

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 007 \*\*\*150.00

**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 - No P.O. Box #  
**7440 WOODLAND DR**

3. Mailing Address  
**7440 WOODLAND DR**

Suite, Apt. #, etc.



03272007 Chg-P CR2E034 (12/06)

City & State  
**INDIANAPOLIS, IN**

City & State  
**INDIANAPOLIS, IN**

Zip  
**46278**

Country

4. FEI Number  
**37-6028756**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICHMANN, DAVID 5901 LINCOLN DR EDINA, MN 55436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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		<input type="checkbox"/> Change <input 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: *Staville L. Can* Date: *4/2/07* Daytime Phone #: *317-7157617*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# ATTACHMENT

**GOLDEN RULE INSURANCE COMPANY**

**NAIC # 62286**

40048820

Title D  
Name RICHARD A. COLLINS  
Street Address 8401 BAY COLONT DRIVE  
City-St-Zip INDIANAPOLIS, INDIANA

Title V  
Name KARA D. LANE  
Street Address 360 PATOKA PLACE  
City-St-Zip CARMEL, IN

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

Title V  
Name TIMOTHY A LUKER  
Street Address 3115 S GOTHIC CIRCLE  
City-St-Zip GREEN BAY, WI

Title D  
Name JULIE ANN VANSTRATEN  
Street Address 702 Trempeleau  
City-St-Zip DEPERE, WI

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

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

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

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

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

Title V  
Name JAMES HENNE BECKER  
Street Address 7603 WEST STONEGATE DRIVE  
City-St-Zip ZIONSVILLE, IN

Title V  
Name MICHAEL P STAMM  
Street Address 244 MANCHESTER  
City-St-Zip ZIONSVILLE, IN

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

Title V  
Name MARILYN J WAGNER  
Street Address 1530 PORTER AVE  
City-St-Zip LAWRENCEVILLE, ILLINOIS

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