10/5/2016

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000247922 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

# COR AMND/RESTATE/CORRECT OR O/D RESIGN SPRINGLEAF FINANCIAL SERVICES OF LOUISIANA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DCT 0 6 2015

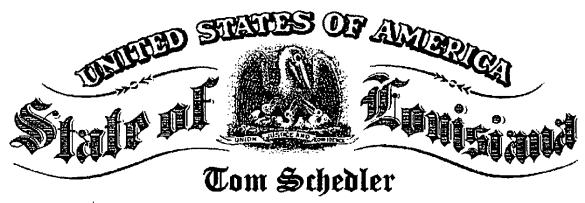
### **COVER LETTER**

Division of Corporations				
SUBJECT: Springleaf Financial Services of Loui	siana, Inc. of Corporation			
	or Corporation			
DOCUMENT NUMBER: F93000005911				
The enclosed Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning	this matter to the following:			
•				
Name of Contact Person				
Firm/Company				
Address				
Address				
City/State and Zip Code				
terri.baer@onemainfinancial.com				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matt	ter, please call:			
	or, promo our.			
	at (			
Name of Contact Person	at (			
Enclosed is a check for the following amoun	nt:			
	·			
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status &			
	(Additional copy is Certified Copy enclosed) (Additional copy is enclosed)			
	,			
Mailing Address:	Street Address:			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Taliahassee, FL 32301			

## PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

(1-3 M	SECTION I UST BE COMPLETED)	<del>-1</del>	2416 OCT
Yedgeness	·		9
F93000005911	mber of corporation (if known)	<u>:</u> -:	
(Document na	moer of corporation (it known)	₹// - ;	1 (1)
1 Springleaf Financial Services of Louisiana, Inc.		200 P	<u> </u>
*	ears on the records of the Department of State)		
	•	CONT.	
2. Louisiana	3, 12/28/1993	1.	4140
(Incorporated under laws of)	(Date authorized to do business in	Florida)	
	SECTION II		
	NLY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corpo	ration, when was the change effected under the	e laws of	
its jurisdiction of incorporation? 10/01/2016			
5 OneMain Financial of Louisiana, Inc.			
(Name of corporation after the amendment, additional ad	ng suffix "corporation," "company," or "incor	porated," or	
appropriate abbreviation, if not contained in new	w name of the corporation)		
(If new name is unavailable in Florida, enter alter business in Florida)	nate corporate name adopted for the purpose of	f transacting	
ousiness in Florida)			
6. If the amendment changes the period of duration.	indicate new period of duration.		
,	,		
	·		
	(New duration)		
7. If the amendment changes the jurisdiction of inco	orporation, indicate new jurisdiction.		
	New jurisdiction)		
<ol> <li>Attached is a certificate or document of similar in 90 days prior to delivery of the application to the having custody of conforate records in the jurisd</li> </ol>	mport, evidencing the amendment, authenticate	ed not more	than
having custody of corporate records in the jurisdi	ction under the laws of which it is incorporate	d.	CIAI
(Signature of a director,	president or other officer - if in the hands	<del></del>	
	ourt appointed fiduciary, by that fiduciary)		
Jamie Thompson  (Typed or printed name of person signing)	Asst. Secretary (Title of person signing)		



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do heroby Certify that

In response to your request we are pleased to provide the information on the subject. Business Corporation which filed articles of incorporation in this office on October 09, 1959.

Name:

ONEMAIN FINANCIAL OF LOUISIANA, INC.

Type:

**Business Corporation** 

City:

**BATON ROUGE** 

Status:

ACTIVE

#### Previous Names:

SPRINGLEAF FINANCIAL SERVICES OF LOUISIANA, INC. (Changed: 10/1/2016) AMERICAN GENERAL FINANCIAL SERVICES OF LOUISIANA, INC. (Changed:

2/18/2011)

AMÉRICAN GENERAL FINANCE, INC. (Changed: 12/17/2001) CREDITHRIFT OF AMERICA, INC. (Changed: 9/22/1989) NATIONAL THRIFT CORPORATION (Changed: 7/7/1964) LIMERICK FINANCE CORPORATION (Changed: 6/28/1963) SOUTHSIDE FINANCE COMPANY, INC. (Changed: 7/3/1962)

**Business:** 

ONEMAIN FINANCIAL OF LOUISIANA, INC.

Charter Number: 24801200 D

Registration Date: 10/9/1959

Domicile Address

8550 UNITED PLAZA BLVD. **BATON ROUGE, LA 70809** 

Malling Address

ATTN: CORPORATE LICENSING **601 NW SECOND STREET EVANSVILLE, IN 47708** 

**Principal Business Office** 

8550 UNITED PLAZA BLVD. BATON ROUGE, LA 70809

Status:

ACTIVE

Annual Report Status:

In Good Standing

Last Report Filed: 10/3/2016

Type:

**Business Corporation** 

Registered Agent(s)

Agent:

C T CORPORATION SYSTEM

Address: City, State, Zip:

3867 PLAZA TOWER DR. **BATON ROUGE, LA 70816** 

Appointment Date: 12/1/2010

Officer(s)

Additional Officers: No

Officer: Title:

**BRADFORD DALE BORCHERS** 

Address: City, State, Zip: **Executive Vice-President 601 NW SECOND STREET EVANSVILLE, IN 47708** 

Officer:

STEPHEN L. DAY

Title: Address: City, State, Zip:

Director, Vice-President **601 NW SECOND STREET EVANSVILLE, IN 47708** 

Officer:

GEORGE D. ROACH

Title: President, Director

Address: **601 NW SECOND STREET** City, State, Zip:

**EVANSVILLE, IN 47708** 

Officer:

DAVID R. SCHULZ

Title: Treasurer

Address: **601 NW SECOND STREET** City, State, Zip: **EVANSVILLE, IN 47708** 

Officer:

**WILLIAM E KANDEL** 

Title:

Officer

Address: City, State, Zip:

**601 NW SECOND STREET EVANSVILLE, IN 47708** 

Officer:

VINCENT CIUFFETELLI

Title: Officer

Address: **601 NW SECOND STREET** City, State, Zip: **EVANSVILLE, IN 47708** 

Officer:

JACK ERKILLA

Title:

Vice-President

Address: City, State, Zip:

**601 NW SECOND STREET EVANSVILLE, IN 47708** 

Officer:

**MICAH CONRAD** 

Title:

Type:

Director

Address:

100 INTERNATIONAL DRIVE, 18TH FLOOR

City, State, Zlp: BALTIMORE, MD 21202

Merger(s)

Filed Date: 9/15/1986

**EffectiveDate** 9/15/1986

Charter #:

MERGE 24801200D

**Charter Name:** 

ONEMAIN FINANCIAL OF LOUISIANA, INC.

Role:

SURVIVOR

Filed Date: EffectiveDate

Type: Charter #: MERGE 24305550D

**Charter Name:** 

CREDITHRIFT OF AMERICA NO. 3, INC.

Role:

**NON-SURVIVOR** 

Filed Date: EffectiveDate

Type: MERGE 25506180D

Charter Name:

CREDITHRIFT OF AMERICA NO. 2, INC.

Role: NON-SURVIVOR

Filed Date: EffectiveDate

Type: Charter #: MERGE 26213220D

**Charter Name:** 

CREDITHRIFT OF AMERICA NO. 4, INC.

Role: NON-SURVIVOR

Filed Date: EffectiveDate

**Charter Name:** 

CREDITHRIFT OF AMERICA NO. 5, INC.

Role:

NON-SURVIVOR

Filed Date:

9/22/1989

EffectiveDate Type:

9/22/1989 MERGE

Charter #: Charter Name:

24801200D ONEMAIN FINANCIAL OF LOUISIANA, INC.

Role:

SURVIVOR

Filed Date: EffectiveDate

Type: Charter #:

MERGE 24707230F

**Charter Name:** 

GENERAL FINANCE CORPORATION OF LOUISIANA

Role: NON-SURVIVOR

### Amendments on file

Date	Description
7/3/1962	Name Change
6/28/1963	Name Change
7/7/1964	Name Change
9/15/1986	Merger
9/22/1989	Merger
9/22/1989	Name Change
11/2/1989	Domicile, Agent Change or Resign of Agent
2/1/1993	Domicile, Agent Change or Resign of Agent
12/15/2000	Domicile, Agent Change or Resign of Agent
12/17/2001	Name Change
6/3/2002	Dornicile, Agent Change or Resign of Agent
11/30/2010	Domicile, Agent Change or Resign of Agent
2/18/2011	Name Change
1/30/2013	Appointing, Change, or Resign of Officer
10/18/2015	Domicile, Agent Change or Resign of Agent

10/1/2016 Name Change

In testimony whereot, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 5, 2016

Secretary of State

Web 24801200D



Certificate ID: 10754838#83P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louislana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov