

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002450

Entity Name: SPRINGLEAF MORTGAGE MANAGEMENT CORPORATION**Current Principal Place of Business:**601 NW SECOND STREET
EVANSVILLE, IN 47708**Current Mailing Address:**601 NW SECOND STREET
ATTN: CORPORATE LICENSING
EVANSVILLE, IN 47708 US**FEI Number:** 45-5416147**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 DIRECTOR, EVP
Name BORCHERS, BRADFORD D
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

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

Title DIRECTOR
Name DAY, STEPHEN L
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title DIRECTOR, PRESIDENT
Name CONRAD, MICAH R
Address 100 INTERNATIONAL DRIVE
16TH FLOOR
City-State-Zip: BALTIMORE MD 21202

Title SECRETARY
Name ERKILLA, JACK R
Address 601 NW SECOND STREET
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**ASSISTANT SECRETARY** 02/14/2018_____
Electronic Signature of Signing Officer/Director Detail_____
Date