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Tel: Fax: 0845 604 88 88 028 9090 5291

Email: info.companiesregistry@detini.gov.uk www.companiesregistry.detini.gov.uk

Company Number:

NI065267

Company Name:

City Underwriting Services Limited

Company Type:

0 - NI PR LTD SH

Date:

30/05/2009

Please mark appropriate box

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces provided. Please read the notes for guidance before completing the return.

There were no changes in the period

371s

ANNUAL RETURN

A list of changes is enclosed

A full list of members is enclosed

DATE OF THIS RETURN (See Note 1) The information in this return should be made up to a

date not later than

MONTH YEAR DAY

19/06/2009

DATE OF NEXT RETURN

If you wish to make up your next return to a date earlier than the anniversary of this return please show the date here. Companies Registry will then send a form at the appropriate time.

2 4 AUG 2009

POST RECEIVED COMPANIES REGISTRY

DEPARTMENT OF ENTERPRISE TRADE AND INVESTMENT

DAY	MONTH	YEAR

REGISTERED OFFICE (See Note 3)

This is the address registered by Companies Registry

UNIT 26 ORMEAU BUSINESS PARK 8 CROMAC AVENUE BELFAST BT7 2JA

If the information shown needs amendment, give details below, and for secretary and director particulars, the date of any change.

PRINCIPAL BUSINESS ACTIVITIES (See Note 4)	UNIXCRURITING.
LOCATION OF REGISTER OF MEMBERS (See Note 5) This address must be in Northern Ireland	
	AT REGISTERED OFFICE
LOCATION OF REGISTER OF DEBENTURE HOLDERS (See Note 6) This address must be in Northern Ireland	

Particulars of a new director or secretary must be notified on form 296 (See Note 7)	
Company Secretary UNA MAIRE MCCANN 45 GARVEY MANOR LISBURN BT27 4DQ	
If this person has ceased to be a secretary/ director, please state when.	
Particulars of a new director or secretary must be notified on form 296 (See Note 7)	
Director SEAMUS MULLAN 1 STATION ROAD DUNGIVEN DERRY BT47 4LN	
DATE OF BIRTH: 20/09/1948 NATIONALITY: IRISH OCCUPATION: DIRECTOR	
If this person has ceased to be a secretary/ director, please state when.	
Show any relevant current and previous directorships.	CONMERCIAL INSURANCE SERVICES DIRECT LTD OPEN + DIRECT CONNERCIAL LTD
Director ELIZABETH MULLAN 1 STATION ROAD DUNGIVEN DERRY BT47 4LN	
DATE OF BIRTH: 16/02/1949 NATIONALITY: IRISH OCCUPATION: MANAGEMENT ACCOUNTANT	
If this person has ceased to be a secretary/ director, please state when.	
Show any relevant current and previous directorships.	COMMERCIAL INSURANCE SERVICES DIRECT LTD OPEN + DIRECT COMMERCIAN LTD

Director JAMES	CLASS	NUMBER	AGGREGATE VALUE
SHIELDS 63 DERAMORE PARK SOUTH BELFAST			
BT9 5JY			
DATE OF BIRTH: 09/10/1949 NATIONALITY: BRITISH OCCUPATION: DIRECTOR			
If this person has ceased to be a secretary/ director, please state when.			
Show any relevant current and previous directorships.			***************************************
Director UNA MARIE MCCANN 45 GARVEY MANOR			
LISBURN BT27 4DQ			
DATE OF BIRTH. 14/11/1959 NATIONALITY: IRISH OCCUPATION: UNDERWRITER			
If this person has ceased to be a secretary/ director, please state when.			
Show any relevant current and previous directorships.			
SHARE CAPITAL (See Note 8) Enter details of all shares in issue at the date of this return.			
Nominal Capital 500,000.00 Paid Up Capital 250,000.00	ORDINARY	25000	£150,000
The above details are those currently held on our records)		<u> </u>	
	TOTALS	<i>Coo</i> , 002	Capus

LISTOF PAST AND PRESENT MEMBERS
(See Note 9)
(Use attached schedule and additional sheets where appropriate) A full list is required if one was not included with

either of the last two returns. **ELECTIVE RESOLUTIONS (See Note 10)** (Private companies only) If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box. If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box. **CERTIFICATE** I certify that the information given in this return is true to the best of my knowledge and belief. Secretary/Director (delete as appropriate) DATE Cheques should be made payable to the Department of Enterprise, Trade and This return includes Investment (DETI) Continuation sheets To whom should Companies Registry direct any enquiries about the information shown in this return?

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Tel <u>02871261020</u> Ext _____

SCHEDULE TO FORM 371s

COMPANY NUMBER: N1065267

COMPANY NAME: City Underwriting Services Limited

LIST OF PAST AND PRESENT MEMBERS

PLEASE NOTE	Account of Shares		
For Returns dated on or after 1 st October 2008 shareholders addresses cannot be accepted . Only shareholders full names should be provided.	persons who have ceased to be members		
SHAREHOLDERS FULL NAME ONLY		Date of registration Number of transfer	Remarks

SCHEDULE TO FORM 371s

LIST OF PAST AND PRESENT MEMBERS

DI EASE NOTE	Account of Shares			
PLEASE NOTE For Returns dated on or after 1 st October 2008 shareholders addresses cannot be accepted. Only shareholders full names should be provided.	Number of shares or amount of stock held by existing members at date of this return Particulars of shares transferred since date of last return, or, in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members			
SHAREHOLDERS FULL NAME ONLY		Number	Date of registration of transfer	Remarks
Seamer Mullan	125,000			
Grabeth Mullan	50,000			
Una Mc Cann	50,020			
James Shields	25,000		,	
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