

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11093

**FILED  
Apr 22, 2015  
Secretary of State  
CC0956049227**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**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 MONTGOMERY, GERALD A  
Address 601 N.W. SECOND ST.  
City-State-Zip: EVANSVILLE IN 47708

Title D, CFO  
Name KGIL, MINCHUNG M  
Address 601 N.W. SECOND ST.  
City-State-Zip: EVANSVILLE IN 47708

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 VP  
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

**VICE PRESIDENT**

**04/22/2015**

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

\_\_\_\_\_  
Date