2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001634

Entity Name: TOYOTA MOTOR INSURANCE SERVICES, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
19001 SO.	FINANCIAL SEF WESTERN AV CE, CA 90501					
Current M	ailing Addres	s:	New Mailing Address:			
19001 S W	DEPARTMENT ESTERN AVE E, CA 90501					
FEI Number:	33-0178825	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1201 HAYS STE 105		DRPROATION SYSTEM, INC. 1 US				
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BORST, GEORG 19001 S. WEST TORRANCE, CA	ERN AVENUE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	T () NAGASHINO, TA 19001 S. WEST TORRANCE, CA	ERN AVENUE	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	GVP () PELLICCIONI, D 19001 S. WEST TORRANCE, CA	ERN AVENUE	Title: Name: Address: City-St-Zip:	PELLICCIONI,	STERN AVENUE	
Title: Name:	SD () PELLICCIONI, D	Delete AVID	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE:	DAVID PELLICCIONI	SVP	04/24/2007

19001 S. WESTERN AVENUE

TORRANCE, CA 90501

Address:

City-St-Zip: