

**2024 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

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WONG, NELSON  
Address         45500 FREMONT BLVD.  
City-State-Zip: FREMONT CA 94538

Title            SECRETARY, DIRECTOR  
Name            LEE, CHARLES  
Address         45500 FREMONT BLVD.  
City-State-Zip: FREMONT CA 94538

Title            TREASURER  
Name            WONG, NELSON  
Address         45500 FREMONT BLVD.  
City-State-Zip: FREMONT CA 94538

Title            DIRECTOR  
Name            KIRKHORN, ZACHARY  
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

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date