


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 010 ***150.00

DOCUMENT # 837067

1. Entity Name
GOLDEN RULE INSURANCE COMPANY



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

01202006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
37-6028756 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AV RUPPEL, RICHARD J. BOX 493 LAWRENCEVILLE, IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ROONEY, THERESE A 7720 COLLEGE AVE INDIANAPOLIS, IN 46278	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POLLACK, STEVEN L 14491 QUAIL POINTE CARMEL, IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSV CARR, PATRICK F. 9088 NAUTICAL WATCH DR INDIANAPOLIS, IN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOUCRE, JILLIAN R 314 GREENFIELD AVE GLEN ELLYN, IL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUNSELL, WILLIAM A 2119 WINDSONG CIRCLE WAYZATA, MI	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID WICHMANN 5901 LINCOLN DR. EDINA, MN 55436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick F. Carr Date 1/25/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

GOLDEN RULE INSURANCE COMPANY
NAIC # 62286

40007222
#837067

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

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

Title V
Name MICHAEL L. CORNE
Street Address 4763 ABBOTTS PLACE
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 V
Name KARA D. CARPENTER
Street Address 6586 SETTLEMENT DRIVE
City-St-Zip INDIANAPOLIS, INDIANA

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

Title V
Name FRANK B. FULTS
Street Address 5755 PRELUDE LANE
City-St-Zip CARMEL, IN

Title V
Name JAMES M. GABRIEL
Street Address 13410 KINGSBURY DRIVE
City-St-Zip CARMEL, IN

Title V
Name DARRELL S. RICHEY
Street Address 7959 CLEARWATER PKWY
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