2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 811023

1. Entity Name
CELTIC INSURANCE COMPANY

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

01162007 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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

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01/25/07-80053-022 150.00

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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: _____ 1/16/07 312-332-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #