



BR4

R ny 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 BR007985
Corporate Name	ZURICH INSURANCE PUBLIC LIMITED COMPANY
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.

Resignation etc. as director

Resignation etc. as secretary

Forenames

Surname

Date of birth (directors only)

(See note on page 4)

Day Month Year

Please mark the appropriate box.

If registration etc is as a director and secretary 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 STEVE	NS, THE ZURICH CENTRE, 3000 PARKWAY,	
WHITELEY,	FAREHAM, HAMPSHIRE PO15 7JZ	
	Tel	
DX number	DX exchange	

VACCUINCEN



DSR 04/11/2009 7

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 of particulars Appointment of secretary	Please mark the appropriate box. If appointment is as director and secretary mark both boxes.
Show the full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address tine. Give previous forenames or surnames except: for a married woman the name before marriage need not be given. for names not used since the age of 18 or for at least 20 years. *Style/title Forenames Surname *Honours etc *Honours etc Usual residential address ††	
A peer or individual known by a title may state the title instead of or in addition to the forenames and surnames. Post town County/region Postcode	Country
* Voluntary details † Directors only †Nationality	
†Business Occupation †Other directorships Please list all other directorships	
Scope of authority Give brief particulars of the extent of the powers exercised (e.g. whether they are limited to powers expressly conferred by the instruments of appointment, or whether they are subject to express limitations) where the powers are	The extent of the authority to represent the company is:- (give details)
exercised jointly, give the name(s) of the person(s). # Mark as applicable This return must be delivered to the Registrar within 21 days of the notice being received in Great Britain in due course of post (if despatched with due diligence)	# Must be exercised with:- (Give names of co-authorised person(s))



Complete this section in all cases where particulars of a serving director / secretary have changed and then the appropriate section below	Change of particulars, as director Change of particulars, as secretary Forenames (names previously notified to Surname Companies House Date of birth (directors only)	Day Month Year 2 8 0 9 2 0 0 9 Please mark the appropriate box. If change of particulars is as director and secretary mark both boxes JOSEPH DEISS Day Month Year 1 8 0 1 1 9 4 6 THE ZURICH CENTRE 3000 PARKWAY, WHITELEY FAREHAM HAMPSHIRE PO15 7JZ Country ENGLAND †† 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 p authority of company, is manner in v may be exe	Nationality to authority to act (if applicable) Particulars of any change in the a director to represent the including any alteration to the which existing or new powers ercised (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.

Signature

Signed

Madden

Date 22 0er 2009

*Director/ Secretary / Permanent representative

*delete as appropriate





List of other directorships Schedule to form BR4

Please complete in typescript, or in bold black capitals.

CHFP010

Company	Number
---------	--------

FC025710			

Corporate Name

ZURICH	INSURANCE	PUBLIC	LIMITED	COMPANY	

Name

Please list all other directorships	
Company Name	Resignation