


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90002 003 ***550.00

DOCUMENT # 837067					
1. Entity Name GOLDEN RULE INSURANCE COMPANY					
Principal Place of Business 712 11TH ST LAWRENCEVILLE, IL 62439			Mailing Address 712 11TH ST LAWRENCEVILLE, IL 62439		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	AV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPPEL, RICHARD J.		NAME		
STREET ADDRESS	BOX 493		STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE, IL		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, THERESE A		NAME		
STREET ADDRESS	7720 COLLEGE AVE		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46278		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, JOHN M.		NAME		
STREET ADDRESS	6717 LATOUR CIR		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 00000,		CITY-ST-ZIP		
TITLE	TSV	<input type="checkbox"/> Delete	TITLE	TSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, PATRICK F.		NAME	CARR, PATRICK F.	
STREET ADDRESS	10922 BRIGANTINE DRIVE		STREET ADDRESS	9088 Nautical Watch Drive	
CITY-ST-ZIP	INDIANAPOLIS, IN		CITY-ST-ZIP	Indianapolis, IN	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patrick F Carr, Treasurer</i>		Date: <i>7-13-04</i>		Daytime Phone #: <i>317-715-7617</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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07072004 Chg-P CR2E034 (10/03)

4. FEI Number **37-6028756** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE: *Patrick F Carr, Treasurer* Date: *7-13-04* Daytime Phone #: *317-715-7617*

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GOLDEN RULE INSURANCE COMPANY
NAIC # 62286

Title D
Name JILLIAN R. FOUCRE
Street Address 314 GREENFIELD AVE
City-St-Zip GLEN ELLYN, ILLINOIS

Title D
Name WILLIAM E. MOELLER
Street Address 1185 HILL ROAD
City-St-Zip WINNETRA, ILLINOIS

Title D
Name WILLIAM A. MUNSELL
Street Address 2119 WINDSONG CIRCLE
City-St-Zip WAYZATA, MINESOTA

Title D
Name STEVEN L. POLLACK
Street Address 14491 QUAIL POINT
City-St-Zip CARMEL, INDIANA

Title D
Name NORMAN S. RYAN, M.D.
Street Address 6535 N. CHICORA AVE
City-St-Zip CHICAGO, ILLINOIS

Title D
Name ROBERT J. SHEEHY
Street Address 5805 MAIT LANE
City-St-Zip EDINA, MINESOTA

Title V
Name KARL B. BROWNING
Street Address 9651 SETTLEMENT DRIVE
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name KARA D. CARPENTER
Street Address 6586 SETTLEMENT DRIVE
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name MICHAEL L. CORNE
Street Address 4763 ABBOTTS PLACE
City-St-Zip CARMEL, INDIANA

Attachment

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Title V
Name JEFFREY S. DRAKE
Street Address 14451 QUAIL POINTE
City-St-Zip CARMEL, INDIANA

Title V
Name SUSAN A. FOWLER
Street Address 4396 CREEKSIDE PASS
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name JOHN A. GRIM
Street Address 1140 MOWHOCK HILLS
City-St-Zip CARMEL, INDIANA

Title V
Name RICHARD E. LANE
Street Address 544 MEMORY LANE
City-St-Zip CARMEL, IN

Title V
Name BRIAN F. MCMANUS
Street Address 3605 St. THOMAS LANE #F
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name RICHARD L. MERRILL
Street Address 7511 PALAIS CT
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name DARRELL S. RICHEY
Street Address 7959 CLEARWATER PKWY
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name CATHLEEN L. ROONEY
Street Address 8890 JULES LANE
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name ANITA W. SCHRADER
Street Address 1341 LAUREL OAK DRIVE
City-St-Zip AVON, INDIANA

Title V
Name JANET S. SELF
Street Address 3202 BABSON CT
City-St-Zip INDIANAPOLIS, INDIANA

Title V
Name LEE D. TOOMAN
Street Address 8749 STAGHORN RD
City-St-Zip INDIANAPOLIS, INDIANA