

BLUEPRINT

2000

123549/150

363a

Please complete in typescript,  
or in bold black capitals.

**Annual Return**

CHFP010

**Company Number**

2702905

**Company Name in full**

Medical Defence Risk Management Limited

**Date of this return**

The information in this return is made up  
to

Day Month Year

3 1 0 1 2 0 0 5

**Date of next return**

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**

Show here the address at the date of  
this return.

230 Blackfriars Road

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

Post town

London

County / Region

UK Postcode

SE1 8PJ

**Principal business activities**

Show trade classification code number(s)  
for the principal activity or activities.

9999

If the code number cannot be determined,  
give a brief description of 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

or

**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**

for companies registered in Scotland

**DX 235 Edinburgh**

**Register of members**

If the register of members is not kept at the registered office, state here where it is kept.

Post town

County / Region

UK Postcode

**Register of Debenture holders**

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state where it is kept.

Post town

County / Region

UK Postcode

**Company type**

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 tick the appropriate box

**Company Secretary**

*(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, give the registered or principal office address.

**Name**

\* Style / Title

Mr

Forename(s)

Nicholas John

Surname

Bowman

**Address**

Legerwood, Cherry Garden Hill

Post town

Groombridge

County / Region

East Sussex

UK Postcode

TN3 9NY

Country

England

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

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**Directors**

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

**Directors** In the case of a director that is a corporate or a Scottish firm, the name is the corporate or firm name.

<b>Name</b>	<b>* Style / Title</b>	Dr	
		Day	Month
		Year	
Date of birth		2	5
		0	4
		1	9
		4	9
Forename(s)		Michael Thomas	
Surname		Saunders	
<b>Address</b>		317 Andover Road	
Post town		Newbury	
County / Region		Berkshire	UK Postcode
			RG20 0LN
Country		England	Nationality
			British
<b>Business occupation</b>		Chief Executive	

\* Voluntary details.

<b>Name</b>	<b>* Style / Title</b>		
		Day	Month
		Year	
Date of birth			
Forename(s)			
Surname			
<b>Address</b>			
Post town			
County / Region			UK Postcode
Country			Nationality
<b>Business occupation</b>			

**Issued share capital**

Enter details of all the shares in issue at the date of this return.

<b>Class</b> (e.g. Ordinary/Preference)	<b>Number of shares issued</b>	<b>Aggregate Nominal Value</b> (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)
ORDINARY	2	£2.00
<b>Totals</b>	2	2.00

**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 in the period

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on paper

in another format

A list of changes is enclosed

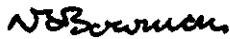
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A full list of shareholders is enclosed

☐☐**Certificate**

I certify that the information given in this return is true to the best of my knowledge and belief.

Signed



Date

31.1.2005

† 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

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continuation sheets.

(enter number)

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.

Veronica Warner, 230 Blackfriars Road, London,

SE1 8PJ, England

Tel 020 7202 1555

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DX number 36505 Lamb

DX exchange