No. C 101421		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		TOYOTA MOTOR INSURANCE SERVICES, INC. 19001 S. WESTERN AVENUE, EF-12 TORRANCE CA 90501					
		USA		3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Nar	nes and Busin	ess Addresses of Presi	ident, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT MICHAEL GR		OFF	19001 S. WESTERN AVENUE, EF-12	TORRANCE	CA	USA	90501
DIRECTOR	RECTOR CHRISTOPHE		19001 S. WESTERN AVENUE, EF-12	TORRANCE	CA	USA	90501
SECRETARY	RY TOSHIAKI KAWAI		19001 S. WESTERN AVENUE, EF-12	TORRANCE	CA	USA	90501
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
CA C 101421		Signature: Michelle Donato			Date: 02/07/2014		
		Name (type or print): Michelle Donato			Title: Poa		
Processed 02/07/2014	* Electronically provided signatures are accepted as original signatures.						