

P26492

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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RE-SUBMIT

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JOHN DEERE INSURANCE COMPANY

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Attn: Annette Ramsey

8/10/2015 12:28:21 PM From: To: 8506176380 (2/4)
850-617-6381 8/10/2015 12:01:46 PM PAGE 1/001 FAX Server



August 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHN DEERE INSURANCE COMPANY
6400 N.W. 86TH ST.
JOHNSTON, IA 50131

SUBJECT: JOHN DEERE INSURANCE COMPANY
REF: P26492

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000191137
Letter Number: 715A00016767

RE-SUBMIT

Please retain original
date of submission 8/7



August 11, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOHN DEERE INSURANCE COMPANY
6400 N.W. 86TH ST.
JOHNSTON, IA 50131

SUBJECT: JOHN DEERE INSURANCE COMPANY
REF: P26492

RE-SUBMIT

Please retain original filing
date of submission 8/7

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please change the date on line #4 to 6-24-15 so that it will be the same as the date on the certificate from Iowa.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000191137
Letter Number: 215A00016869

**PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**
(Pursuant to s. 607.1504, F.S.)

**SECTION I
(1-3 MUST BE COMPLETED)**

P26492
(Document number of corporation (if known))

1. JOHN DEERE INSURANCE COMPANY
(Name of corporation as it appears on the records of the Department of State)

2. IOWA (Incorporated under laws of) 3. 10/13/1989 (Date authorized to do business in Florida)

FILED
2015 AUG - 7 AM 10:16
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/24/2015

5. FMH AG RISK INSURANCE COMPANY
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)


6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

SHANNON RUTLEDGE
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

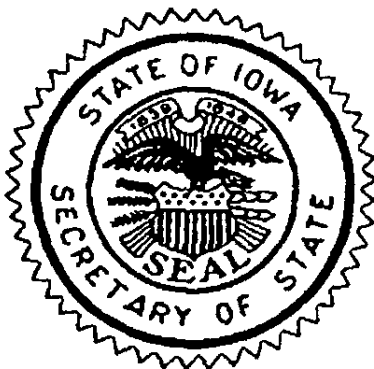
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Date: 8/6/2015

IOWA

SECRETARY OF STATE

Name: FMH AG RISK INSURANCE COMPANY (490 DP - 395166)

I further certify that according to the records filed with the Secretary of State's office the above named entity filed an amendment to the articles of incorporation/organization on 6/24/2015 changing the name from; JOHN DEERE INSURANCE COMPANY to; FMH AG RISK INSURANCE COMPANY.



A handwritten signature in black ink that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE

