PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | DOC | UM | EN ⁻ | Γ# |
|-------------------|-----|----|-----------------|----|
|-------------------|-----|----|-----------------|----|

1. Corporation Name

ONEAMERICA SECURITIES, INC.

Principal Place of Business

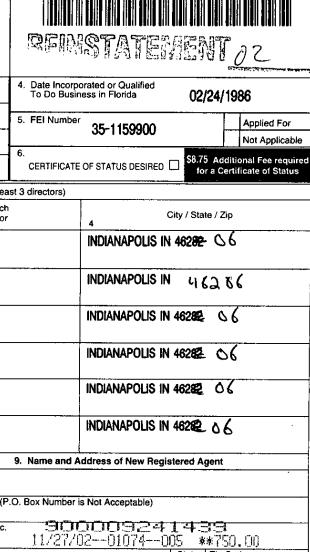
Mailing Address

ONE-AMERICAN SQUARE INDIANAPOLIS IN 46204

ONE AMERICAN SQUARE INDIANAPOLIS IN 46204

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Pringipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------------------|------------------------------------|---|---------------------------------------|
| PD | URBAN, JOSEPH | ONE AMERICAN SQUARE | INDIANAPOLIS IN 462 92- 06 |
| CBOD | RADCLIFFE, R STEPHEN | ONE AMERICAN SQUARE | INDIANAPOLIS IN 4 62 66 |
| T/D | LUND, CONSTANCE | ONE AMERICAN SQUARE | INDIANAPOLIS IN 46282 06 |
| VP/D | MOLENDORP, DAYTON | ONE AMERICAN SQUARE | INDIANAPOLIS IN 46282 06 |
| vP S/ D | SCOTT, NOBERT Richard A. Wacker | ONE AMERICAN SQUARE | INDIANAPOLIS IN 46282 06 |
| √P D | TOMAGEK, RACHEL William L. Tindall | ONE AMERICAN SQUARE | INDIANAPOLIS IN 46282 06 |

8. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code

CR2E040

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.