2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# F05000003331

Entity Name: JOHN DEERE RISK PROTECTION, INC.

Current Principal Place of Business:

6400 N.W. 86TH STREET
JOHNSTON, IA 50131

New Principal Place of Business:

Current Mailing Address:

6400 N.W. 86TH STREET
JOHNSTON, IA 50131

New Mailing Address:

FEI Number: 36-4459599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: PREUSSER, DONALD H
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 501316600

Title: SV
Name: MATERA, MICHAEL
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 501316600

Title: VP
Name: HAIGHT, TIMOTHY V
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 501316600

Title: AS
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: C
Name: ISRAEL, JAMES
Address: 6400 NW 86TH ST
City-St-Zip: JOHNSTON, IA 50131

Title: DV
Name: SIDWELL, LAWRENCE
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 501316600

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: THOMAS K. JARRETT AS 04/25/2011

Electronic Signature of Signing Officer or Director Date