

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11093

**Entity Name:** SPRINGLEAF FINANCIAL SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 23-2416228

**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 D, P  
Name CIUFFETELLI, VINCENT J  
Address 601 N.W. SECOND ST.  
City-State-Zip: EVANSVILLE IN 47708

Title D, CFO  
Name CONRAD, MICAH R  
Address 100 INTERNATIONAL DRIVE  
18TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

Title EVP  
Name BORCHERS, BRADFORD D  
Address 601 N.W. SECOND ST.  
City-State-Zip: EVANSVILLE IN 47708

Title SVP, S  
Name ERKILLA, JACK R  
Address 601 N.W. SECOND ST.  
City-State-Zip: EVANSVILLE IN 47708

Title ASSISTANT SECRETARY  
Name BAER, TERESA M  
Address 100 INTERNATIONAL DRIVE  
18TH FLOOR  
City-State-Zip: BALTIMORE MD 21202

*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** 04/19/2016

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

\_\_\_\_\_  
Date