

805954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

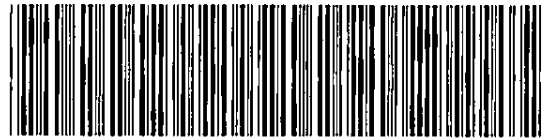
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM

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2023 OCT 18 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

# TOYOTA MOTOR INSURANCE COMPANY

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6565 Headquarters Drive  
Plano, TX 75024-5965

October 17, 2023

VIA UPS

Florida Department of State  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Toyota Motor Insurance Company - Redomestication  
Document #: 805954

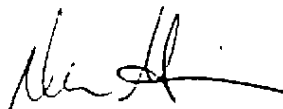
To whom it may concern:

Toyota Motor Insurance Company ("TMIC") is registered with the Florida Division of Corporations as a foreign profit corporation. Please find enclosed Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida for the redomestication of TMIC from Iowa to Arizona. Also enclosed is a check payable to the Florida Department of State in the amount of \$52.50 for the filing fee plus Certificate of Status and Certified Copy. Please return evidence of filing in the enclosed postage-paid return envelope.

Should you have any questions or require anything further to effectuate the amendment, please do not hesitate to contact me at the email noted below.

Sincerely,

TOYOTA MOTOR INSURANCE COMPANY



Dawn Garvin  
Consultant, Legal Securities  
Dawn.Garvin@Toyota.com

Enclosures  
cc: Sandra Steinberg

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** TOYOTA MOTOR INSURANCE COMPANY

Name of Corporation

**DOCUMENT NUMBER:** 805954

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAWN GARVIN

Name of Contact Person

TOYOTA FINANCIAL SERVICES

Firm/Company

6565 HEADQUARTERS DRIVE, W2-5A

Address

PLANO, TX 75024

City/State and Zip Code

TFS\_CORPGOV@TOYOTA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN GARVIN

at ( 469 ) 486-5926

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|--|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

805954

\_\_\_\_\_  
(Document number of corporation (if known))

1. TOYOTA MOTOR INSURANCE COMPANY

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. IOWA

\_\_\_\_\_  
(Incorporated under laws of)

3. 7/23/1945

\_\_\_\_\_  
(Date authorized to do business in 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? \_\_\_\_\_

5. \_\_\_\_\_  
(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.

ARIZONA

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

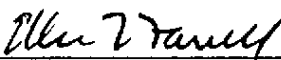
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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**TALLAHASSEE, FL**

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. 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)

Ellen L. Farrell  
\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary  
\_\_\_\_\_  
(Title of person signing)

FILING FEE \$35.00

FILED  
2023 OCT 18 PM 2:40  
SECRETARY OF STATE  
TREASURY

# STATE OF ARIZONA

## DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

I, Kurt A. Regner, Deputy Assistant Director of Insurance and Financial Institutions of the State of Arizona, do hereby certify that

**TOYOTA MOTOR INSURANCE COMPANY**

**Domiciled in Arizona**

**NAIC No. 37621**

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the charter powers of said Company, to transact the following kinds of insurance business:

**Casualty Without Workers' Compensation**

**Marine And Transportation**

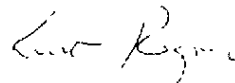
**Property**

**Surety**

**Vehicle**

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance and Financial Institutions.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance and Financial Institutions at the City of Phoenix. The effective date of this certificate is September 28, 2023.



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**Kurt A. Regner**  
**Deputy Assistant Director**



# IOWA

No: W01387342

Date: 10/02/2023

## SECRETARY OF STATE

490 DP-069598

TOYOTA MOTOR INSURANCE COMPANY

### ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Articles of Domestication

The document was filed on Sep 28 2023 3:13PM. to be effective as of Sep 28 2023 3:13PM.

The amount of \$50.00 was received in full payment of the filing fee.



A handwritten signature in cursive script that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE



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Recycled Paper

69598

ARTICLES OF DOMESTICATION

of

TOYOTA MOTOR INSURANCE COMPANY

TO THE SECRETARY OF STATE  
OF THE STATE OF IOWA:

Pursuant to Section 490.922 of the Iowa Business Corporation Act, the following Articles of Domestication for the domestication of Toyota Motor Insurance Company from the State of Iowa to the State of Arizona are hereby adopted:

1. The name of the domesticating corporation is Toyota Motor Insurance Company and its jurisdiction of formation is the State of Iowa.
2. The name of the domesticated corporation is Toyota Motor Insurance Company and its jurisdiction of formation is the State of Arizona.
3. The Plan of Domestication providing for the domestication of Toyota Motor Insurance Company to the State of Arizona was approved in accordance with the requirements of Section 490.921 of the Iowa Business Corporation Act.
4. The effective date of the domestication of Toyota Motor Insurance Company to the State of Arizona shall be September 28, 2023.
5. The Iowa Division of Insurance has issued a "no objection" letter in connection with the domestication, a copy of which is attached as Exhibit A hereto.

[SIGNATURE PAGE FOLLOWS]

11/20/2023 ARDC \$50.00 KATHY Z 10/22/23

31 31 31



IN WITNESS WHEREOF, Toyota Motor Insurance Company has executed this Plan of Domestication as of this 26th day of September, 2023.

TOYOTA MOTOR INSURANCE  
COMPANY

By: Sandra R. Steinberg

Name: Sandra R. Steinberg

Title: Assistant Secretary

[SIGNATURE PAGE TO PLAN OF DOMESTICATION]

EXHIBIT A



STATE OF IOWA

KIM REYNOLDS  
GOVERNOR

DOUG OMMEN  
COMMISSIONER OF INSURANCE

ADAM GREGG  
LT. GOVERNOR

May 24, 2023

Via email to: [saundra.steinberg@toyota.com](mailto:saundra.steinberg@toyota.com)

Saundra Steinberg  
Toyota Financial Services  
Managing Counsel  
6565 Headquarters Dr.  
Plano, TX 75024-5965

Re: Redomestication of Toyota Motor Insurance Company from Iowa to Arizona

This letter will affirm that the Iowa Insurance Division has no objection to the redomestication of Toyota Motor Insurance Company from Iowa to Arizona.

Please advise the Division when the redomestication will be completed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberlee L. Cross".

Kimberlee L. Cross, JD, CFE  
Deputy Commissioner Supervision

FILED  
IOWA  
SECRETARY OF STATE

9.28.23

3:13 PM  
W01387342