RI SOS Filing Number: 201748684420 Date: 8/22/2017 2:18:00 PM

2017 AUG 22 PM 2:18 R.I. SECRETARY OF STATE BUS. SERVICES DIV.

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017 Amended

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
000074161	TOYOTA MOTOR INSURANCE SERVICES, INC.			
3. Principal Office Address		City	State	Zip
6565 Headquarters Drive, W2-5A		Plano	TX	75024-5965
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - Other Services (except Pul	Insurance services as a 3rd party administrator			
5. State of Incorporation				
CA				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Michael Groff			Vice-President Name	Karen Ideno		
Street Address	6565 Headquarters Drive, W2-5A			Street Address	6565 Headquarters Drive, W2-5A		
City	Plano	State	Zip	City	Plano	State	Zip
		TX	75024-596			TX	75024-596
Secretary Name	Katherine Adkins			Treasurer Name	Toshiaki Kawai		
Street Address	6565 Headquarters Drive, W2-5A			Street Address	6565 Headquarters Drive, W2-5A		
City	Plano	State	Zip	City	Plano	State	Zip
		TX	75024-596			TX	75024-596

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☒

Director Name	Pete Carey			Director Name	Michael Groff		
Street Address	6565 Headquarters Drive, W2-5A			Street Address	6565 Headquarters Drive, W2-5A		
City	Plano	State	Zip	City	Plano	State	Zip
		TX	75024-5965			TX	75024-596
Director Name	Toshiaki Kawai			Director Name			
Street Address	6565 Headquarters Drive, W2-5A			Street Address			
City	Plano	State	Zip	City		State	Zip
		TX	75024-5965				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Katherine Adkins, Secretary	07/31/2017

Signature of Authorized Representative

FILED

AUG 22 2017

BY _____ 2:18

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised 02/2017

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 22, 2017 02:18 PM

Nellie M. Gorbea
Secretary of State