

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005911

Entity Name: SPRINGLEAF FINANCIAL SERVICES OF LOUISIANA, INC.**Current Principal Place of Business:**601 NW SECOND ST.
TAX DEPT.
EVANSVILLE, IN 47708**Current Mailing Address:**601 NW SECOND ST.
TAX DEPT.
EVANSVILLE, IN 47708**FEI Number: 72-0536086****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	ROACH, GEORGE D
Address	601 NW SECOND ST. TAX DEPT.
City-State-Zip:	EVANSVILLE IN 47708

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

Title	DSV
Name	KGIL, MINCHUNG M
Address	601 NW 2ND ST
City-State-Zip:	EVANSVILLE IN 47708

Title	ATO
Name	BLYTHE, TIMOTHY W
Address	601 N.W. 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: TIMOTHY W. BLYTHE**ASSOCIATE TAX OFFICER 04/29/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date