

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004050

Entity Name: SPRINGLEAF FINANCIAL SERVICES OF INDIANA, INC.

Current Principal Place of Business:

601 N.W. SECOND ST.
ATTN: CORPORATE LICENSING
EVANSVILLE, IN 47708

FILED
Feb 11, 2016
Secretary of State
CC8457215745

Current Mailing Address:

601 N.W. SECOND STREET
ATTN: CORPORATE LICENSING
EVANSVILLE, IN 47708 US

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 DIRECTOR, PRESIDENT
Name CIUFFETELLI, VINCENT
Address 601 N.W. SECOND ST.
City-State-Zip: EVANSVILLE IN 47708

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

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

Title DIRECTOR
Name KGIL, MINCHUNG M
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title ASST. SECRETARY
Name ANTHONY, TANYA
Address 601 N.W. SECOND ST.
City-State-Zip: EVANSVILLE IN 47708

Title DIRECTOR
Name STEPHEN, DAY
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: TANYA ANTHONY

ASSISTANT SECRETARY 02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date