



**Notice of Individual Person  
with Significant Control**

Company Name: **FIL LIFE INSURANCE LIMITED**

Company Number: **03406905**



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## Notification Details

Date that person became **06/04/2016**  
registrable:

Name: **MS ABIGAIL JOHNSON**

Service Address: **245 SUMMER STREET  
BOSTON  
MA 02210  
USA**

Country/State Usually  
Resident: **USA**

Date of Birth: **\*\*/12/1961**

Nationality: **US CITIZEN**

## **Nature of control**

The person has the right to exercise, or actually exercises, significant influence or control over the company.

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## **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