

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 815778 (6)

1. Corporation Name
TOYOTA MOTOR LIFE INSURANCE COMPANY



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

3. Date Incorporated or Qualified: 11/20/1961
3a. Date of Last Report: 05/01/1995
4. FEI Number: 33-0535902
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER, LARSON BUILDING, TALLAHASSEE, FL, TALLAHASSEE FL 32399
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: -VPD-	<input type="checkbox"/> DELETE	1.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHIGEMI, NOBU		1.2 NAME:	
STREET ADDRESS: 19001 S. WESTERN AVENUE		1.3 STREET ADDRESS:	
CITY-ST-ZIP: TORRANCE CA		1.4 CITY-ST-ZIP:	
TITLE: SVPD	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MURAI, TAKAFUMI		3.2 NAME: Nobu Shigemi	
STREET ADDRESS: 19001 S WESTERN AVE		3.3 STREET ADDRESS: 19001 S. Western Ave.	
CITY-ST-ZIP: TORRANCE CA		3.4 CITY-ST-ZIP: Torrance, CA 90501	
TITLE: VPD	<input type="checkbox"/> DELETE	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-	<input type="checkbox"/> DELETE	5.1 TITLE: Senior Vice President	<input checked="" 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	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PLOURDE, WILLIAM A. JR.		6.2 NAME: Alan Cohen	
STREET ADDRESS: 19001 S WESTERN AVE		6.3 STREET ADDRESS: 19001 S. Western Ave.	
CITY-ST-ZIP: TORRANCE CA		6.4 CITY-ST-ZIP: Torrance, CA 90501	

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Michael Deaderick 5/2/96 (310) 618-5090
MICHAEL DEADERICK, VICE PRESIDENT Date: Daytime Phone #

CR2E034 (12/95)

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Off/Dir/BusAdd/8

Toyota Motor Life Insurance Company
 Federal I.D. # 33-0535902
 Officers & Directors

5/02/96
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Last Name	First Name, I.	Title	Dir	Business Address
Aust	J.	General Manager		19001 S. Western Avenue, Torrance, CA 90501
Sakai	Shinji	President		19001 S. Western Avenue, Torrance, CA 90501
Jahn	Wolfgang	Senior Vice 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
Deaderick	Michael	Vice President		19001 S. Western Avenue, Torrance, CA 90501
Cohen	Alan	Secretary		19001 S. Western Avenue, Torrance, CA 90501
Pitts	Robert	Assistant Secretary		19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Treasurer		19001 S. Western Avenue, Torrance, CA 90501
Aust	J.	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Gieszl	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	Takashi	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Pitts	Robert	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