

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811023

FILED
Jan 19, 2011
Secretary of State

Entity Name: CELTIC INSURANCE COMPANY

Current Principal Place of Business:

233 SOUTH WACKER DRIVE
SUITE 700
CHICAGO, IL 606066393

New Principal Place of Business:

233 SOUTH WACKER DRIVE
SUITE 700
CHICAGO, IL 60606

Current Mailing Address:

7711 CARONDELET AVE
ST LOUIS, MO 63105

New Mailing Address:

7700 FORSYTH BLVD
ST LOUIS, MO 63105

FEI Number: 06-0641618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: MANNING, FREDERICK
Address: 233 S. WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

Title: VP
Name: MARSZALEK, LEWIS
Address: 233 S WACKER DR
City-St-Zip: CHICAGO, IL 60606

Title: SEC
Name: WILLIAMSON, KEITH
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: COMP
Name: SCHWANEKE, JEFFREY
Address: 7700 FORSYTH BLVD
City-St-Zip: ST LOUIS, MO 63105

Title: VP
Name: BURKE, DAVID
Address: 233 S. WACKER DRIVE
City-St-Zip: CHICAGO, IL 60606

I hereby 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 all other like empowered.

SIGNATURE: TRICIA DINKELMAN

DIR

01/19/2011

Electronic Signature of Signing Officer or Director

Date