

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **805954** (5)

1. Corporation Name

TOYOTA MOTOR INSURANCE COMPANY

Principal Place of Business

Mailing Address

**19001 S. WESTERN AVENUE
TORRANCE CA 90501-1106**

**C/O CORP. TAX DEPT.
19001 S. WESTERN AVE.
TORRANCE CA 90501-1106
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1945		3a. Date of Last Report 05/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 33-0398726		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESZL, YALE	1.2 NAME	
STREET ADDRESS	19001 S. WESTERN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGOVERN, JOHN E.	2.2 NAME	AUST, JAMES
STREET ADDRESS	19001 S. WESTERN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBU SHIGEMI	3.2 NAME	
STREET ADDRESS	19001 S WESTERN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PITTS	4.2 NAME	ASST DIRECTOR
STREET ADDRESS	19001 S. WESTERN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHN, WOLFGANG	5.2 NAME	SENIOR VICE PRESIDENT
STREET ADDRESS	19001 S. WESTERN AVENUE	5.3 STREET ADDRESS	BORST, GEORGE E.
CITY-ST-ZIP	TORRANCE CA	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKAI, CHINJI	6.2 NAME	PRESIDENT
STREET ADDRESS	19001 S. WESTERN AVENUE	6.3 STREET ADDRESS	ISHIZAKA, YOSHIO
CITY-ST-ZIP	TORRENCE CA	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

Toyota Motor Insurance Company
Federal I.D. # 33-0398726
Officers & Directors

4/29/97
Page 1

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
Pitts	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
Pitts	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