

No. C 101421		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TOYOTA MOTOR INSURANCE SERVICES, INC. 6565 HEADQUARTERS DRIVE W2-5A PLANO TX 75024-5965		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	KAREN IDENO	19001 SOUTH WESTERN AVENUE	TORRANCE	CA	USA	90501
TREASURER	TOSHIKI KAWAI	6565 HEADQUARTERS DRIVE W2-5A	PLANO	TX	USA	75024-5965
DIRECTOR	TOSHIKI KAWAI	6565 HEADQUARTERS DRIVE W2-5A	PLANO	TX	USA	75024-5965
PRESIDENT	MICHAEL GROFF	5005 NORTH RIVER BOULEVARD, NE	CEDAR RAPIDS	IA	USA	52411-6634
DIRECTOR	MICHAEL GROFF	5005 NORTH RIVER BOULEVARD, NE	CEDAR RAPIDS	IA	USA	52411-6634
DIRECTOR	PETE CAREY	6565 HEADQUARTERS DRIVE W2-5A	PLANO	TX	USA	75024-5965
SECRETARY	KATHERINE ADKINS	6565 HEADQUARTERS DRIVE W2-5A	PLANO	TX	USA	75024-5965
5. Organized Under the Laws of: CA C 101421		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 02/15/2018 Title: POA				
Processed 02/15/2018		* Electronically provided signatures are accepted as original signatures.				