

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90108 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 815778**

1. Corporation Name  
**TOYOTA MOTOR LIFE INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**19001 S. WESTERN AVE  
 TORRANCE CA 90501  
 US**

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

3. Date Incorporated or Qualified  
**11/20/1961**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip Country  
**24** **25**

Zip Country  
**29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
 LARSON BUILDING  
 TALLAHASSEE, FL  
 TALLAHASSEE FL 32399**

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
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>SVDP 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>SVDP 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

**SCHEDULE ATTACHED**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE** **George E. Borst, Sr. Vice President 1/22/99 (310)618-5090**

CR2E034 (11/98)

TOYOTA MOTOR LIFE INSURANCE COMPANY  
Officers and Directors

284623-90108-7  
815778

TITLE	FORMER <sup>1</sup>	CURRENT <sup>2</sup>
President	o Y. Ishizaka	o Y. Ishizaka
SVP	o N. Shigemi	o N. Shigemi
SVP	o G. Borst	o G. Borst
VP & General Manager	o J. Aust (R7-15-98)	o J. Beseda (E7-15-98)
Secretary	A. Cohen	A. Cohen
Assistant Secretary	o R. Pitts	o R. Pitts
Treasurer	N. Shigemi	N. Shigemi
Director	o Y. Gieszl	o Y. Gieszl
Director	o T. Nishiyama (R5-1-98)	o C. Yamaguchi (E 5-1-98)
Director	o D. West	o D. West