

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002582

Entity Name: SPRINGLEAF GENERAL SERVICES CORPORATION**Current Principal Place of Business:**601 NW SECOND STREET
EVANSVILLE, IN 47708**Current Mailing Address:**601 NW SECOND STREET
EVANSVILLE, IN 47708**FEI Number:** 46-1095755**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/EVP
Name BORCHERS, BRADFORD DALE
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title D/SVP
Name CIUFFETELLI, VINCENT
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title CIO
Name CIUFFETELLI, VINCENT
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title D/CFO
Name KGIL, MINCHUNG
Address 601 NW SECOND STREET
City-State-Zip: EVANSVILLE IN 47708

Title ATO
Name BLYTHE, TIMOTHY W
Address 601 NW SECOND STREET
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