

1.) CORPORATION NAME:

Golden Rule Insurance Company

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0411712**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7440 WOODLAND DR

CITY/ST/ZIP: INDIANAPOLIS, IN 46278

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: PATRICK F CARR TITLE: PRESIDENT ADDRESS: 7440 WOODLAND DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278-1719</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JULIE A VAN STRATEN TITLE: SECRETARY ADDRESS: 3100 AMS BLVD CITY/ST/ZIP/CO: GREEN BAY, WI 54313</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL L. CORNE TITLE: VICE PRESIDENT ADDRESS: 7440 WOODLAND DR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES M GABRIEL TITLE: SVP/CHF ACTUARY ADDRESS: 3100 AMS BLVD CITY/ST/ZIP/CO: GREEN BAY, WI 54313</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CHERYL A. THOMSON TITLE: ASST SECRETARY ADDRESS: 3100 AMS BLVD CITY/ST/ZIP/CO: GREEN BAY, WI 54313</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DARRELL S RICHEY TITLE: DIRECTOR ADDRESS: 7440 WOODLAND DR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46278</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	ROBERT W OBERRENDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9900 Bren Road East		
CITY/ST/ZIP/CO:	Minnetonka, MN 55343		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ CHERYL A. THOMSON</u>	<u>CHERYL A. THOMSON, ASST</u>	<u>7/19/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.