

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 334982

Entity Name: ONEMAIN FINANCIAL OF FLORIDA, INC.**Current Principal Place of Business:**601 NW SECOND ST.
EVANSVILLE, IN 47708**Current Mailing Address:**601 NW SECOND ST.
ATTN: CORPORATE LICENSING
EVANSVILLE, IN 47708 US**FEI Number:** 35-1148969**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CIUFFETELLI, VINCENT J
Address 601 NW SECOND ST.
City-State-Zip: EVANSVILLE IN 47708

Title CFO, DIRECTOR
Name CONRAD, MICAH R
Address 100 INTERNATIONAL DRIVE
 18TH FLOOR
City-State-Zip: BALTIMORE MD 21202

Title SVP, SECRETARY
Name ERKILLA, JACK R
Address 601 NW SECOND ST
City-State-Zip: EVANSVILLE IN 47708

Title DIRECTOR
Name ROACH, GEORGE D
Address 601 NW SECOND ST.
City-State-Zip: EVANSVILLE IN 47708

Title ASSISTANT SECRETARY
Name BAER, TERESA M
Address 100 INTERNATIONAL DRIVE
 18TH FLOOR
City-State-Zip: BALTIMORE MD 21202

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: TERESA M. BAER**ASSISTANT SECRETARY 01/12/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date