

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805954

Entity Name: TOYOTA MOTOR INSURANCE COMPANY**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:** 33-0398726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 SECRETARY
Name ADKINS, KATHERINE
Address 19001 S. WESTERN AVENUE
City-State-Zip: TORRANCE CA 90501

Title TREASURER, DIRECTOR
Name KAWAI, TOSHIKI
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

Title DIRECTOR
Name GILBERT, DIANE
Address 19001 S. WESTERN AVENUE
City-State-Zip: TORRANCE CA 90501

Title DIRECTOR
Name JOHNSON, JEFFREY
Address 19001 S. WESTERN AVENUE
City-State-Zip: TORRANCE CA 90501

Title DIRECTOR
Name MILLER, JAMES
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****04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date