

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000002582

**Entity Name:** ONEMAIN GENERAL SERVICES CORPORATION

**Current Principal Place of Business:**

601 NW SECOND ST  
EVANSVILLE, IN 47708

**Current Mailing Address:**

601 NW SECOND ST  
ATTN: CORPORATE LICENSING  
EVANSVILLE, IN 47708 US

**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 DIRECTOR  
Name BORCHERS, BRADFORD D  
Address 601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title DIRECTOR / CHIEF FINANCIAL  
OFFICER  
Name CONRAD, MICAH R  
Address 575 5TH AVE FL 27  
City-State-Zip: NEW YORK NY 10017

Title DIRECTOR, PRESIDENT, CHIEF  
EXECUTIVE OFFICER  
Name MCHALE, HEATHER A  
Address 575 5TH AVE FL 27  
City-State-Zip: NEW YORK NY 10017

Title SECRETARY  
Name WOOLEN, HEATHER L  
Address 601 NW SECOND ST  
City-State-Zip: EVANSVILLE IN 47708

Title ASST. SECRETARY  
Name LILEY, APRIL  
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:** APRIL LILEY

**ASST SECRETARY**

**04/23/2025**

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

\_\_\_\_\_  
Date