## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT#811023**

Entity Name: CELTIC INSURANCE COMPANY

FILED Oct 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
SUITE 700	H WACKER DF IL 606066393	RIVE						
Current Mailing Address:			New Mailing Address:					
233 SOUTH WACKER DRIVE SUITE 700 CHICAGO, IL 606066393			7711 CARONDELET AVE ST LOUIS, MO 63105					
FEI Number:	06-0641618	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( ) Cert	ificate of Status Desired ( )		
Name and Address of Current Registered Agent: N					Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US								
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.								
SIGNATUR	E: FREDERIG	CK MANNING						
	Electronic	Signature of Registered Agen	t			Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CEO () I MANNING, FRED 233 S. WACKER CHICAGO IL.,			Title: Name: Address: City-St-Zip:	()Chan	ge ( ) Addition		
Title: Name: Address: City-St-Zip:	T () I MARSZALEK, LE 233 S WACKER CHICAGO, IL 60	DR STE 700		Title: Name: Address: City-St-Zip:	VP (X) Char MARSZALEK, LEWIS 233 S WACKER DR S CHICAGO, IL 606066	STE 700		
Title: Name: Address: City-St-Zip:	EPSTEIN, DAN J 233 S. WACKER			Title: Name: Address: City-St-Zip:	SEC (X) Char WILLIAMSON, KEITH 7711 CARONDELET ST LOUIS, MO 6310	AVE		
Title: Name: Address: City-St-Zip:	D () [ PRITZKER, ROB 233 S. WACKER CHICAGO, IL	ERT A.		Title: Name: Address: City-St-Zip:	COMP (X) Char SCHWANEKE, JEFFI 7711 CARONDELET ST LOUIS, MO 6310	REY AVE		
Title: Name: Address: City-St-Zip:	D () [ PRUSSIAN, MICH 233 S. WACKER CHICAGO, IL			Title: Name: Address: City-St-Zip:	OPER (X) Char DALY, JAMES 233 S. WACKER DRI CHICAGO, IL 60606	nge ( ) Addition		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	VP ( ) Chan BURKE, DAVID 233 S. WACKER DRI CHICAGO, IL 60606	ge (X) Addition VE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

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SIGNATURE:	DAVID BURKE	VP	10/14/2009