

Please complete in typescript, or in bold black capitals.

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## NW 6165x11

363a

ck capitals.

## **Annual Return**

**Company Number** 

2702905

Day

31

Company Name in full



\* F363AD40 \*

Date of this return (See note 1) The information in this return is made up to

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.

Medical Defence Risk Management Limited

Day	Month	Year
31	01	2000

Month

01

Year

1999

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

Postcode

3 DEVONSHIRE I	PLACE		
LONDON			
W1N 2FA			

## 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.

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When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 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 Edinburgh

Form revised March 1995

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Register of mer If the register of member registered office, state he	rs is not kept at the					
,	·					
	Post town		·			
	County / Region		Postcode			
Register of Deb						
If there is a register of de and it is not kept at the r state here where it is key	egistered office,					
	Post town					
	County / Region		Postcode			
Company type	See note 7)					
Public limited company						
Private company limited by	shares	X				
Private company limited by share capital	guarantee without					
Private company limited by section 30	shares exempt under	Please mark the appropriate box				
Private company limited by under section 30	guarantee exempt					
Private unlimited company v	with share capital					
Private unlimited company v	without share capital					
Company Secre	etary(see notes 1-5)	Details of a new company secretary	must be notific	ed on form 288a.		
(Please photocopy this area to provide Nai	me * Style / Title	MR	*Honours etc			
details of joint secretaries).	Forename(s)	NICHOLAS JOHN				
	Surname	BOWMAN				
* Voluntary details.	Previous forename(s)					
	Previous surname(s)					
Add	dress	16 MANOR DRIVE				
Usual residential address must be	a Post town	AYLESBURY	COMMENSATION OF THE PROPERTY O	*** *** *******************************		
given. In the case of corporation, give the	u	BUCKS	Doots - d-	HP20 1EW		
registered or principa office address.			Postcode	- 11 ZO 1 L V V		
	Country	ENGLAND				

Directors (see n			Details of new directors must be	e notified on form 2	288a		
Please list director	•		DR				
N	lame	* Style / Title		r.	Day	Month	Year
		* Honours etc	MBBS MRCS LRCP DOBSTROG	Date of birth	25	04	1949
		Forename(s)	MICHAEL THOMAS				
		Surname	SAUNDERS				
	Prev	vious forename(s)					
	Pre	vious surname(s)					
А	ddress	;	317 ANDOVER ROAD				
Usual residenti	al						
address must be given. In the case	e of a	Post town	NEWBURY			·	
corporation, give registered or prince office address.		County / Region	BERKSHIRE	Postcode	RG20	DLN	
omoo adaroos.		Country	ENGLAND	Nationality	BRITIS	Н	
В	Busines	s occupation	CHIEF EXECUTIVE				
0	Other di	rectorships	NO OTHER DIRECTORSHIPS				
* Voluntary details.							
						······································	
N	lame	* Style / Title			Day	Month	Year
		* Honours etc		Date of birth			
		Forename(s)					
		Surname					
	Prev	vious forename(s)					
	Pre	vious surname(s)					
Α	ddress	<b>;</b>					
Usual residential			· <del></del>	· · -			
address must be	•		WAS IN THE WORLD A		: : <u>=</u>		
given. In the case corporation, give t	the	Post town					
registered or princ office address.	страт	County / Region		Postcode			
		Country		Nationality			]
В	usines	s occupation					
o	ther di	rectorships					

Certificate   Certify that the information given in this return is true to the best of my knowledge and belief.   Certify that the fee to the Registrar of Companies.	Issued share capital (see note 9) Enter details of all the shares in issue at the date of this return.	(e.g. Ordinary/Preference)	shares issued	Aggregate Nominal Value (i.e. Number of shares issued multiplied by nominal value per share)
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. (see note 10)  A list of changes is enclosed  A full list of members is enclosed  A full list of members is enclosed  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  X  Certificate  I certify that the information given in this return is true to the best of my knowledge and belief.  Signed  This return includes  O continuation sheets.  Cheques should be made payable to  (enter number)		ORDINARY		2 £ 2
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. (see note 10)  A list of changes is enclosed  A full list of members is enclosed  A full list of members is enclosed  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  X  Certificate  I certify that the information given in this return is true to the best of my knowledge and belief.  Signed  This return includes  O continuation sheets.  Cheques should be made payable to  (enter number)				
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(Private companies only) (See note 11)  If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box  Certificate  I certify that the information given in this return is true to the best of my knowledge and belief.  Signed  Signed  Walter Date  3 - 2 - 99.  † Please delete as appropriate.  This return includes  Cheques should be made payable to  Certificate  I certify that the information given in this return is true to the best of my knowledge and belief.  This return includes  Center number)		A full list of members is	enclosed	
Laying accounts in general meetings, mark this box   X	(Private companies only)	If at the date of this retu		
knowledge and belief.  Signed  Please delete as appropriate.  This return includes  Cheques should be made payable to  Date 3 - 2 - 99.  This return includes  (enter number)  Companies.				
† 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    This return includes	Certificate	I certify that the informa knowledge and belief.	tion given in this retu	arn is true to the best of my
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to  This return includes  (enter number)  continuation sheets.	Signed	Norman	Da	ate 3-2-99.
with the fee to the Registrar of Companies.  Cheques should be made payable to  (enter number)	† Please delete as appropriate.	† a <del>-director</del> /secretary		
Companies House.	with the fee to the Registrar of Companies. Cheques should be made payable to	This return includes		continuation sheets.
Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should	telephone number, and if available, a DX number and Exchange, for	MRS S E BLOXHAM, 3 DEVONSHII	RE PLACE, LONDON, W1N 2E	Α
contact if there is any query.  Tel 0171 467 3167			Tel 0171 467 316	7
DX number DX exchange		DX number	DX exchange	