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PROF T
CORPORATION
ANNUAL REPORT

1996 3-8-96 B 2015 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 854241 (7)

1. Corporation Name

JOHN DEERE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
300 E STATE ST JACKSONVILLE IL 62650-2030 US	300 E STATE ST JACKSONVILLE IL 62650-2030 US

3. Date Incorporated or Qualified: 09/30/1982
3a. Date of Last Report: 03/07/1995
4. FEI Number: 36-3155843 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title, if applicable) (Florida Bar No. of Agent, if attorney or professional registered agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HOFFMANN, DENNIS E JOHN DEERE ROAD MOLINE, IL 0	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CD ☒ Change ☐ Addition Rodney A. Hawes, Jr. 364 Laurel Road New Canaan, CT 06840
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D'OUHY, THOMAS R. 300 E STATE ST JACKSONVILLE IL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VCD ☒ Change ☐ Addition Douglas M. Schair P.O. Box 26 South Freeport, Maine 04078
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARLIN, JAMES L. 300 E STATE ST JACKSONVILLE, IL 0	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	PD ☒ Change ☐ Addition Robert L. Beisenherz 4732 Pinewood Circle Littleton, Colorado 80121
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIXON, ROBERT E JOHN DEERE RD MOLINE, IL 00000	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	CEOD ☒ Change ☐ Addition Jacques E. Dubois, Jr. 37 Calhoun Drive Greenwich, CT 06831
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LEROY, PIERRE E. JOHN DEERE RD. MOLINE IL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	VTD ☒ Change ☐ Addition Samuel V. Filoromo, Jr. 133 Indian Cave Road Ridgefield, Connecticut 06877
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD POE, SUSAN K. 300 E STATE ST JACKSONVILLE, IL 0	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	VSD ☒ Change ☐ Addition W. Weldon Wilson 488 North Street Ridgefield, Connecticut 06877

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____ Robert L. Beisenherz 20 February 1996 800-637-4475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)