

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805954

FILED  
Mar 15, 2006  
Secretary of State

Entity Name: TOYOTA MOTOR INSURANCE COMPANY

## Current Principal Place of Business:

19001 S. WESTERN AVENUE  
TORRANCE, CA 905011106

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

C/O LEGAL DEPT.  
19001 S. WESTERN AVE. EF12  
TORRANCE, CA 90501 US

FEI Number: 33-0398726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPCF ( ) Delete  
Name: STILLO, JOHN  
Address: 19001 S. WESTERN AVE.  
City-St-Zip: TORRANCE, CA 90501

Title: VP ( ) Delete  
Name: PELLICIONI, DAVID  
Address: 19001 S. WESTERN AVE.  
City-St-Zip: TORRANCE, CA 90501

Title: EVPT ( ) Delete  
Name: NAGSHINO, TADASHI  
Address: 19001 SO WESTERN AVE, G-411  
City-St-Zip: TORRANCE, CA 90501

Title: P ( ) Delete  
Name: BORST, GEORGE E  
Address: 19001 S. WESTERN AVENUE  
City-St-Zip: TORRANCE, CA

Title: D ( ) Delete  
Name: BORST, GEORGE E  
Address: 19001 S. WESTERN AVENUE  
City-St-Zip: TORRANCE, CA 90501

Title: S ( ) Delete  
Name: PELLICIONI, DAVID  
Address: 19001N S. WESTERN AVE  
City-St-Zip: TORRANCE, CA 90501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID PELLICIONI

SEC

03/15/2006

Electronic Signature of Signing Officer or Director

Date