

Please complete in typescript, or in bold black capitals.

NFU 172369

EIS

363a

Annual Return

CHFP001 Com	pany Number _L	3643783
Compan	y Name in full	Country Mutual Insurance Brokers Limited
Date of this return The information in this return	n is made up to	Day Month Year [0 [5 / 1 [0 / 2 [0 [0 [1]
Date of next return 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
Registered Office Show here the address at the date of this return.		Tiddington Road, Stratford upon Avon
Any change of registered office must be notified on form 287.	Post town County / Region UK Postcode	Warwickshire LC LV 13 L7 L7 LB LJ
Principal business	activities	
Show trade classification for the principal activity of	, ,	L
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

A29 *AMOE
COMPANIES HOUSE

Form revised September 1999

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

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 L				
County / Region _L	UK Postcode			
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 here where it is kept. Post town				
County / Region	UK Postcode			
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	Please tick the appropriate box			
Private company limited by guarantee exempt under section 30				
Private unlimited company with share capital				
Private unlimited company without share capital				
Company Secretary (Please photocopy this area to provide Name * Style / Title	Details of a new company secretary must be notified on form 288a. $$\mathrm{Mr}$$			
details of joint sec- retaries). Forename(s)				
* Voluntary details.	•			
If a partnership give the names and addresses of the partners or the name of the partnership and office address.	Creechan LL.B LL.M. Solicitor Lifford House, Luddington Road			
Usual residential Post town	Stratford-upon-Avon			
given. In the case of a County / Regior corporation or a	Warwickshire UK Postcode C V 3 7 9 S E			
Scottish firm, give the registered or principal office address.	′			

Directors Please list directors in alphai	betical order.	Details of new directors must be notified on form 288a		
Name	* Style / Title	Mr		
		Day Month Yea	ar	
Directors In the case of a director that is a corporation or a	Date of birth	10 11/11/12/11/19	6_10_	
Scottish firm, the name is the corporate or firm name.	Forename(s)	Kim		
	Surname	Arif	BSc Hons FIA	
Addre	ess	5 Hathaway Lane	BSC HORS FIA	
Usual residential				
address must be given. In the case of a	Post town	Stratford-upon-Avon		
corporation or a Scottish firm, give the registered or principal	County / Region	Warwickshire	UK Postcode CV37 9BL	
office address.	Country		Nationality British	
Busir	ness occupation	Assistant General Manager		
* Voluntary details.				
Name	* Style / Title	· Mr		
Directors In the case of a director that is a corporation or a		Day Month Ye	ear	
Scottish firm, the name is the corpo-	Date of birth	10 18 10 17 11 19	5 [3	
rate or firm name.	Forename(s)	lan Scott		
	Surname	[Geden	FCII	
Address		Juniper House	ren	
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.		Dodow Dod		
	Post towr	Evesham		
	County / Region	Worcestershire	UK Postcode WR 1 1 5 D T	
	Country	/	Nationality British by birth	
Busi	iness occupation	Deputy Managing Directo	τ	

Directors Please list directors in alpha	betical order.	Details of new directors must be notified on form 288a		
Name	* Style / Title	(Mr		
Disease to the		Day Month Year		
Directors In the case of a director that is a corporation or a				
Scottish firm, the name is the corporate or firm name.		Sidney Philip		
	Surname	Gibson		
Addr	ess	Ashfield		
Usual residential address must be		Pillerton Priors		
given. In the case of a corporation or a	Post town	[Warwick		
Scottish firm, give the registered or principal office address.	County / Region	UK Postcode C V 3 5 0 P H		
	Country	Nationality British		
Busi	ness occupation	Insurance Underwriting Manager		
* Voluntary details.				
Nam	e * Style / Title	<u>M</u> r		
		Day Month Year		
Directors In the case of a director that is a corporation or a	Date of birth	1 4 10 8 11 9 5 4		
Scottish firm, the name is the corpo-	Forename(s)	Neil		
rate or firm name.	Surname	[McKenzie FCII		
Address		27 Chapel Close		
Usual residential address must be given. In the case of a corporation or a Scottish firm, give the registered or principal office address.				
	Post town	Welford on Avon		
	County / Region	Warwickshire UK Postcode LC V 3 7 8 Q J		
	Country	Nationality British		
Bus	iness occupation	Assistant General Manager		

Directors Please list directors in alpha	betical order.	Details of new directors must be notified on form 288a		
Name		Mr		
	-	Day Month Year		
Directors In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name.	Date of birth	12 17 /1 12 /1 19 14 17		
	Forename(s)	Anthony James		
rate of him maine.	Surname	White		
Addre	ess	Manor Cottage		
Usual residential address must be		34 Shottery		
given. In the case of a corporation or a	Post town	Stratford on Avon		
Scottish firm, give the registered or principal office address.	County / Region	Warwickshire UK Postcode C V 3 7 9 H A		
	Country	Nationality British		
Busir	ness occupation	Assistant General Manager		
* Volument datalla				
* Voluntary details.				
Name	e * Style / Title	· L		
Directors le the		Day Month Year		
Directors In the case of a director that is a corporation or a	Date of birth	·		
Scottish firm, the name is the corpo-	Forename(s			
rate or firm name.	Surname	e		
Add	ress			
Usual residential address must be				
given. In the case of a corporation or a Scottish firm, give the	Post tow			
registered or principal office address.	County / Regio	n UK Postcode		
	Countr			
Bus	iness occupation			



Company Number

List of past and present shareholders Schedule to form 363a

Company Name in full	Country Mutual Insurance Brokers 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			

3643783

	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 N.F.U. Mutual Management Company Limited Address LTiddington Road Stratford upon Avon Warwickshire UK Postcode	£1 ORD 20000000			
Name LAddress LLL.L.L.L.L.L.L.L.L.L.L.L.L.L.				
Name L Address L L UK Postcode L L L L L				

Issued share capitalEnter 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	20000000 [£20000000	
	l I	I		
	L	L		
	Totals	20000000	£20000000	
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	There were no changes in t	he period		
returns.	A list of changes is enclosed	on paper	in another format	
	A full list of shareholders is enclosed X			
Certificate	I certify that the information knowledge and belief.	given in this return is	true to the best of my	
Signed	gi ar	Date	05/10/2001	
† Please delete as appropriate	†XaXiineXteXt / secretary			
When you have signed the return send with the fee to the Registrar of Companies Cheques should be made payable to Companies House.	s. I his return includes	0 cont	inuation sheets.	
Please give the name, address, telephone number, and if available,	Sara Workman			
a DX number and Exchange, for the person Companies House should				
contact if there is any query.	Warwickshire CV37 7BJ			
	DX number	DX exchange		