

Please complete in typescript, or in bold black capitals.

Form revised September 1999

CHFP029

TSE 3AI 363a

Annual Return

Со	mpany Number	3540139
Compa	ıny Name in full	Willis Consulting Limited
Date of this return The information in this re		Day Month Year
Date of next retur	n	
If you wish to make you to a date earlier than the of this return please sh Companies House will at the appropriate time	ur next return ne anniversary now the date here. then send a form	Day Month Year [0 3 / 0 4 / 2 0 0 3
Registered Office Show here the address this return.		TEN TRINITY SQUARE
Any change of registered office	Post town	LONDON
must be notified on form 287.		LONDON
	County / Region	
	UK Postcode	EC3P3AX
Principal busines	s activities	
Show trade classificati for the principal activity		1
If the code number car	nnot be determined,	ADVISERS AND CONSULTANTS ON ALL MATTERS RELATING TO RISK AND ITS
give a brief description	of principal activit	MANAGEMENT FOR ALL TYPES OF INSURANCE, REINSURANCE AND OTHER.
COMPANIES H	0197 AUPIG9UU** 0197 1104/02	/hen you have completed and signed the form please send it to the .egistrar of Companies at: Companies House, Crown Way, Cardiff, CF14 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 member registered office, state h	rs is not kept at the				
	Post town				
	County / Region	UK Postcode	. L		
Register of Debe If there is a register of dor a duplicate of any suc of it, which is not kept at office, state here where	ebenture holders, ch register or part t the registered				
	Post town				
	County / Region	UK Postcode	. L_		
Company type					
Public limited company					
Private company limited by	shares	X			
Private company limited by share capital	guarantee without				
Private company limited by section 30	shares exempt under	Please tick the appropriate box			
Private company limited by under section 30	guarantee exempt				
Private unlimited company	with share capital				
Private unlimited company	without share capital				
Company Secret	ary				
(Please photocopy		Details of a new company secretary must be notified on form 288a.			
this area to provide details of joint secretaries).	me * Style / Title				
* Voluntary details.	Forename(s)	TRACY MARINA			
If a partnership give the names and addresses of the part-	Surname(s)	WARREN			
ners or the name of the partnership and office address. Add	dress	THE MOLEHILL			
Usual residential		HOLLOW ROAD, MOLEHILL GREEN			
address must be given. In the case of a corporation, or a	Post town	NR FELSTED, DUNMOW			
Scottish firm, give the registered or principal office address.	County / Region	UK Postcode C M 6 2 3 J	LF		
	Country				
		Page 2	2		

Directors Please list directors in	n alphab	etical order.	Details of new directors must be no	tified on form	288a	
,	Name	* Style / Title			_	
Directors In the case of a director that is a corporation or a Scottish firm, the	it	Date of birth	Day Month Year [2 [8 / [0 [4 / [1 [9 [6 [3			
name is the corporate or firm name.		Forename(s)	GRAHAME JOHN			
		Surname	MILLWATER			
	Addres	ss	11 DARTMOUTH ROW, BLACKHEATH	1		
Usual residential						
address must be given. In the case of corporation or a		Post town	LONDON			
Scottish firm, give the registered or principa office address.		County / Region		UK Postcode	S E 1 0	[8 [A [W
		Country	ENGLAND	Nationality	BRITISH	
	Busine	ess occupation	REINSURANCE BROKER			
* Voluntary details.						
	Name	* Style / Title	MR			
Directors in the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the	at	Date of birth	2 3 / 1 2 / 1 9 5 6			
name is the corporate or firm name.		Forename(s)	OLIVER LARS EDWIN			
		Surname	PETERKEN			
	Addres	SS	44 GLASSLYN ROAD, CROUCH END		· · · · · · · · · · · · · · · · · · ·	
Usual residential						
address must be given. In the case of corporation or a		Post town	LONDON			_
Scottish firm, give the registered or principa office address.		County / Region		UK Postcode	N 8 [8	LR LH L
		Country	ENGLAND	Nationality	BRITISH	

Business occupation | INSURANCE EXECUTIVE

Directors Please list directors in	n alpha	betical order.	Details of new directors must be	e notified on f	orm 288a	
•	Name	* Style / Title				
Directors In the			Day Month Year			
case of a director that is a corporation or a Scottish firm, the	t	Date of birth	1 6 / 0 2 / 1 9 6 6			
name is the corporate or firm name.		Forename(s)	IAIN VYVYAN			
		Surname	POCOCK			
	Addre	ess	MAYTHORNS, WHITESFIELD			
Usual residential					_	
address must be given. In the case of corporation or a		Post town	EAST BURGHOLT			
Scottish firm, give the registered or principa office address.	al	County / Region	SUFFOLK	UK Postcode	C 0 7	6 S P
		Country	ENGLAND	Nationality	BRITISH	
	Busin	ess occupation	ACCOUNTANT			
* Voluntary details.						
	Name	* Style / Title	1		_	
Directors In the			Day Month Year	-	_	
case of a director that is a corporation or a Scottish firm, the	ıt	Date of birth	0 7 / 0 4 / 1 9 4 9			
name is the corporate or firm name.		Forename(s)	TIMOTHY ROGER HOLT			
		Surname	THOMAS			
	Addre	988	HILL FARM, CHARSFIELD			
Usual residential			NR WOODBRIDGE			
address must be given. In the case of corporation or a		Post town	1			
Scottish firm, give the registered or principal office address.	e al	County / Region	SUFFOLK	UK Postcode	P 1 3	[7 P L
		Country		Nationality	BRITISH	

Business occupation | CHARTERED ACCOUNTANT

Details of new directors must be notified on form 288a

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)			
	ORD £1.00	2	£ 2.00			
	Totals	2	£ 2.00			
List of past and present shareholders (Use attached schedule where appropriate) A full list is required if one was not included with either of the last two returns.	There were no changes					
returns.	on paper in another format A list of changes is enclosed					
	A full list of shareholder	s is enclosed				
Certificate	I certify that the informa knowledge and belief.	tion given in this return i	s true to the best of my			
Signed	Mt	Date	9/4/2002			
† 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 include	s (enter number)	ontinuation sheets.			
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.	MISS T M WARREN, TEN TRINIT	Y SQUARE, LONDON, EC3P 3AX				
contact if there is any query.						
		Tel _{020 7481 7004}				
	DX number	DX exchange				



List of past and present shareholders Schedule to form 363a

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Company Number	3540139
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Company Name in full | Willis Consulting 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 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

	Class and	Shares or amount of stock transferred (if appropriate)			
Shareholders' details	number of shares or amount of stock held	Class and number of shares or amount of stock transferred	Date of registration of transfer		
Name	Ord £1.00				
WILLIS CORROON NOMINEES LIMITED					
Address					
TEN TRINITY SQUARE, LONDON, ENGLAND					
	-		:		
UK Postcode <u>E C 3 P 3 A X</u>	•				
Name	Ord £1.00				
LWILLIS FABER LIMITED					
Address					
TEN TRINITY SQUARE, LONDON	.[
UK Postcode <u>E C 3 P 3 A X</u>					
Name					
Address	•				
	_				
UK Postcode					