



363a

Please complete in typescript, or in bold black capitals.

CHFP010

Company Number

Company Name in full

An	nı	ual	Re	tu	rn
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L	941199	_				
L	E.I.O.	TRUSTEES	LIMITED	_		
1		_				

—	-	4.0			
Date (nf.	th	18	retur	n

The information in this return is made up

Day Month Year

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		

BEAUFORT HOUSE, BRUNSWICK ROAD

Registered Office

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

UK Postcode

GLOUCESTER

GL1 1JZ

Principal business activities

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

7484

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

TO ACT AS TRUSTEE: TRUSTEE FOR EIO SRBF AND CHARITIES PENSION SCHEME



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

Companies House, Crown Way, Cardiff, CF14 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

Register of members If the register of members is not kept at the registered office, state here where it is kept. Post town	BEAUFORT HOUSE, BRUNSWICK ROAD GLOUCESTER
County / Region	UK Postcode GL1 1JZ
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	X
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	Details of a new company secretary must be notified on form 288a.
(Please photocopy this area to provide details of joint secretaries).	
* Voluntary details.	RACHAEL JANE
If a partnership give Surname the names and	HALL
addresses of the partners or the name Address of the partnership and office address.	190 ABBOTSWOOD ROAD, BROCKWORTH
Usual residential address must be Post town	GLOUCESTER
given. In the case of a corporation, County / Region	GLOUCESTERSHIRE UK Postcode GL3 4PF
give the registered or principal office Country address.	



Directors Please list directors in alphabetical order.		Details of new directors must be notified on form 288a
P	lame * Style / Title	1
Directors In the case of a director	Data at hinda	Day Month Year 0
that is a corporate or a Scottish firm,	Forename(s)	DEREK HENRY
the name is the corporate or firm name.	Surname	HAYDON
A	Address	HEATHFIELD, 4 THE AVENUE , CHARLTON KINGS
Usual residential address must be given. In the case		
of a corporation, give the registered	Post town	CHELTENHAM
or principal office address.	County / Region	GLOUCESTERSHIRE UK Postcode GL53 9BJ
address.	Country	Nationality BRITISH
	Business occupation	RETIRED
* Voluntary details.		
1	lame * Style / Title	Day Month Year
Directors In the case of a director that is a corporate	Date of biltin	3 0 0 9 1 9 4 5
or a Scottish firm, the name is the	rorename(s)	GRAHAM VINCENT
corporate or firm name.	Surname	DOSWELL
A	Address	GLEBE HOUSE, ONE RECTORY BARNS
Usual residential address must be		
given. In the case of a corporation,	Post town	LOWER SWELL
give the registered or principal office	County / Region	GLOS UK Postcode GL54 1LH
address.	Country	Nationality BRITISH
	Business occupation	MANAGING DIRECTOR, INSURANCE COMPANY



Directors Please list directors in alphabetical order.		Details of new directors must be i	notified on form 288a
N	ame * Style / Title		
Directors In the case of a director	Date of birth	Day Month Year 0 9 1 2 1 9 3 5	
that is a corporate or a Scottish firm, the name is the	Forename(s)	HUGH HEDLEY	
corporate or firm name.	Surname	SCURFIELD	
A	ddress	EARNSTREY HILL HOUSE, ABDO	ИС
Usual residential address must be			
given. In the case of a corporation,	Post town	CRAVEN ARMS	
give the registered or principal office	County / Region	SHROPSHIRE	UK Postcode Sy7 9HU
address.	Country		Nationality BRITISH
	Business occupation	ACTUARY	
* Voluntary details.			
N	* Style / Title	Day Marth Var	
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 2 6 0 9 1 9 5 1	
or a Scottish firm, the name is the	Forename(s)	JOSEPH	
corporate or firm name.	Surname	GRAY	
A	ddress	3 ST PETER'S CLOSE, CHURCI	H ROAD, NEWHAM ON SEVERN
Usual residential address must be		1	
given. In the case of a corporation,	Post town	GLOUCESTER	
give the registered or principal office	County / Region	GLOUCESTERSHIRE	UK Postcode GL14 1AY
address.	Country	UNITED KINGDOM	Nationality BRITISH
	Business occupation	INSURANCE MANAGER	



Directors Please list directors in a	lphabetical order.	Details of new directors must be notified on form 288a
N	ame * Style / Title	
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 1 4 0 2 1 9 3 3
or a Scottish firm, the name is the	Forename(s)	MARK RALPH
corporate or firm name.	Surname	CORNWALL-JONES
A	ddress	ERIN HOUSE, 3 ALBERT BRIDGE ROAD BATTERSEA
Usual residential address must be		
given. In the case of a corporation,	Post town	LONDON
give the registered or principal office	County / Region	UK Postcode SW11 4PX
address.	Country	Nationality BRITISH_
	Business occupation	DIRECTOR OF COMPANIES
* Voluntary details.		
N	* Style / Title	<u></u>
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 0 1 0 4 1 9 6 6
or a Scottish firm, the name is the	Forename(s)	ROBERT ANTHONY
corporate or firm name.	Surname	BEESTON
A	ddress	45 BROOKLANDS PARK, LONGLEVENS
Usual residential		l
address must be given. In the case of a corporation,	Post town	GLOUCESTER
give the registered or principal office	County / Region	UK Postcode GL2 ODN
address.	Country	ENGLAND Nationality BRITISH
	Business occupation	I INSURANCE UNDERWRITER



Directors Please list directors in a	lphabetical order.	Details of new directors must be	notified on form 288a
N	ame * Style / Title		
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 2 7 0 7 1 9 3 4	
or a Scottish firm, the name is the	Forename(s)	SYLVIA ROSE	
corporate or firm name.	Surname	STAPLETON	
A	ddress	HIGH BROADWAYS, BLUE BOYS	PARK, MINCHINHAMPTON
Usual residential address must be			
given. In the case of a corporation,	Post town		
give the registered or principal office	County / Region	GLOUCESTERSHIRE	UK Postcode GL6 9JT
address.	Country		Nationality BRITISH
	Business occupation	RETIRED	
* Voluntary details.			
N	ame * Style / Title		
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 1 8 1 2 1 9 3 5	
or a Scottish firm, the name is the	Forename(s)	WILLIAM HUGH	
corporate or firm name.	Surname	YATES	
A	ddress	42 BLOOMFIELD TERRACE	
Usual residential address must be			
given. In the case of a corporation,	Post town	LONDON	
give the registered or principal office	County / Region		UK Postcode SW1W 8BQ
address.	Country		Nationality BRITISH
	Business occupation	CHARTERED SURVEYOR	



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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)		
ORDINARY		100	£100.00		
	 		1		
1			1		
	1				
	Totals	100	100.00		
List of past and present shareho	olders				
(use attached schedule where appropriate) A full list is required if one was not	There were no changes	in the period X			
included with either of the last two returns.		on pape	r in another format		
	A list of changes is enc	losed			
	A full list of shareholders is enclosed X				
Certificate	I certify that the informa knowledge and belief.	ation given in this return is	true to the best of my		
Signe	d 0.1-12	O () Date	9/4/03		
† Please delete as appropriate.	† a director / secretary	<u> </u>			
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 incl	udes 1 co	ontinuation sheets.		
Please give the name, address, telephone	MRS R J HALL, BEA	AUFORT HOUSE, BRUNS	VICK ROAD,		
number and, if available, a DX number and Exchange of the person Companies	GLOUCESTER, GL1	1JZ			
House should contact if there is any query		Fel [
Blueprint	DX number	DX exchange			
Company Secretary			Page 7		



List of past and present shareholders Schedule to form 363a

CHFP010

Company Number | 941199

Company Name in full | E.I.O. TRUSTEES LIMITED

- Changes to shareholders particulars or details of the amount of stock or shares transferred must be completed each year
- You must provide a "full list" of all the company shareholders on:
 - The company's first annual return following the incorporation;
 - Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- > List joint shareholders consecutively

		Shares or amount of stock transferred (if appropriate)	
Shareholders' details	Class and number of shares or amount of stock held		Date of registration of transfer
Name ECCLESIASTICAL INSURANCE OFFICE PLC	£1.00 ORDINARY		
Address BEAUFORT HOUSE, BRUNSWICK ROAD, GLOUCESTER, ENGLAND			
	Shares Held		
UK postcode GL1 1JZ			
Name GRAHAM VINCENT DOSWELL	£1.00 ORDINARY		
Address GLEBE HOUSE, ONE RECTORY BARNS, LOWER SWELL, GLOS			
	Shares Held		
UK postcode GL54 1LH	1		
Name			
Address			
UK postcode			