

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003331

Entity Name: JOHN DEERE RISK PROTECTION, INC.**Current Principal Place of Business:**6400 N.W. 86TH STREET
JOHNSTON, IA 50131**Current Mailing Address:**ONE JOHN DEERE PLACE
C/O TAX DEPT
MOLINE, IL 61265 US**FEI Number:** 36-4459599**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	P
Name	PREUSSER, DONALD H
Address	6400 N.W. 86TH STREET
City-State-Zip:	JOHNSTON IA 50131-6600

Title	DIRECTOR
Name	GILMORE , DAVID C
Address	6400 N.W. 86TH STREET
City-State-Zip:	JOHNSTON IA 50131-6600

Title	VP
Name	HAIGHT, TIMOTHY V
Address	6400 N.W. 86TH STREET
City-State-Zip:	JOHNSTON IA 50131-6600

Title	AS
Name	CURRY, MARGARET
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61265

Title	TR
Name	TRAEGER, ANDREW C
Address	ONE JOHN DEERE PLACE
City-State-Zip:	MOLINE IL 61261

Title	DIRECTOR
Name	SIDWELL, LAWRENCE
Address	6400 N.W. 86TH STREET
City-State-Zip:	JOHNSTON IA 50131-6600

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: MARGARET CURRY**ASSISTANT DIRECTOR****04/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date