

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 12:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P09206**

1. Corporation Name

ONEAMERICA SECURITIES, INC.

Principal Place of Business

**ONE AMERICAN SQUARE
INDIANAPOLIS IN 46204**

Mailing Address

**ONE AMERICAN SQUARE
INDIANAPOLIS IN 46204**

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

2. New Principal Office Address, If Applicable

One American Square

Suite, Apt. #, etc.

Suite 1345 A

City / State

Indianapolis, IN

Zip

46206

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1986

5. FEI Number

35-1159900

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	URBAN, JOSEPH	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
CBOD	RADCLIFFE, R STEPHEN	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46206
T/D	LUND, CONSTANCE	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
VP/D	MOLENDORP, DAYTON	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
VP	SCOTT, ROBERT	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
S/D	Richard A. Wacker	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
VP	TOMASEK, RACHEL	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06
D	William L. Tindall	ONE AMERICAN SQUARE	INDIANAPOLIS IN 46202 06

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

**300009241439
11/27/02--01074--005 **750.00**

City

State

FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED
Jeffrey R. Graves
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date **11/12/02**

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.

SIGNATURE:

SIGNATURE REQUIRED
Joseph M. Urban
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(317)
285-4776**