2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2016
Secretary of State
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Entity Name: CELTIC INSURANCE COMPANY

Current Principal Place of Business:

7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105

Current Mailing Address:

7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105 US

FEI Number: 06-0641618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	BALDWIN, KENNETH RONE	Name	BASHAM, BARBARA
Address	7700 FORSYTH BOULEVARD SUITE 800	Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP, TREASURER, DIRECTOR	Title	VICE PRESIDENT OF TAX, DIRECTOR
Name	BURKE, DAVID J.	Name	DINKELMAN, TRICIA
Address	7700 FORSYTH BOULEVARD SUITE 800	Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP	Title	VP
Name	RYAN, JOHN	Name	SCHEFFEL, WILLIAM N.
Address	7700 FORSYTH BOULEVARD SUITE 800	Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	DIRECTOR	Title	CONTROLLER
Name	SCHMIDT, DALE F.	Name	SCHWANEKE, JEFFREY A.
Address	7700 FORSYTH BOULEVARD SUITE 800	Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105

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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 VICE PRESIDENT OF TAX 04/06/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SR VICE PRESIDENT, INDIVIDUAL HEALTH, DIRECTOR
Name	SHUKLA, ANAND A
Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105

Title	VP
Name	WEGG, KAREN
Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105

Title	VP & ACTUARY
Name	STEWART, STEELE
Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105

Title	SECRETARY
Name	WILLIAMSON, KEITH H.
Address	7700 FORSYTH BOULEVARD SUITE 800
City-State-Zip:	ST. LOUIS MO 63105