

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90135 034 ***150.00

DOCUMENT # **F96000003456**

1. Corporation Name

JOHN DEERE INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3400 80TH ST MOLINE IL 61265		Mailing Address 3400 80TH ST MOLINE IL 61265	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 07/05/1996		4. FEI Number 36-3613807	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIXON, ROBERT E.	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHAUNENBERG, ROBERT D.	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ASHENBERG, WAYNE	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, PHIL	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ADAM, JOSEPH N	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUDOS, DANIEL J	
STREET ADDRESS	3400 80TH ST	
CITY-ST-ZIP	MOLINE IL 61265	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCHAUNENBERG, ROBERT D.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

TICKET REQUIRED
T. K. JARRETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99
Date

(309) 765-5238
Daytime Phone #

CR2E034 (11/98)

F96000003456
401123-90135-34

Sheet1

JOHN DEERE INSURANCE AGENCY						
DIRECTORS	OFFICE	ELECTED	BIRTH DATE	SSN		
WAYNE ASHENBERG	DIRECTOR	11/11/96	12/11/47	387-44-6126	2076 LUNDY LANE, BETTENDORF, IA 52722	
PHIL MOORE	DIRECTOR	11/11/97	8/25/47	314-50-7544	45 DOUGLAS DR, COAL VALLEY, IL 61240	
ROBERT E. NIXON	DIRECTOR	12/5/88	9/13/43	330-38-8645	5700 CROW CREEK ROAD, BETTENDORF, IOWA 52722	
ROBERT D. SCHAUENBERG	DIRECTOR	12/5/88	7/23/44	337-36-5345	8428 104TH AVE W, TAYLOR RIDGE, IL 61284	
DENNIS SCHWARTZ	DIRECTOR	9/1/97	4/16/47	482-54-5426	7508 36TH AVE, MOLINE, IL 61265	
OFFICERS						
WAYNE ASHENBERG	PRESIDENT	10/31/96	12/9/47	387-44-6126	2076 LUNDY LANE, BETTENDORF, IA 52722	
ROBERT E. NIXON	VP	12/5/88	9/13/43	330-38-8645	5700 CROW CREEK ROAD, BETTENDORF, IOWA 52722	
JOHN J. SAMPANES	VP	6/22/98	7/19/41	381-42-8215	833 47TH AVENUE, EAST MOLINE, IL 61244	
ROBERT D. SCHAUENBERG	VP	12/5/88	7/23/44	337-36-5345	8428 104TH AVE W, TAYLOR RIDGE, IL 61284	
JOSEPH N. ADAM	SECRETARY	12/1/94	9/3/56	481-78-5462	3291 WINSTON DRIVE, BETTENDORF, IOWA 52722	
DANIEL J. BRUDOS	TREASURER	2/6/96	6/23/55	337-32-1242	1544 CRIMSON KING COURT, GENESEO, IL 61254	
THOMAS K. JARRETT	ASST SECRETARY	10/31/96	9/4/47	329-40-9221	4022 E. 61ST BLVD, DAVENPORT, IA 52807	
DIANE L. SWIGER	ASST SECRETARY	10/12/94	12/22/44	519-48-3707	1304 14TH AVE, ORION, IL 61273	
Terms renew annually						