2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003331

Entity Name: JOHN DEERE RISK PROTECTION, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
6400 N.W. 86TH STREET JOHNSTON, IA 501316600						
Current Mailing Address:			New Maili	New Mailing Address:		
P.O. BOX 6600 JOHNSON, IA 501316600				6400 N.W. 86TH STREET JOHNSTON, IA 501316600		
FEI Number: 36-4459599 FEI Number Applied For () FEI Nur		lumber Not Appl	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:			Name and	Name and Address of New 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTO						
Title: Name: Address: City-St-Zip:	P () E PREUSSER, DOI 6400 N.W. 86TH JOHNSTON, IA	STREET	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	SV ()E HESEMAN, JAME 6400 N.W. 86TH JOHNSTON, IA	STREET	Title: Name: Address: City-St-Zip:	SV (X) (SIDWELL, LAWF 6400 N.W. 86TH JOHNSTON, IA 5	STREET	
Title: Name: Address: City-St-Zip:	VP () E HAIGHT, TIMOTH 6400 N.W. 86TH JOHNSTON, IA 5	STREET	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	AT () E JARRETT, THOM ONE JOHN DEEF MOLINE, IL 6120	RE PLACE	Title: Name: Address: City-St-Zip:	AS (X)	RE PLACE	
Title: Name: Address: City-St-Zip:	VT () E MACK, MICHAEL ONE JOHN DEEF MOLINE, IL 6120	RE PLACE	Title: Name: Address: City-St-Zip:	VP (X)	RE PLACE	
Title: Name: Address: City-St-Zip:	V () EDAHL, CHARLES 6400 N.W. 86TH JOHNSTON, IA	STREET	Title: Name: Address: City-St-Zip:	()(Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS K JARRETT AS 04/28/2008