

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90043 032 \*\*\*\*61.25

**DOCUMENT # 805954**

1. Entity Name  
**TOYOTA MOTOR INSURANCE COMPANY**



Principal Place of Business  
**19001 S. WESTERN AVENUE  
TORRANCE, CA 90501-1106**

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

**54003819**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**33-0398726**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Delete  
NAME **COHEN, ALAN F**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **Vice Pres./Secretary/Dir.** ☒ Change ☐ Addition  
NAME **Geri A. Brewster**  
STREET ADDRESS **19001 So. Western Ave., G-411**  
CITY-ST-ZIP **Torrance, CA 90501** ☐ Change ☐ Addition

TITLE **VP** ☐ Delete  
NAME **PELLICCIONI, DAVID**  
STREET ADDRESS **19001 S. WESTERN AVE.**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **EVP/Treasure/Director** ☒ Change ☐ Addition  
NAME **Tadashi Nagshino**  
STREET ADDRESS **19001 So. Western Ve., G-411**  
CITY-ST-ZIP **Torrance, CA 90501** ☐ Change ☐ Addition

TITLE **T** ☒ Delete  
NAME **TSURUNI, NOBUKZU**  
STREET ADDRESS **19001 S WESTERN AVE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **P** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

TITLE **D** ☐ Delete  
NAME **BORST, GEORGE E**  
STREET ADDRESS **19001 S. WESTERN AVENUE**  
CITY-ST-ZIP **TORRANCE, CA 90501**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **David Pelliccioni**  
**Group Vice President** **01/30/04** **(310) 468-5138**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #