In accordance with Section 89 of the Insolvency Act 1986.

## 600

## Notice of appointment of liquidator in a members' or creditors' voluntary winding up



FRIDAT



A26 11/10/2019 #25 COMPANIES HOUSE

1	Company details		
Company number	0 3 6 8 9 4 1 9	Filling in this form	
Company name in	Consolidated Insurance Holdings Limited	Please complete in typescript or in bold black capitals	
full			
2	Liquidator's name		
Full forename(s)	Richard		
Surname	Barker		
3	Liquidator's address		
Building name/number	1		
Street	More London Place		
Post town	London		
County/Region			
Postcode	S E 1 2 A F		
Country	United Kingdom		
4	Liquidator's email address or telephone number	You must give an email address or	
Email Address		telephone number All information on this form will appear on the public record.	
Telephone number	020 7951 2000		
5	Insolvency practitioner number		
Number	1 7 1 5 0		

## 600

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Telephone number    10	6	Liquidator's name			
Surname   Keen	Full forename(s)	Samantha	1		
Building name/number 1  Street  More London Place  Bost town  Country  Post town  Country Country  United Kingdom  Liquidator's email address or telephone number  Email Address  Telephone number  9 2 5 0	Surname	Keen	I I		
Street  More London Place  Use this section to tell us about more than two liquidator. Use the continuation page to tell us about more than two liquidators.  Postcode  S E 1 2 A F  Country  United Kingdom  S Liquidator's email address or telephone number  Email Address  Telephone number  020 7951 2000  S Insolvency practitioner number  Number  9 2 5 0 9 10 Statement of appointment    I confirm the appointment of the liquidator(s) on  Date  10 Appointment details  The appointment was made by (Tick one)  Date  Type of liquidation  Tick to confirm the liquidation type  10 Type of liquidation  Tick to confirm the liquidation type  10 Type of liquidation  Tick to confirm the liquidation type  10 Sign and date  Liquidator's signature  Type an email address or telephone number  You must give an email address or telephone number  How must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  The appointment give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address or telephone number  To must give an email address	7	Liquidator's address			
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Post town London  Country Reaion  Postcode S E 1 2 A F  Country United Kingdorn  3 Liquidator's email address or telephone number  Email Address Telephone number 020 7951 2000  3 Insolvency practitioner number  Number 9 2 5 0	Street	More London Place	about another liquidator. Use the continuation page to tell		
Postcode S E 1 2 A F  Country United Kingdom  S Liquidator's email address or telephone number  Email Address  Telephone number 020 7951 2000  9 Insolvency practitioner number  10 Statement of appointment 1 confirm the appointment of the liquidator(s) on  Date 2 6 0 9 2 2 0 1 9  11 Appointment details  The appointment was made by (Tick one)  12 Type of liquidation  Tick to confirm the liquidation type of reditors  13 Sign and date  Liquidator's signature  Suprature  Suprature  X X   A F  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  Itelephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give an email address or telephone number  You must give and so telephone number  You must give an email address or telephone number  You m	Post town	London			
Country United Kingdom  8	County/Region				
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Email Address  Telephone number    020 7951 2000	Country	United Kingdom			
Email Address Telephone number    020 7951 2000   This form will appear on the public record.	8	Liquidator's email address or telephone number	You must give an email address or		
Telephone number   D20 7951 2000   record.   record.	Email Address		telephone number All information on		
Number  9 2 5 0  Statement of appointment    confirm the appointment of the liquidator(s) on  Date  2 6 0 9 2 0 1 9  Appointment details  The appointment was made by (Tick one)  Company Creditors  12  Type of liquidation  Tick to confirm the liquidation type  Members Creditors  Sign and date  Liquidator's signature  Signature  Signature  X  X	Telephone number	020 7951 2000			
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Confirm the appointment of the liquidator(s) on	Number	9 2 5 0			
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Signature date 0 1 1 0 2 0 1 9	Liquidator's signature				
· · ·	Signature date	0 1 1 0 2 0 1 9			

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Presenter information	Important information
You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.	All information on this form will appear on the public record.
Contact name Katya Vasileva	<b>☑</b> Where to send
Address 1 More London Place  Posttown London  County/Region  Postcode S E 1 2 A F  Country United Kingdom  DX	You may return this form to any Companies House address, however for expediency we advise you to return it to the address below:  The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ.  DX 33050 Cardiff  Further Information  For further information please see the guidance notes on the website at www.gov.uk/companieshouse
Telephone 020 7951 3427	or email enquiries@companieshouse.gov.uk
Checklist  We may return forms completed incorrectly or with information missing.  Please make sure you have remembered the following:  The company name and number match the information held on the public Register.  You have signed the form.	This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse