

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000001634

**Entity Name:** TOYOTA MOTOR INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

19001 S. WESTERN AVENUE, EF-12  
TORRANCE, CA 90501

**Current Mailing Address:**

19001 S. WESTERN AVENUE, EF-12  
TORRANCE, CA 90501 US

**FEI Number:** 33-0178825

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            GROFF, MICHAEL  
Address        19001 S. WESTERN AVENUE, EF-12  
City-State-Zip: TORRANCE CA 90501

Title            SECRETARY  
Name            ADKINS, KATHERINE  
Address        19001 S. WESTERN AVENUE, EF-12  
City-State-Zip: TORRANCE CA 90501

Title            TREASURER/DIRECTOR  
Name            KAWAI, TOSHIAKI  
Address        19001 S. WESTERN AVENUE, EF-12  
City-State-Zip: TORRANCE CA 90501

Title            DIRECTOR  
Name            BALLINGER, CHRISTOPHER  
Address        19001 S. WESTERN AVENUE, EF-12  
City-State-Zip: TORRANCE CA 90501

*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:** KATHERINE ADKINS

**SECRETARY**

**04/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date