

**2013 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  
P O BOX 6200 (32314-6200)  
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  
Name GABRIEL, JAMES M  
Address 3100 AMS BOULEVARD  
City-State-Zip: GREEN BAY WI 54313

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

Title D  
Name RICHEY, DARRELL S  
Address 7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title SECRETARY, DIRECTOR  
Name VAN STRATEN, JULIE A  
Address 3100 AMS BOULEVARD  
City-State-Zip: GREEN BAY WI 54313

Title ASST. SECRETARY  
Name THOMSON, CHERYL A  
Address 3100 AMS BOULEVARD  
City-State-Zip: GREEN BAY WI 54313

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

Title VP, DIRECTOR  
Name CORNE, MICHAEL L  
Address 7440 WOODLAND DR  
City-State-Zip: INDIANAPOLIS IN 46278

Title CFO, VP  
Name DAVIS, BRIAN L  
Address 7440 WOODLAND DR  
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: CHERYL A. THOMSON**

**ASSISTANT SECRETARY 04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date