERICK JOHN 19 LYCROFT CLOSE, GORING, READING, OXFORDSHIRE, RG8 OAT, ENGLAND	240				
OWEN, GRAEME MARTIN 21 TWIN OAKS, EMMER GREEN, READING, BERKSHIRE, RG4 8SW, UK	760				
LTD, TEMPLES (PROFESSIONAL SERVICES)	Nil	1	06/11/1997	To OWENFRED	
		\$ 1	:		

Total Shares Issued 1,000 Acquired by Transfer

Disposed by Transfer



Company Number 3416231				
Company Name				
CHILTERN INSURANCE CONSULTANTS LIMITED				
Name & Address	Appointment	Resignation	Company Name	
			PAXMAN & WOOD (INSURANCE BROKERS) LTD OWENSURE LTD	

