

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825457

**Entity Name:** SPRINGLEAF FINANCE MANAGEMENT CORPORATION**Current Principal Place of Business:**601 N.W. SECOND ST.  
EVANSVILLE, IN 47708**Current Mailing Address:**601 N.W. SECOND ST.  
EVANSVILLE, IN 47708**FEI Number:** 35-1070329**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	PD
Name	KGIL, MINCHUNG M
Address	601 NW 2ND STREET
City-State-Zip:	EVANSVILLE IN 47708

Title	DSV
Name	BORCHERS, BRADFORD D
Address	601 NW 2ND ST
City-State-Zip:	EVANSVILLE IN 47708

Title	SVPS
Name	MCKINLAY, SCOTT D
Address	601 NW 2ND ST
City-State-Zip:	EVANSVILLE IN 47708

Title	ATO
Name	BLYTHE, TIMOTHY W
Address	601 N.W. SECOND ST.
City-State-Zip:	EVANSVILLE IN 47708

Title	DIRECTOR
Name	CIUFFETELLI, VINCENT
Address	601 NW 2ND 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**ASSOCIATE TAX OFFICER** 04/29/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date