



Please complete in typescript,
or in bold black capitals.

363

Annual Return *2840+56 45 150775*

Company Number

2387887

Company Name in full

General Accident Life Developments Limited



* F363AD40 *

Date of this return *(See note 1)*

The information in this return is made up to

Day	Month	Year
01	10	1996

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.

Day	Month	Year
01	10	1997

Registered Office *(See note 3)*

Show here the address at the date of this return.

2 ROUGIER STREET

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

Post town

YORK

County / Region

Postcode

YO1 1HR

Principal business activities

(See note 4)

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

8630

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, CF4 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 (See note 5)
If the register of members is not kept at the registered office, state here where it is kept.

Post town
County / Region

2 ROUGIER STREET	
YORK	
	Postcode YO1 1HR

Register of Debenture holders

(See note 6)
If there is a register of debenture holders and it is not kept at the registered office, state here where it is kept.

Post town
County / Region

2 ROUGIER STREET	
YORK	
	Postcode YO1 1HR

Company type (See note 7)

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

X

Please mark the appropriate box

Company Secretary (see notes 1-5)

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

(Please photocopy this area to provide details of joint secretaries).

Name * Style / Title

MR

*Honours etc

FCIS, MAAT

Forename(s)

PHILIP MARTIN

Surname

WHITE

* Voluntary details.

Previous forename(s)

Previous surname(s)

Address

19 YOUNG STREET

Usual residential

address must be given. In the case of a corporation, give the registered or principal office address.

Post town

PERTH

County / Region

PERTHSHIRE

Postcode

PH2 0EF

Country

SCOTLAND

Directors (see notes 1 to 5)

Please list directors in alphabetical order.

Details of new directors must be notified on form 288a

Name	* Style / Title	MR	Day	Month	Year
	* Honours etc		Date of birth	29	08 1943
	Forename(s)	DOUGLAS STEPHEN			
	Surname	HAY			
	Previous forename(s)				
	Previous surname(s)				
Address	'MANDALAY', DUNCRIEVIE				
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	GLENFARG			
	County / Region	PERTHSHIRE	Postcode	PH2 9PD	
	Country		Nationality	BRITISH	
Business occupation	INVESTMENT MANAGER				
Other directorships	See attached list				
* Voluntary details.					

Name	* Style / Title	MR	Day	Month	Year
	* Honours etc		Date of birth	11	01 1941
	Forename(s)	BRUCE WILLIAM JAMES			
	Surname	INGLIS			
	Previous forename(s)				
	Previous surname(s)				
Address	13 BISHOP TERRACE				
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	KINNESSWOOD			
	County / Region	KINROSS	Postcode	KY13 7JW	
	Country		Nationality	BRITISH	
Business occupation	CHARTERED SURVEYOR				
Other directorships	Perth Festival of the Arts Limited				

Directors(see notes 1-5)

Please list directors in alphabetical order

Details of new directors must be notified on form 288a.

Name	* Style / Title	MR	Day	Month	Year	
	* Honours etc		Date of birth	04	12	1944
	Forename(s)	WILLIAM HENDERSON				
	Surname	JACK				
	Previous forename(s)					
	Previous surname					
Address	DALMORE, ARDCHOILLE PARK					
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town	PERTH				
	County / Region		Postcode	PH2 7TL		
	Country					
	Nationality	BRITISH				
	Business occupation	INSURANCE MANAGER				
	Other directorships	See attached list				
Name	* Style / Title		Day	Month	Year	
	* Honours etc		Date of birth			
	Forename(s)					
	Surname					
	Previous forename(s)					
	Previous surname					
Address						
Usual residential address must be given. In the case of a corporation, give the registered or principal office address.	Post town					
	County / Region		Postcode			
	Country					
	Nationality					
	Business occupation					
	Other directorships					
* Voluntary details.						

Other relevant directorships

Company Number

2387887

Company Name

General Accident Life Developments Limited

Directors Name

HAY DOUGLAS STEPHEN

Directors only.

Other directorships

GENERAL ACCIDENT MANAGED PENSION FUNDS LIMITED

PROVIDENT MUTUAL DEVELOPMENTS LIMITED

PROVIDENT MUTUAL INVESTMENT ADVISORS LIMITED

PROVIDENT MUTUAL NOMINEES LIMITED

PROVIDENT MUTUAL PLAN MANAGERS LIMITED

PROVIDENT MUTUAL STEVENAGE ESTATES LIMITED

PROVIDENT MUTUAL UNIT TRUST MANAGERS LIMITED

WATLING STREET PROPERTIES LIMITED

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:
- for a married woman, the name by which she was known before marriage need not be given.

- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant

- a parent company which wholly owned the company making the return, or

- another wholly owned subsidiary of the same parent company.

Other relevant directorships

Company Number

2387887

Company Name

General Accident Life Developments Limited

Directors Name

JACK WILLIAM HENDERSON

Directors only.

Other directorships

GENERAL ACCIDENT PEP MANAGERS LIMITED

GULLCEDAR LIMITED

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:
- for a married woman, the name by which she was known before marriage need not be given.

- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.

HALIFAX FINANCIAL SERVICES HOLDINGS LIMITED

HALIFAX LIFE LIMITED

HALIFAX UNIT TRUST MANAGEMENT LIMITED

NZI LIFE IRELAND LIMITED

Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant

- a parent company which wholly owned the company making the return, or

- another wholly owned subsidiary of the same parent company.

PROVIDENT MUTUAL LIFE ASSURANCE LIMITED

Issued share capital (see note 9)
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)
£1 ORD	2	£ 2.00
Totals	2	£ 2.00

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)

There were no changes in the period

☐

on paper in another format

A list of changes 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

☒

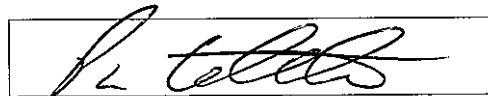
If at the date of this return an election is in force to dispense with laying accounts in general meetings, mark this box

☒

Certificate

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

Signed



Date

24/10/96

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

continuation sheets.

(enter number)

Please give the name, address, telephone number, and if available, a DX number and Exchange, for the person Companies House should contact if there is any query.

P M WHITE, GENERAL ACCIDENT PLC, PITHEAVLIS, PERTH, PH2 0NH	
Tel 01738 895328	
DX number	DX exchange



SECRETARIAT

*Please complete in typescript,
or in bold black capitals.*

**List of past and present members
Schedule to form 363a, 363b**

Company Number 2387887

Company Name in full General Accident Life Developments Limited

Number of shares
or amount of
stock held by
existing members
at date of this
return.

Particulars of shares or stock transferred since
the date of the last return (or in the case of the
first return, since the incorporation of the
company) by
(a) persons who are still members, and
(b) persons who have ceased to be members.

Name and address	Number or amount currently held	Number or amount Transferred	Date of registration of transfer	Remarks
GENERAL ACCIDENT LIFE ASSURANCE LIMITED 2 ROUGIER STREET, YORK, YO1 1HR	£1 Ord 1			
GAFLAC NOMINEES LIMITED PITHEAVLIS, PERTH, PH2 0NH	£1 Ord 1			