

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21417.3426--12/12/2014

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214173426

1. CORPORATION NAME:

OneMain Financial, Inc.

DUE DATE: 12/31/14

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY

CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA 23060

SCC ID NO.: F184654-4

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

143-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

DE-DELAWARE

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 300 ST PAUL PLACE	ADDRESS:
CITY/ST/ZIP BALTIMORE, MD 21202	CITY/ST/ZIP

2015 DEC 12 PM 12:10
SCC-OPERATIONS
CLERK'S OFFICE

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is Incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JAMES W SCHNEIDER	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 300 ST PAUL PLACE	ADDRESS:
CITY/ST/ZIP: BALTIMORE, MD 21202	CITY/ST/ZIP:

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I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Lisa A. Hoffman- Asst. Sec.
PRINTED NAME AND CORPORATE TITLE

12-11-14
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:
OneMain Financial, Inc.

DUE DATE: 12/31/14
SCC ID NO.: F184654-4

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LINDA S DAVIS TITLE: VP/SECRY ADDRESS: 300 ST PAUL PLACE CITY/ST/ZIP: BALTIMORE, MD 21202</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TERESA M BAER TITLE: ASST SECRETARY ADDRESS: 300 ST PAUL PLACE CITY/ST/ZIP: BALTIMORE, MD 21202</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: GREGORY LECHNER TITLE: TREASURER ADDRESS: 300 ST PAUL PLACE CITY/ST/ZIP: BALTIMORE, MD 21202</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: LISA A HOFFMAN TITLE: ASST SECRETARY ADDRESS: 3300 CITIGROUP CENTER DRIVE CITY/ST/ZIP: TAMPA, FL 33610</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: <i>Lisa A. Hoffman</i> TITLE: <i>Asst. Secretary</i> ADDRESS: <i>3800 Citigroup Center Dr.</i> CITY/ST/ZIP: <i>Tampa, FL 33610</i></p>

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