ONLINE APPENDIX

<u>**Table S1:**</u> Age, diet, body weight, plasma glucose levels and serum insulin concentrations of control and PKC δ KN over-expressing mice. Details are described in Research Design and Methods.

mice	control	ΡΚCδKN	control	ΡΚC δKN	control	ΡΚCδKN
Age (months)	1.5	1.5	9	9	3	3
Diet	Chow	Chow	Chow	Chow	HFD	HFD
Body weight (g)	17.0 ± 3.0	16.0 ± 1.0	44.0 ± 4.0	46.1 ± 2.0	42.0 ± 2.0	44.5 ± 2.0
Fasted glucose (mg/dl) (#179)	96.0 ± 25.0	81.0 ± 4.0	175.0 ±19.0	137.0 ± 10.0	157.0 ± 18.0	108.0 ± 4.0*
Fasted glucose (#162)	nd	nd	144.0 ± 4.5	135.0 ± 3.0	91.0 ± 8.6	79.5 ± 7.2
2 h glucose (#179)	101.0 ± 18.0	100.0 ± 1.0	289.0 ± 17.0	218.0 ± 28.0	310.0 ± 82.0	108.0 ± 31.0 *
2 h glucose (#162)	nd	nd	306.0 ± 11.2	267.3 ± 6.2 *	376.3 ± 48.8	245.8 ± 42.2
Fasted insulin (ng/ml) (#179)	0.22 ± 0.14	0.32 ± 0.07	1.30 ± 0.20	1.00 ± 0.10	0.32 ± 0.04	0.55 ± 0.12
2 h insulin (% of basal) (#179) ¹	75.0 ± 28.0	54.0 ± 17.0	77.0 ± 25.0	130.0 ± 13.0	143.0 ± 7.0	193.0 ± 18.0*

¹glucose load (2g/kg body weight); nd, not determined

 * Significantly different to the respective value of control mice



<u>Fig. S1:</u> Expression of PKCδ in tissues of control (WT) and PKCδKN overexpressing mice and blood glucose and plasma insulin during ipGTT after HFD. (A) Western blot analysis of tissue homogenates (50 µg of mouse line #162) reveals a high expression of PKCδ in brain, spleen and hypothalamus (hypothal), but a low expression of PKCδ in heart, kidney, liver muscle and fat in both control (WT) and PKCδKN over-expressing mice (KN). As control, INS-1E cells transfected with PKCδWT (15 µg) are shown on the right. (B) Western blot of homogenates of isolated islets from control and PKCδKN mice (#162) discloses a low expression of PKCδKN. (C and D) Blood glucose and plasma insulin concentrations represented as means ± SEM of control mice (n = 3, white symbols) and of PKCδKN mice (#162, n = 4, black symbols) were measured after intraperitoneally glucose injection (2 g/kg body weight). The transgenic mice (#162) with a low expression of PKCδKN exhibit the tendency to improve glucose homeostasis.



Fig. S2: INS-1E cells overexpressing PKCδWT or PKCδKN. (A) Detection of PKCδ by PCR in INS-1E cells transfected with the respective DNA for PKCδ (tgWT) and the mutated PKCδKN (tgKN) compared to untransfected INS-1E cells and the positive control (pos). **(B)** Immunohistochemical detection of PKCδ in control INS-1E cells and INS-1E cells transfected with WT (tgWT) and KN PKCδ (tgKN). **(C)** Respective Western blots for PKCδ, PKCε and PKCα in control INS-1E cells and INS-1E cells transfected with KN PKCδ (tgKN) and WT PKCδ (tgWT).



<u>Fig. S3:</u> Nuclear localization of FoxO1 in INS-1E cells depends on PKCō expression. Representative pictures of FoxO1 staining (red), nuclear staining (blue) and PKCō staining (green) of INS-1E cells and INS-1E cells transfected with PKCōWT after treatment for 1 d with palmitate (0.6 mmol/l) and with JNK inhibitor SP600125 (10 μ mol/l) as indicated. The pink colour indicates increased nuclear localization of FoxO1.