

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 809358

Entity Name: TESLA INSURANCE COMPANY**Current Principal Place of Business:**45500 FREMONT BLVD.
FREMONT, CA 94538**Current Mailing Address:**45500 FREMONT BLVD.
FREMONT, CA 94538 US**FEI Number:** 95-6027860**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:** NO SIGNATURE REQUIRED

04/16/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	CHAIRMAN OF THE BOARD
Name	KIRKHORN, ZACHARY	Name	KIRKHORN, ZACHARY
Address	45500 FREMONT BLVD.	Address	45500 FREMONT BLVD.
City-State-Zip:	FREMONT CA 94538	City-State-Zip:	FREMONT CA 94538
Title	DIRECTOR	Title	PRESIDENT
Name	WONG, NELSON	Name	WONG, NELSON
Address	45500 FREMONT BLVD.	Address	45500 FREMONT BLVD.
City-State-Zip:	FREMONT CA 94538	City-State-Zip:	FREMONT CA 94538
Title	CFO	Title	DIRECTOR
Name	WONG, NELSON	Name	LEE, CHARLES
Address	45500 FREMONT BLVD.	Address	45500 FREMONT BLVD.
City-State-Zip:	FREMONT CA 94538	City-State-Zip:	FREMONT CA 94538
Title	SECRETARY		
Name	LEE, CHARLES		
Address	45500 FREMONT BLVD.		
City-State-Zip:	FREMONT CA 94538		

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: CHARLES LEE**SECRETARY**

04/16/2025

Electronic Signature of Signing Officer/Director Detail

Date