

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003331

FILED
Apr 04, 2012
Secretary of State

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: ISRAEL, JAMES
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: TR
Name: ZIEGLER, MARIE
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61261

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

04/04/2012

Electronic Signature of Signing Officer or Director

Date