

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>19001 S. WESTERN AVE                  TORRANCE CA 90501                  US</b>	Mailing Address <b>C/O CORP. TAX DEPT.                  19001 S. WESTERN AVE                  TORRANCE CA 90501-1106                  US</b>
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3. Date Incorporated or Qualified <b>11/20/1961</b>	3a. Date of Last Report <b>05/14/1996</b>
4. FEI Number <b>33-0535902</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
**FL** 85. Zip Code

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T SHIGEMI, NOBU 19001 S. WESTERN AVENUE TORRANCE CA	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
SVPD <del>MOGGOVERN, JOHN</del> 19001 S WESTERN AVE TORRANCE CA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
<del>SHIGEMI, NOBU</del> 19001 S. WESTERN AVE. TORRANCE CA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
VPD <del>DEADERICK, MICHAEL</del> 19001 S WESTERN AVE TORRANCE CA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
SVP <del>WOLFGANG, JAHN</del> 19001 S WESTERN AVE TORRANCE CA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
S COHEN, ALAN 19001 S WESTERN AVE TORRANCE CA	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>BORST, GEORGE E.</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SVPD</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>AUST, JAMES L.</b>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>ASST. SECRETARY PITTS, ROBERT</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ (210) 618-5000

CR2E034 (9/96)

## Toyota Motor Life Insurance Company

Federal I.D. # 33-0535902

Officers &amp; Directors

4/29/97

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Last Name	First Name, I.	Title	Dir	Business Address
Aust	James L	General Manager		19001 S. Western Avenue, Torrance, CA 90501
Ishizaka	Yoshio	President		19001 S. Western Avenue, Torrance, CA 90501
Borst	George, E.	Senior Vice President		19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Senior Vice President		19001 S. Western Avenue, Torrance, CA 90501
Aust	James L	Vice President		19001 S. Western Avenue, Torrance, CA 90501
Cohen	Alan F.	Secretary		19001 S. Western Avenue, Torrance, CA 90501
Pitte	Robert	Assistant Secretary		19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Treasurer		19001 S. Western Avenue, Torrance, CA 90501
Aust	James L	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Borst	George, E.	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Gieszl	Yale	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Ishizaka	Yoshio	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Nishiyama	Takashi	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Pitte	Robert	Director	X	19001 S. Western Avenue, Torrance, CA 90501
Shigemi	Nobu	Director	X	19001 S. Western Avenue, Torrance, CA 90501
West	Douglas M.	Director	X	19001 S. Western Avenue, Torrance, CA 90501