

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26492

Entity Name: JOHN DEERE INSURANCE COMPANY

Current Principal Place of Business:

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

Current Mailing Address:

6400 N.W.86TH ST.
JOHNSTON, IA 50131 US

FEI Number: 35-1452868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 D
Name ISRAEL, JAMES A
Address 6400 N.W. 86TH STREET
City-State-Zip: JOHNSTON IA 50131

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

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

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

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

Title AT
Name JARRETT, THOMAS K
Address ONE JOHN DEERE PLACE
City-State-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

ASST. SECRETARY

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date