

P09206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

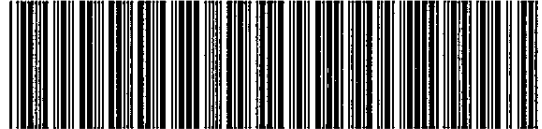
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200023472412

FILED  
03 OCT 13 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 OCT 13 PM 2:35  
DIVISION OF CORPORATION

C. Coullie OCT 13 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 267354 7317785

AUTHORIZATION :

COST LIMIT : \$ 35.00

*Patricia P. [Signature]*

ORDER DATE : October 3, 2003

ORDER TIME : 11:32 AM

ORDER NO. : 267354-140

CUSTOMER NO: 7317785

CUSTOMER: Mr. Jon A. Becker  
American United Life Insurance  
Suite 209  
One American Square, Box 368  
Indianapolis, IN 46282-0368

CHANGE OF AGENT

NAME: ONEAMERICA SECURITIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ONEAMERICA SECURITIES, INC.

2. The principal office address: \_\_\_\_\_

One America Square, Suite 1345A, Indianapolis, IN 46206

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/24/1986 Document number: P09206

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Maureen Cullen  
(Signature of an officer, chairman or vice chairman of the board)

Maureen Cullen, Attorney in Fact  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Sylvia Queppet  
(Signature of Registered Agent)

September 29, 2003  
(Date)

If signing on behalf of an entity:

Sylvia Queppet

(Typed or Printed Name)

Assistant Vice President

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314