

BR4

Return by an oversea company subject to branch registration of change of directors or secretary or of their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

CHFP010

Please complete in typescript, or in bold black capitals.

Company Number	FC025710	Branch Number	BR07985	
			•	
Corporate Name	ZURICH INSURAN	CE PUBLIC LIMITED COM	PANY	
Branch Name (If different)				,

Resignation, etc.

(This includes any form of ceasing to hold office e.g. death or removal from office).

Date of resignation etc.

ceasing to hold office e.g. death

Resignation etc. as secretary

Forenames

Surname

Date of birth (directors only)

(See note on page 4)

Day	Month Year	
	Please mark the appropriate If registration etc is as a dire mark both boxes	
Day	Month Year	

This return is delivered in respect of all the branches listed on page 4

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.



L A STEVENS	S, THE ZURICH CENTRE, 3000 PARKWAY,	
WHITELEY, I	FAREHAM, HAMPSHIRE PO15 7JZ	
	Tel	
DX number	DX exchange	

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 branches registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for branches registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

Appointment		Day Month Year
(Turn to page 3 to notify alteration of particulars)	Date of appointment Appointment of director Appointment of secretary	Please mark the appropriate box. If appointment is as director and secretary mark both boxes.
NOTES	Name *Chdo#illo	_
Show the full forename NOT INITIALS. If the or or secretary is a Corpo or Scottish firm, show	es, Style/title director pration Forenames	
name on sumame line registered or principal on the usual residentia	office	
address line. Give previous forenam		
or surnames except: for a married womaname before marrianeed not be given. for names not used since the age of 18 at least 20 years.	un the Previous surname Usual residential address ††	
A peer or individual kn by a title may state the instead of or in additio the forenames and	e title	
surnames.	Postcode	†† Do not tick this box unless the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985 Day Month Year
* Voluntary details † Directors only	†Date of birth †Nationality	
	†Business Occupation	
Please list all other dire	†Other directorships ectorships	
	Scope of authority	The extent of the authority to represent the company is:- (give details)
Give brief particulars o powers exercised (e.g. limited to powers expre the instruments of app whether they are subje limitations) where the p exercised jointly, give to person(s).	whether they are essly conferred by cointment, or ect to express powers are	These powers:-
# Mark as applicable		# May be exercised acting alone # Must be exercised with:-
21 days of the notice b	elivered to the Registrar within being received in Great Britain if despatched with due	(Give names of co-authorised person(s))



	·	<u>-</u>
Complete this section in all cases where particulars of a serving director / secretary have changed and then the appropriate section below	Forenames (names previously notified to Surname Companies House Date of birth (directors only)	Day Month Year 1 4 0 7 2 0 0 9 Please mark the appropriate box. If change of particulars is as director and secretary mark both boxes INGA KRISTINE BEALE Day Month Year 1 5 0 5 1 9 6 3 UK LIFE CENTRE STATION ROAD SWINDON WILTSHIRE SN1 1EL Country ENGLAND The Do not tick this box unless the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section
Give brief pa authority of a company, in manner in w may be exer	Nationality o authority to act (if applicable) articulars of any change in the a director to represent the cluding any alteration to the which existing or new powers reised (e.g. requiring them to be with other persons.) # Mark as applicable	The extent of the authority of the above person to represent the company has been altered to:- (give details) These powers:- # May be exercised alone or # Give names of co-authorised persons)



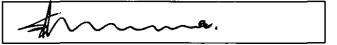
Form BR4

Registration number	Branch name
	·

NOTE:- A return must be delivered in respect of any alteration to the company particulars by each branch of an oversea company. If, however, a company has more than one branch in THE SAME PART of Great Britain, it may deliver only one form in respect of all those branches, provided it completes the table above on this page.

S	iq	na	atı	ıre

Signed



Date

17.7.09.

*Director / Secretary-/ Permanent representative

*delete as appropriate





Please complete in typescript, or in bold black capitals.
CHFP010 Company

List of other directorships Schedule to form BR4

P010	Company Number	FC025710	
	Corporate Name	ZURICH INSURANCE PUBLIC LIMITED COMPANY	
	Name		

Please list all other directorships

Company Name	Resignation
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