

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09206

**Entity Name:** ONEAMERICA SECURITIES, INC.**Current Principal Place of Business:**433 N. CAPITOL AVE.  
3RD FLOOR  
INDIANAPOLIS, IN 46024**Current Mailing Address:**ONE AMERICAN SQUARE  
P.O. BOX 368  
INDIANAPOLIS, IN 46206 US**FEI Number:** 35-1159900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name           FLEETWOOD, MATTHEW T.  
Address        433 N. CAPITOL AVE.,  
                  3RD FLOOR  
City-State-Zip: INDIANAPOLIS IN 46204

Title            VP  
Name           SMART, ANTHONY M  
Address        433 N. CAPITOL AVE.,  
                  3RD FLOOR  
City-State-Zip: INDIANAPOLIS IN 46204

Title            SECRETARY, CORPORATE  
                  COUNSEL, AML OFFICER  
Name           UHL, SUE E.  
Address        ONE AMERICAN SQUARE  
                  P.O. BOX 368  
City-State-Zip: INDIANAPOLIS IN 46206

Title            DIRECTOR, TREASURER  
Name           HANEY, BETH A  
Address        ONE AMERICAN SQUARE  
                  P.O. BOX 368  
City-State-Zip: INDIANAPOLIS IN 46206

Title            CHAIRMAN  
Name           MARTIN, DENNIS C  
Address        ONE AMERICAN SQUARE  
                  P.O. BOX 368  
City-State-Zip: INDIANAPOLIS IN 46206

Title            DIRECTOR  
Name           BURNS, TERRY W  
Address        ONE AMERICAN SQUARE  
                  P.O. BOX 368  
City-State-Zip: INDIANAPOLIS IN 46206

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUE E. UHL**SECRETARY****02/04/2019**

Electronic Signature of Signing Officer/Director Detail

Date