


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

**FILED**

**Mar 13 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</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. 18001 S. WESTERN AVE TORRANCE CA 90501 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified <b>11/20/1961</b>	
4. FEI Number <b>33-0535902</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City
84. State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIGEMI, NOBU</b>	1.2 NAME	
STREET ADDRESS	<b>19001 S. WESTERN AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPD BORST, GEORGE E</b>	2.2 NAME	
STREET ADDRESS	<b>19001 S WESTERN AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVPD SHIGEMI, NOBU</b>	3.2 NAME	
STREET ADDRESS	<b>19001 S. WESTERN AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPD AUST, JAMES L</b>	4.2 NAME	
STREET ADDRESS	<b>19001 S WESTERN AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AS PITTS, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>19001 S WESTERN AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S COHEN, ALAN</b>	6.2 NAME	
STREET ADDRESS	<b>19001 S WESTERN AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORRANCE CA</b>	6.4 CITY-ST-ZIP	

14. I 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 \_\_\_\_\_

CR2E034 (10/97)