

000108/30



363a

Please complete in typescript, or in bold black capitals.

Annual Return

CHFP000

Company number

06434575

Company name in full

AB INSURANCE BROKERS LIMITED

Date of this return

The information in this return is made up to

Day

Month

Year

2 / 0 / 1 2 / 2 0 0 8

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that 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

FRIAR PARK ROAD

WEDNESBURY

Any change of registered office must be notified on form 287

Post town

WALSALL

County/Region

WEST MIDLANDS

UK Postcode

W S 1 0 0 J X

Principal business activities

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

INSURANCE BROKERAGE

If the code number cannot be determined, give a brief description of principal activity

SATURDAY



A59Y38XU

A08

11/04/2009

99

COMPANIES HOUSE

by

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

for companies registered in England or Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX ED235 Edinburgh 1

For companies registered in Scotland

or LP-4 Edinburgh 2

Register of members

If the register of members is not kept at the registered office, state here where it is kept

Post town

County/Region

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

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

Please tick the appropriate box

Company Secretary

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

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

Name

*Style/Title

MR

Forename(s)

SHAUN

Surname

NASH

Address ††

30 MOOR HALL DRIVE

SUTTON COLDFIELD

Post town

BIRMINGHAM

County/Region

WEST MIDLANDS

UK Postcode

B 7 5 6 L R

Country

ENGLAND

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

If a partnership, give the names and addresses of the partners or the name of the partnership and office address

Directors

Please list the directors in alphabetical order

* Voluntary details

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

Details of new directors must be notified on form 288a

<input type="checkbox"/>	Name	*Style/Title	MR								
	Date of birth	Day	Month	Year							
		1	4	/	0	7	/	1	9	5	7
	Forename(s)	JOHN MICHAEL									
	Surname	DYKE									
	Address ††	CHERRY ORCHARDS, BOURNE VALE									
		ALDRIDGE									
	Post town	WALSALL									
	County/Region	WEST MIDLANDS									
	UK Postcode	W	S	9			0	S	H		
Country	ENGLAND										
Nationality	BRITISH										
Business occupation	DIRECTOR										

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Directors

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Details of new directors must be notified on form 288a

In the case of a director that is a corporation or a Scottish firm, the name is the corporate or firm name

<input type="checkbox"/>	Name	*Style/Title									
	Date of birth	Day	Month	Year							
			/		/						
	Forename(s)										
	Surname										
	Address ††										
	Post town										
	County/Region										
	UK Postcode										
Country											
Nationality											
Business occupation											

†† Tick the box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985. Otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.

Issue 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)

ORDINARY

10

10

Totals

10

10

Traded public companies

A traded public company means a company any of whose shares are shares admitted to trading on a regulated market

Please tick this box if your company was a traded public company at any time during the period of this return

☐**List of past and present shareholders**

(use attached schedule where appropriate)

Please tick the appropriate box below:

On paper

In another
format

Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.

A full list of shareholders for a private or non-traded public company is enclosed. **Please complete Schedule A.**

☒☐

Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two returns.

A list of shareholders holding at least 5% of the issued shares of any share class for a traded public company is enclosed. **Please complete Schedule B.**

☐☐

A list containing shareholder changes is enclosed

☐☐

→ For private or non-traded public companies, **please complete Schedule A**

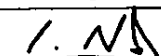
→ For traded public companies, **please complete Schedule B**

There were no shareholder changes in this period

☐**Certificate**

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

Signed



Date

02.04.09

* Please delete as appropriate

When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.

*(director / secretary)

This return includes

☐

continuation sheets

(enter number)

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

DX number

DX exchange

Schedule A

for private or non-traded public companies

List of past and present shareholders

Company number | 06434575

Company name in full | AB 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 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

[illegible]