2016 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

FILED Apr 09, 2016

Secretary of State

CC2385899727

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title SECRETARY, DIRECTOR

Name CARR, PATRICK FRANCIS Name SULLIVAN, RICHARD CHARLES

Address 7440 WOODLAND DRIVE Address 7440 WOODLAND DRIVE

City-State-Zip: INDIANAPOLIS IN 46278 City-State-Zip: INDIANAPOLIS IN 46278

Title TREASURER Title ASSISTANT SECRETARY

Name OBERRENDER, ROBERT WORTH Name HUNTLEY, MICHELLE MARIE

Address 9900 BREN ROAD EAST Address 9900 BREN ROAD EAST

City-State-Zip: MINNETONKA MN 55343 City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR Title DIRECTOR

NameCORNE, MICHAEL LEENameCROCKETT, DOUGLAS FORDAddress7440 WOODLAND DRIVEAddress7440 WOODLAND DRIVE

City-State-Zip: INDIANAPOLIS IN 46278

City-State-Zip: INDIANAPOLIS IN 46278

Title DIRECTOR

Name GABRIEL, JAMES MARK

Address 3100 AMS BLVD.

City-State-Zip: GREEN BAY WI 54307

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: MICHELLE MARIE HUNTLEY

ASSISTANT SECRETARY

04/09/2016

Electronic Signature of Signing Officer/Director Detail

Date