

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 805954

**Entity Name:** TOYOTA MOTOR INSURANCE COMPANY**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

**Officer/Director Detail :**

Title DIRECTOR  
Name GILBERT, DIANE  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title PRESIDENT  
Name TEMPLIN, MARK S.  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title DIRECTOR, TREASURER  
Name SAKA, MAO  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title DIRECTOR  
Name COOKE, SCOTT  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title DIRECTOR  
Name TEMPLIN, MARK S.  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title CEO  
Name TEMPLIN, MARK S.  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title DIRECTOR  
Name HAGEY, ALEC  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

Title SECRETARY  
Name FARRELL, ELLEN L  
Address 5005 NORTH RIVER BOULEVARD, N.E.

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

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****02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date