

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 334982

**Entity Name:** SPRINGLEAF FINANCIAL SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

601 NW 2ND STREET  
TAX DEPT.  
EVANSVILLE, IN 47708

**Current Mailing Address:**

601 NW 2ND STREET  
TAX DEPT.  
EVANSVILLE, IN 47708

**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            MONTGOMERY, GERALD A  
Address        601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title            VP  
Name            BLYTHE, TIMOTHY W  
Address        601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title            CFO, DIRECTOR  
Name            KGIL, MINCHUNG (MACRINA)  
Address        601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

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

*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:** TIMOTHY W. BLYTHE

**VICE PRESIDENT**

**06/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date