

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001634

Entity Name: TOYOTA MOTOR INSURANCE SERVICES, INC.

Current Principal Place of Business:

19001 S. WESTERN AVENUE
TORRANCE, CA 90501

Current Mailing Address:

19001 S. WESTERN AVENUE
TORRANCE, CA 90501 US

FEI Number: NOT APPLICABLE

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
City-State-Zip: TORRANCE CA 90501

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

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

Title DIRECTOR
Name CAREY, PETE
Address 19001 S. WESTERN AVENUE
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

04/07/2017

Electronic Signature of Signing Officer/Director Detail

Date