

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 837067 (8)**  
1. Corporation Name  
**GOLDEN RULE INSURANCE COMPANY**



Principal Place of Business: **712 11TH ST LAWRENCEVILLE IL 62439**  
Mailing Address: **712 11TH ST LAWRENCEVILLE IL 62439**

3. Date Incorporated or Qualified: **09/23/1976**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **37-6028756**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, HARRY L.</b>	
STREET ADDRESS	<b>1101 E. 58TH ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>AV</b>	<input type="checkbox"/> DELETE
NAME	<b>RUPPEL, RICHARD J.</b>	
STREET ADDRESS	<b>BOX 493</b>	
CITY-ST-ZIP	<b>LAWRENCEVILLE IL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROONEY, THERESE A.</b>	
STREET ADDRESS	<b>7670 HIGHWOODS LANE</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROONEY, J. PATRICK</b>	
STREET ADDRESS	<b>7135 ALMADEN DR.</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHELAN, JOHN M.</b>	
STREET ADDRESS	<b>6717 LATOUR CIR</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 00000</b>	
TITLE	<b>TSVD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUTTLES, RANDAL E</b>	
STREET ADDRESS	<b>R.R. 2, BOX 118-1</b>	
CITY-ST-ZIP	<b>FRANKLIN IN</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Rooney, Therese A.</b>
3.3 STREET ADDRESS	<b>7670 Highwoods Lane</b>
3.4 CITY-ST-ZIP	<b>Indianapolis, IN</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>TSV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Carr, Patrick F.</b>
6.3 STREET ADDRESS	<b>10922 Brigantine Drive</b>
6.4 CITY-ST-ZIP	<b>Indianapolis, IN</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Patrick F. Carr* **4-19-96** **317-290-8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)