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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09206 (4)

1. Corporation Name
AUL EQUITY SALES CORP.

Principal Place of Business	Mailing Address
ONE AMERICAN SQUARE INDIANAPOLIS IN 46204	ONE AMERICAN SQUARE INDIANAPOLIS IN 46282-0001

3. Date Incorporated or Qualified: 02/24/1986
3a. Date of Last Report: 05/09/1996
4. FEI Number: 35-1159900 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	DENNY, DAVID L.	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	SEMLER, JERRY D.	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	SD	☐ DELETE
NAME	WACKER, RICHARD A.	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	PT	☐ DELETE
NAME	MURPHY, JAMES W.	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	SAPP, G DAVID	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	☒ DELETE
NAME	BARBRE, JOHN H	
STREET ADDRESS	ONE AMERICAN SQUARE	
CITY-ST-ZIP	INDIANPOLIS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN OF THE BOARD	☐ Change ☒ Addition
1.2 NAME	R. STEPHEN RADCLIFFE	OFFICER & DIRECTOR
1.3 STREET ADDRESS	ONE AMERICAN SQUARE	
1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
2.2 NAME	JOHN M. BILO	
2.3 STREET ADDRESS	ONE AMERICAN SQUARE	
2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
3.2 NAME	DAYTON H. MOLENDORP	
3.3 STREET ADDRESS	ONE AMERICAN SQUARE	
3.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
4.2 NAME	WILLIAM R. BROWN	
4.3 STREET ADDRESS	ONE AMERICAN SQUARE	
4.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/18/97 3172631877