

**2014 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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION , FL 33324 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: REBECCA BARTH**

**04/23/2014**

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 DIRECTOR  
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**

**ASSISTANT TREASURER 04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date