

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000142

Entity Name: ONEMAINFINANCIAL, INC.

FILED
Mar 23, 2012
Secretary of State

Current Principal Place of Business:

300 ST PAUL PLACE
BALTIMORE, MD 21202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30509
TAMPA, FL 33631

New Mailing Address:

P.O. BOX 30509
ATTN: TAX & REPORTING
TAMPA, FL 33631

FEI Number: 27-4318010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: SCHNEIDER, JAMES W
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: T/D
Name: LECHNER, GREGORY
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: VP/S
Name: DAVIS, LINDA S
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: AS
Name: BAER, TERESA M
Address: 300 ST PAUL PLACE
City-St-Zip: BALTIMORE, MD 21202

Title: AS
Name: HOFFMAN, LISA A
Address: 3800 CITIGROUP CENTER DR
City-St-Zip: TAMPA, FL 33610

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: LISA A HOFFMAN

AS

03/23/2012

Electronic Signature of Signing Officer or Director

Date