2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805954

Apr 03, 2012 Secretary of State

Entity Name: TOYOTA MOTOR INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

TOYOTA MOTOR INSURANCE COMPANY 19001 S. WESTERN AVENUE TORRANCE, CA 90501

Current Mailing Address: New Mailing Address:

C/O TFS LEGAL DEPT. 19001 S. WESTERN AVE. EF12 TORRANCE, CA 90501

FEI Number: 33-0398726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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

OFFICERS AND DIRECTORS:

Title:

BORST, GEORGE Name: 19001 S. WESTERN AVE. Address: City-St-Zip: TORRANCE, CA 90501

Title: SD

Name: GROFF, MICHAEL 19001 S. WESTERN AVE. Address: TORRANCE, CA 90501 City-St-Zip:

Title: T D

FUNASAKI, KIYOHISA Name: 19001 S. WESTERN AVE. Address: City-St-Zip: TORRANCE, CA 90501

Title:

BALLINGER, CHRISTOPHER Name: Address: 19001 S. WESTERN AVENUE City-St-Zip:

TORRANCE, CA 90501

Title: AS

Name: JOHNSON, JARRET 19001 S. WESTERN AVENUE Address: City-St-Zip: TORRANCE, CA 90501

Title:

Name: SCULLY, MICHAEL 19001 S. WESTERN AVE Address: City-St-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: JARRET JOHNSON AS 04/03/2012