

363a

Please complete in typescript

or in bold black capitals.		Annual Return			
CHFP010 Company	y Number	_1038441			
Company Name in full		OSLO REINSURANCE COMPANY (UK) LIMITED			
		L			
Date of this return	,	Day Month Year			
Fhe information in this return is o	s made up	2 9 0 5 2 0 0 4			
Date of next return					
f you wish to make your next		Day Month Year			
date earlier than the anniversa return please show the date he Companies House will then se the appropriate time.	ere.				
Registered Office		(c/o CMGL) IBEX_HOUSE, 42-47 MINORIES			
Show here the address at the th is return .	date of	1			
Any change of registered office must	Post town	LONDON			
he notified on form	ınty / Region				
	JK Postcode	EC3N 1HN			
:					

Principal business acti					
Show trade classification code number(s) for the principal activity or activities.		6603			
		L			
If the code number cannot be determined, give a brief description of principal activity.					
		L			
Γ		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			



Companies House, Crown Way, Cardiff, CF14 3UZ

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	QUYS COTTAGE, GAINSFORD END TOPPESFIELD		
County / Region	ESSEX UK Postcode CO9 4EG		
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	QUYS COTTAGE, GAINSFORD END TOPPESFIELD		
County / Region	ESSEX UK Postcode CO9 4EG		
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).	Mr		
* Voluntary details.	RAYMOND KEITH		
If a partnership give Surname the names and	PAPWORTH		
addresses of the partners or the name Address of the partnership and office address.	QUYS COTTAGE,, GAINSFORD END,		
Usual residential address must be Post town	TOPPESFIELD		
given. In the case of a corporation, County / Region	UK Postcode CO9 4EG		
give the registered or principal office Country address.	/ ENGLAND		



•			company no rosoffi
Directors Please list directors in alphabetical order.		Details of new directors must be	notified on form 288a
Na	me * Style / Title	Mr	
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 0 7 0 7 1 9 5 3	
or a Scottish firm, the name is the corporate or firm	Forename(s)	BJORN MORTEN	
name.	Surname	SKORDAL	
Ad	ddress	NILS COLLETT VOGTS v.61	
Usual residential address must be		1	
given. In the case of a corporation,	Post town	0766 OSLO	
give the registered or principal office	County / Region	OSLO	UK Postcode 0766
address.	Country	NORWAY	Nationality NORWEGIAN
	Business occupation	COMPANY DIRECTOR	
* Voluntary details.			
N	ame * Style / Title	Mr	
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 1 4 1 1 1 9 4 5	
or a Scottish firm, the name is the	Forename(s)	JAN CAMILLO HANEBORG	
corporate or firm name.	Surname	ENDRESEN	
A	ddress	GYLDENLOWESGT 26A	
Usual residential address must be		L	
given. In the case of a corporation,	Post town	OSLO	
give the registered or principal office	County / Region	OSTO	UK Postcode [
address.	Country	NORWAY	Nationality NORWEGIAN

Business occupation | COMPANY DIRECTOR



Directors Please list directors in alphabetical order.		Details of new directors must be notified on form 288a
Name * Style / Title		Mr
Directors In the case of a director that is a corporate	Date of birth	Day Month Year 2 8 0 6 1 9 4 5
or a Scottish firm, the name is the	Forename(s)	RAYMOND KEITH
corporate or firm name.	Surname	PAPWORTH
Add	dress	QUYS COTTAGE,, GAINSFORD END,
Usual residential address must be given. In the case		
of a corporation,	Post town	TOPPESFIELD
give the registered or principal office	County / Region	ESSEX UK Postcode CO9 4EG
address.	Country	ENGLAND Nationality BRITISH
В	usiness occupation	COMPANY DIRECTOR
* Voluntary details.		
Na	me * Style / Title	Mr
Directors In the case of a director that is a corporate or a Scottish firm,	Date of birth	Day Month Year 2 7 0 1 1 9 4 7
the name is the corporate or firm	Forename(s)	TIMOTHY MICHAEL
name.	Surname	cox
Address		FIVE ACRES, ST JOHNS ROAD, OAKLEY
Usual residential address must be		L
given. In the case of a corporation,	Post town	BASINGSTOKE
give the registered or principal office	County / Region	HANTS UK Postcode RG23 7DX
address.	Country	ENGLAND Nationality BRITISH

Business occupation COMPANY DIRECTOR



Issued share capital 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	{	26,000,000	£26,000,000.00			
	l					
	Totals	26,000,000	26,000,000.00			
List of past and present share! (use attached schedule where appropriate) A full list is required if one was not included with either of the last two	nolders There were no changes	s in the period X] er in another format			
returns.	A list of changes is end A full list of shareholde	A list of changes is enclosed				
Certificate	I certify that the inform knowledge and belief.	ation given in this return i	s true to the best of my			
† Please delete as appropriate.	† a director / secretary	Dat	e 31.04.07			
When you have signed the return send with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.	it This return inc	cludes 1 (enter number)	continuation sheets.			
Please give the name, address, teleph number and, if available, a DX number		OSLO REINSURANCE CO				
and Exchange of the person Companie House should contact if there is any qu		DRD END,, TOPPESFIED Tel: 0171 264 2 Tel Fax: 0171 264 2	2243			
	DX number I	DX exchange I				

Company Secretarial and Compliance Software



List of past and present shareholders Schedule to form 363a

CH	FI	ÞΟ	1	0

Company Number | 1

.038441			

Company Name in full | OSLO REINSURANCE COMPANY (UK) 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	Class and number of shares or amount of stock transferred	Date of registration of transfer	
Name OSLO REINSURANCE COMPANY AS	£1.00 ORDINARY			
Address DRONNING MAUDS GATE 3, PO BOX 1380, VIKA N-0114, OSLO, NORWAY				
UK postcode N-0114	Shares Held 26,000,000			
Name	 			
Address				
LIK postendo l				
UK postcode Name	 			
		<u>.</u>		
Address				
UK postcode				