

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 805954**

1. Entity Name

**TOYOTA MOTOR INSURANCE COMPANY**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90249 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19001 S. WESTERN AVENUE TORRANCE CA 90501-1106</b>	Mailing Address <b>C/O CORP. TAX DEPT. 19001 S. WESTERN AVE. TORRANCE CA 90501-1106 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>33-0398726</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL</b>
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<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIESZL, YALE 19001 S. WESTERN AVENUE TORRANCE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD AUST, JAMES 19001 S. WESTERN AVE. TORRANCE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT NOBU SHIGEMI 19001 S. WESTERN AVE TORRANCE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD ROBERT PITTS 19001 S. WESTERN AVENUE TORRANCE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP BORST, GEORGE E 19001 S. WESTERN AVENUE TORRANCE CA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ISHIZAKA, YOSHIO 19001 S. WESTERN AVENUE TORRANCE CA</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Chiaki Yamaguchi 19001 S. Western Ave. Torrance, CA. 90501</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director James Press 19001 S. Western Ave. Torrance, CA. 90501</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Nobukasu Tsurumi 19001 S. Western Ave. Torrance, CA. 90501</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Yoshimi Inaba 19001 S. Western Ave. Torrance, CA. 90501</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

**SIGNATURE:** George E. Borst **SIGNATURE REQUIRED** March 30, 2000 (310) 468-5090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)