



**Companies House**  
— for the record —

**AR01** (ef)

**Annual Return**



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*Company Name:* **HEALTHCARE RISK MANAGEMENT LIMITED**

*Company Number:* **02747969**

*Date of this return:* **31/01/2010**

*SIC codes:* **9999**

*Company Type:* **Private company limited by shares**

*Situation of Registered Office:* **230 BLACKFRIARS ROAD  
LONDON  
UNITED KINGDOM  
SE1 8PJ**

**Officers of the company**

*Company Secretary* **1**

*Type:* **Person**

*Full forename(s):* **MR NICHOLAS JOHN**

*Surname:* **BOWMAN**

*Former names:*

*Service Address:* **LEGERWOOD CHERRY GARDEN HILL  
GROOMBRIDGE  
EAST SUSSEX  
UNITED KINGDOM  
TN3 9NY**

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*Company Director* **1**

*Type:* **Person**

*Full forename(s):* **DR CHRISTINE MARGARET**

*Surname:* **TOMKINS**

*Former names:*

*Service Address:* **PARIS HOUSE THE ROCKS ROAD  
EAST MALLING  
KENT  
UNITED KINGDOM  
ME19 6AU**

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **25/11/1955** *Nationality:* **BRITISH**

*Occupation:* **CHIEF EXECUTIVE OFFICER**

## Statement of Capital (Share Capital)

<b>Class of shares</b>	<b>ORDINARY</b>	<i>Number allotted</i>	<b>2</b>
		<i>Aggregate nominal value</i>	<b>2.00</b>
<i>Currency</i>	<b>GBP</b>	<i>Amount paid per share</i>	<b>1.00</b>
		<i>Amount unpaid per share</i>	<b>0.00</b>
<i>Prescribed particulars</i>	<b>THE SHARES HAVE ATTACHED TO THEM FULL VOTING, DIVIDEND AND CAPITAL DISTRIBUTION (INCLUDING ON WINDING UP) RIGHTS; THEY DO NOT CONFER ANY RIGHTS OF REDEMPTION.</b>		

## Statement of Capital (Totals)

<i>Currency</i>	<b>GBP</b>	<i>Total number of shares</i>	<b>2</b>
		<i>Total aggregate nominal value</i>	<b>2.00</b>

### *Full Details of Shareholders*

The details below relate to individuals / corporate bodies that were shareholders as at 31/01/2010 or that had ceased to be shareholders since the made up date of the previous Annual Return

*A full list of shareholders for a private or non-traded public company are shown below*

*Shareholding* : 1

**2 ORDINARY Shares held as at 31/01/2010**

*Name:* **THE MEDICAL DEFENCE UNION LIMITED**

*Address:*

## *Authorisation*

*Authenticated*

*This form was authorised by one of the following:*

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