

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26492

FILED
Apr 25, 2011
Secretary of State

Entity Name: JOHN DEERE INSURANCE COMPANY

Current Principal Place of Business:

6400 N.W. 86TH ST.
JOHNSTON, IW 50131

New Principal Place of Business:

Current Mailing Address:

6400 N.W. 86TH ST.
JOHNSTON, IW 50131

New Mailing Address:

FEI Number: 35-1452868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: D
Name: ISRAEL, JAMES A
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 50131

Title: DCEO
Name: MACK, PATRICK E
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 50131

Title: P
Name: PREUSSER, DONALD H
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 50131

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

Title: AS
Name: CRITELLI, CHERYL M
Address: 6400 N.W. 86TH STREET
City-St-Zip: JOHNSTON, IA 50131

Title: AT
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

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

AT

04/25/2011

Electronic Signature of Signing Officer or Director

_____ Date