2014 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

Name and Address of Current Registered Agent:

Electronic Signature of 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:

| Officer/Director Detail : | | | |
|---|--|-----------------|--------------------------------|
| Title | PRESIDENT / DIRECTOR | Title | SECRETARY |
| Name | GROFF, MICHAEL | Name | ADKINS, KATHERINE |
| Address | 19001 S. WESTERN AVENUE, EF-12 | Address | 19001 S. WESTERN AVENUE, EF-12 |
| City-State-Zip: | TORRANCE CA 90501 | City-State-Zip: | TORRANCE CA 90501 |
| Title Name Address City-State-Zip: | TREASURER / DIRECTOR KAWAI, TOSHIAKI 19001 S. WESTERN AVENUE, EF-12 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

04/12/2014 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2014 Secretary of State CC4202506882

Certificate of Status Desired: No