

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851974

**Entity Name:** SPRINGLEAF FINANCE COMMERCIAL CORP.

**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:** 35-1106431

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
C/O 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  
Name            SAUER, TROY L  
Address        100 INTERNATIONAL DR 16TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title            CHIEF FINANCIAL OFFICER  
Name            CONRAD, MICAH R  
Address        100 INTERNATIONAL DR 16TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

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

Title            VP  
Name            BAER, TERESA M  
Address        100 INTERNATIONAL DR 16TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title            DIRECTOR  
Name            WASSAM, DANA R  
Address        601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title            DIRECTOR  
Name            JENKINS, RHONDA  
Address        601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title            DIRECTOR  
Name            HEDLUND, MICHAEL A  
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:** TERESA M. BAER

**VICE PRESIDENT**

**02/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date