

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 811023

1. Entity Name
CELTIC INSURANCE COMPANY



Principal Place of Business
**233 SOUTH WACKER DRIVE
SUITE 700
CHICAGO, IL 60606-6393**

Mailing Address
**233 SOUTH WACKER DRIVE
SUITE 700
CHICAGO, IL 60606-6393**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0641618** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when retesting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MANNING, FREDERICK J. 233 S. WACKER DRIVE CHICAGO IL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSZALEK, LEWIS R 233 S WACKER DR STE 700 CHICAGO, IL 606066393
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPSTEIN, DAN J 233 S. WACKER DRIVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRITZKER, ROBERT A. 233 S. WACKER DRIVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRUSSIAN, MICHAEL P. 233 S. WACKER DRIVE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515450
04/29/06-80205-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/06
Date

Daytime Phone # _____