#### 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003441

Entity Name: CNH INDUSTRIAL INSURANCE AGENCY, INC.

**FILED** Apr 23, 2014 Secretary of State CC4391048558

## **Current Principal Place of Business:**

10411 CORPORATE DR., STE 200 PLEASANT PRAIRIE. WI 53158

### **Current Mailing Address:**

800 SUPERIOR AVE E, 21ST FL CLEVELAND, OH 44114 US

FEI Number: 39-1867188 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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	PRESIDENT/DIRECTOR	Title	SECRETARY/DIRECTOR
Name	HOLLANDER, STUART	Name	UNGAR, STEPHEN

59 MAIDEN LANE, 43RD FL Address Address 59 MAIDEN LANE, 43RD FL NEW YORK NY 10038 City-State-Zip: City-State-Zip: NEW YORK NY 10038

Title TREASURER, DIRECTOR Title **EXECUTIVE VICE PRESIDENT** Name SCHLACHTER, HARRY MICHAELS, GARY S Name Address 59 MAIDEN LANE, 43RD FL Address 10411 CORPORATE DR. 200 NEW YORK NY 10038 City-State-Zip: City-State-Zip: PLEASANT PRAIRIE WI 53158

Title ASSISTANT VICE PRESIDENT Title VICE PRESIDENT FINANCE

Name MOSES, BARRY Name KNAPP, STEVE

Address 800 SUPERIOR AVE E, 21ST FL Address 800 SUPERIOR AVE E, 21ST FL

City-State-Zip: CLEVELAND OH 44114 CLEVELAND OH 44114 City-State-Zip:

Title **PRESIDENT** Title ASST. SECRETARY

CNH CAPITAL INSURANCE AGENCY Name CLARK, JANIE Name

800 SUPERIOR AVE E, 21ST FLOOR Address Address 10411 CORPORATE DR., STE 200

City-State-Zip: CLEVELAND OH 44114 PLEASANT PRAIRIE WI 53158 City-State-Zip:

## Continues on page 2

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.

04/23/2014 SIGNATURE: STEPHEN UNGAR SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title ASST. TREASURER
Name HALBERSTAM , CHAIM

Address 59 MAIDEN LANE, 43RD FLOOR

City-State-Zip: NEW YORK NY 10038

Title PRESIDENT

Name KOCOUREK, DAVID

Address 10411 CORPORATE DRIVE, STE 200

City-State-Zip: PLEASANT PRAIRIE WI 53158

Title ASST VICE PRESIDENT

Name JOHNSON, JEFFREY

Address 800 SUPERIOR AVE E, 21ST FLOOR

City-State-Zip: CLEVELAND OH 44114