

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 815778 (6)

1. Corporation Name
TOYOTA MOTOR LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
**19001 S. WESTERN AVE
TORRANCE CA 90501
US** **C/O CORP. TAX DEPT.
19001 S. WESTERN AVE
TORRANCE CA 90501
US**

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. State, Apt. #, etc.		26. State, Apt. #, etc.		11/20/1961		05/01/1994	
22. City & State		27. City & State		4. FEI Number		Applied For	
23. Zip		28. Zip		33-0535902		Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER LARSON BUILDING TALLAHASSEE FL 32309-7300				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature of person named as registered agent and fee collector (SEE INSTRUCTIONS) (SEE INSTRUCTIONS)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1. TITLE	Please see attached list <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAKAI, SHINJI	1.2 NAME		
STREET ADDRESS	1900 S WESTERN AVE	1.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	1.4 CITY, ST, ZIP		
TITLE	SVPO	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGOVERN, JOHN	2.2 NAME		
STREET ADDRESS	19001 S WESTERN AVE	2.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	2.4 CITY, ST, ZIP		
TITLE	VPTD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURAL TAKAFUMI	3.2 NAME		
STREET ADDRESS	19001 S WESTERN AVE	3.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	3.4 CITY, ST, ZIP		
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEADERICK, MICHAEL	4.2 NAME		
STREET ADDRESS	19001 S WESTERN AVE	4.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	4.4 CITY, ST, ZIP		
TITLE	VPAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFANG, JAHN	5.2 NAME		
STREET ADDRESS	19001 S WESTERN AVE	5.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	5.4 CITY, ST, ZIP		
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLOURDE, WILLIAM A. JR.	6.2 NAME		
STREET ADDRESS	19001 S WESTERN AVE	6.3 STREET ADDRESS		
CITY, ST, ZIP	TORRANCE CA	6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Michael Denderick* **Michael Denderick, Vice Pres.** 3/28/95 (310) 618-5090
Signature and Typed or Printed Name of Signing Officer or Director Title (Typed Name)

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Off/Dlr/BusAdd/8

Toyota Motor Insurance Services, Inc.
Federal I.D. # 33-0178825
Officers & Directors

3/02/95
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Last Name	First Name, I.	Title	Dir	Business Address
Sakai	Shinji	President		19001 S. Western Avenue, Torrance, CA 90501
McGovern	John	Senior Vice President		19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Senior Vice President		19001 S. Western Avenue, Torrance, CA 90501
Jahn	Wolfgang	Group Vice President		19001 S. Western Avenue, Torrance, CA 90501
Deaderick	Michael	Vice President		19001 S. Western Avenue, Torrance, CA 90501
Flourde Jr.	William A.	Secretary		19001 S. Western Avenue, Torrance, CA 90501
Fitte	Robert	Assistant Secretary		19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Treasurer		19001 S. Western Avenue, Torrance, CA 90501
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Deaderick	Michael	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Giesl	Yale	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Jahn	Wolfgang	Director	X	19001 S. Western Avenue, Torrance, CA 90501
McGovern	John	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Nishiyama	Takaashi	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Fitte	Robert	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Flourde Jr.	William A.	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Sakai	Shinji	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Director	X	19001 S. Western Avenue, Torrance, CA 90501