

2014 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.
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.
TAX DEPT.
City-State-Zip: EVANSVILLE IN 47708

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

Title EVP
Name BORCHERS, BRADFORD D
Address 601 N.W. 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 ATO
Name BLYTHE, TIMOTHY W
Address 601 NW 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 04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date