2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805954

Entity Name: TOYOTA MOTOR INSURANCE COMPANY

Entity Name: TOTOTA MOTOR INSURANCE COMPA

Current Principal Place of Business:

5005 NORTH RIVER BOULEVARD, N.E. CEDAR RAPIDS. IA 52411-6634

Current Mailing Address:

6565 HEADQUARTERS DRIVE, W2-4D PLANO. TX 75024-5965 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

FILED Apr 22, 2021

Secretary of State

6979020755CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name GILBERT, DIANE Name TEMPLIN, MARK S.

Address 5005 NORTH RIVER BOULEVARD, N.E. Address 5005 NORTH RIVER BOULEVARD, N.E.

City-State-Zip: CEDAR RAPIDS IA 52411-6634 City-State-Zip: CEDAR RAPIDS IA 52411-6634

Title PRESIDENT Title CEO

Name TEMPLIN, MARK S. Name TEMPLIN, MARK S.

Address 5005 NORTH RIVER BOULEVARD, N.E. Address 5005 NORTH RIVER BOULEVARD, N.E.

City-State-Zip: CEDAR RAPIDS IA 52411-6634 City-State-Zip: CEDAR RAPIDS IA 52411-6634

TitleDIRECTORTitleTREASURERNameSAKA, MAONameSAKA, MAO

Address 5005 NORTH RIVER BOULEVARD, N.E. Address 5005 NORTH RIVER BOULEVARD, N.E.

City-State-Zip: CEDAR RAPIDS IA 52411-6634 City-State-Zip: CEDAR RAPIDS IA 52411-6634

Title DIRECTOR Title GROUP VICE PRESIDENT

Name HAGEY, ALEC Name HAGEY, ALEC

Address 5005 NORTH RIVER BOULEVARD, N.E. Address 5005 NORTH RIVER BOULEVARD, N.E.

City-State-Zip: CEDAR RAPIDS IA 52411-6634 City-State-Zip: CEDAR RAPIDS IA 52411-6634

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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: ELLEN L FARRELL SECRETARY 04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title SECRETARY

Name COOKE, SCOTT Name FARRELL, ELLEN L

Address 5005 NORTH RIVER BOULEVARD, N.E. Address 5005 NORTH RIVER BOULEVARD, N.E.

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