

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837067

**Entity Name:** GOLDEN RULE INSURANCE COMPANY

**Current Principal Place of Business:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278

**Current Mailing Address:**

7440 WOODLAND DRIVE  
INDIANAPOLIS, IN 46278 US

**FEI Number:** 37-6028756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            CARR, PATRICK FRANCIS  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            DIRECTOR  
Name            CROCKETT, DOUGLAS FORD  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            DIRECTOR  
Name            FRANK, JOHN FREDERICK  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title            DIRECTOR  
Name            GABRIEL, JAMES MARK  
Address        3100 AMS BLVD.  
City-State-Zip: GREEN BAY WI 54307

Title            ASSISTANT SECRETARY  
Name            LANG JACOBSEN, HEATHER ANASTASIA  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            TREASURER  
Name            OBERRENDER, ROBERT WORTH  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            SECRETARY/DIRECTOR  
Name            SULLIVAN, RICHARD CHARLES  
Address        7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER ANASTASIA LANG JACOBSEN

**ASSISTANT SECRETARY    04/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date