

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837067

Entity Name: GOLDEN RULE INSURANCE COMPANY

Current Principal Place of Business:

7440 WOODLAND DR
INDIANAPOLIS, IN 46278

Current Mailing Address:

7440 WOODLAND DR
INDIANAPOLIS, IN 46278

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	VP, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	GABRIEL, JAMES M	Name	CARR, PATRICK F
Address	3100 AMS BOULEVARD	Address	7440 WOODLAND DRIVE
City-State-Zip:	GREEN BAY WI 54313	City-State-Zip:	INDIANAPOLIS IN 46278
Title	TREASURER	Title	VP, DIRECTOR
Name	OBERRENDER, ROBERT W	Name	CORNE, MICHAEL L
Address	9900 BREN ROAD EAST	Address	7440 WOODLAND DR
City-State-Zip:	MINNETONKA MN 55343	City-State-Zip:	INDIANAPOLIS IN 46278
Title	DIRECTOR	Title	DIRECTOR, SECRETARY
Name	CROCKETT, DOUGLAS F	Name	SULLIVAN , RICHARD C
Address	7440 WOODLAND DRIVE	Address	7440 WOODLAND DRIVE
City-State-Zip:	INDIANAPOLIS IN 46278	City-State-Zip:	INDIANAPOLIS IN 46278
Title	ASST. SECRETARY		
Name	HUNTLEY, MICHELLE M		
Address	9900 BREN ROAD EAST		
City-State-Zip:	MINNETONKA MN 55343		

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: RICHARD C. SULLIVAN

SECRETARY

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date