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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/23/1976	
4. FEI Number 37-6028756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, HARRY L.	
STREET ADDRESS	1101 E. 58TH ST.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	RUPPEL, RICHARD J.	
STREET ADDRESS	BOX 493	
CITY-ST-ZIP	LAWRENCEVILLE IL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ROONEY, THERESE A.	
STREET ADDRESS	7670 HIGHWOODS LANE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHELAN, JOHN M.	
STREET ADDRESS	8717 LATOUR CIR	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	
TITLE	TSV	<input type="checkbox"/> DELETE
NAME	CARR, PATRICK F.	
STREET ADDRESS	10922 BRIGANTINE DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 C-TY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 C-TY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, CFO* Date: **4/20/98** Daytime Phone #: **317-290-8100**

CR2E037 (10/97)