

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

'95 APR 14 PM 2:17

**DOCUMENT # 807384 (3)**

1. Corporation Name  
**PRINCIPAL MUTUAL LIFE INSURANCE COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **D. C. CUNNINGHAM  
711 HIGH STREET  
DES MOINES IA 50392-350  
US**

Mailing Address: **D. C. CUNNINGHAM  
711 HIGH STREET  
DES MOINES IA 50392-350  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/18/1947**      3b. Date of Last Report: **04/18/1994**

4. FEI Number: **42-0127280**      Applied For:  Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip

24. 50392-0350      25. Country      29. 50392-0350      30. Country

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLA.  
CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83. City

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	HURD, G DAVID
STREET ADDRESS	711 HIGH ST
CITY - ST - ZIP	DES MOINES, IA 0
TITLE	VT
NAME	WISGERHOF, J.G.
STREET ADDRESS	711 HIGH ST.
CITY - ST - ZIP	DES MOINES IA
TITLE	VS
NAME	HOFFMAN, JOYCE N.
STREET ADDRESS	711 HIGH ST
CITY - ST - ZIP	DES MOINES, IA 0
TITLE	PD
NAME	DRURY, D.J.
STREET ADDRESS	711 HIGH ST
CITY - ST - ZIP	DES MOINES, IA 0
TITLE	V
NAME	ROHM, C E
STREET ADDRESS	711 HIGH ST
CITY - ST - ZIP	DES MOINES, IA 0
TITLE	D
NAME	DAVIS, RUTH M.
STREET ADDRESS	STE, 700 2000 N. 15TH
CITY - ST - ZIP	ARLINGTON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE Joyce N. Hoffman      04/10/95      615-247-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Optional) Phone #

Joyce Hoffman