

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004050

FILED
Apr 19, 2013
Secretary of State
CC5530778251

Entity Name: SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC.

Current Principal Place of Business:

601 N.W. SECOND ST.
TAX DEPT.
EVANSVILLE, IN 47708

Current Mailing Address:

601 N.W. SECOND STREET
TAX DEPT.
EVANSVILLE, IN 47708

FEI Number: 35-6035235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 DP
Name TAYLOR, GARY L
Address 601 NW 2ND STREET
City-State-Zip: EVANSVILLE IN 47708

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

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

Title D, CFO
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 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 04/19/2013

Electronic Signature of Signing Officer/Director Detail

Date