



Appointment of Director

Company Name: **ASSURANT GENERAL INSURANCE LIMITED**

Company Number: **02341082**



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XBX13YNE

New Appointment Details

Date of Appointment: **02/02/2023**

Name: **MR MICHAEL JAMES SCHOFIELD**

The company confirms that the person named has consented to act as a director.

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1977**

Nationality: **BRITISH**

Occupation: **CHIEF RISK OFFICER**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor