

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807384 (3)

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



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**

2. Principal Place of Business: **21** State: **IA** **22** City & State: **DES MOINES IA** **23** Zip: **50392-0350** **24** Country: **US**

2a. Mailing Address: **26** State: **IA** **27** City & State: **DES MOINES IA** **28** Zip: **50392-0350** **29** Country: **US** **30**

3. Date Incorporated or Qualified: **07/18/1947**

3a. Date of Last Report: **04/14/1995**

4. FLE Number: **42-0127290** 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

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: **None** **82** Street Address (P.O. Box Number is Not Acceptable): **101 East Gaines St., Fletcher Bldg, Rm 524** **83** City: **Tallahassee** **84** State: **FL** **85** Zip Code: **32399-0300**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

NAME	CEO	<input type="checkbox"/> DELETED
STREET ADDRESS	HURD, G DAVID	
CITY STATE ZIP	711 HIGH ST	
TITLE	DES MOINES, IA 0	
NAME	VT	<input type="checkbox"/> DELETED
STREET ADDRESS	WISGERHOF, J.G.	
CITY STATE ZIP	711 HIGH ST.	
TITLE	DES MOINES IA	
NAME	VS	<input type="checkbox"/> DELETED
STREET ADDRESS	HOFFMAN, JOYCE N.	
CITY STATE ZIP	711 HIGH ST	
TITLE	DES MOINES, IA 0	
NAME	PD	<input type="checkbox"/> DELETED
STREET ADDRESS	DRURY, D.J.	
CITY STATE ZIP	711 HIGH ST	
TITLE	DES MOINES, IA 0	
NAME	V	<input type="checkbox"/> DELETED
STREET ADDRESS	ROHM, C E	
CITY STATE ZIP	711 HIGH ST	
TITLE	DES MOINES, IA 0	
NAME	D	<input type="checkbox"/> DELETED
STREET ADDRESS	DAVIS, RUTH M.	
CITY STATE ZIP	STE, 700 2000 N. 15TH	
TITLE	ARLINGTON VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE		
16 NAME		
17 STREET ADDRESS		
18 CITY STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE		
20 NAME		
21 STREET ADDRESS		
22 CITY STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE		
24 NAME		
25 STREET ADDRESS		
26 CITY STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE		
28 NAME		
29 STREET ADDRESS		
30 CITY STATE ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(9)(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 or person in possession or control of the corporation or the receiver or trustee or person in possession or control of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **J.G. Wisgerhof** 01/17/96 515-247-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized File No.

CR2E034 (12/95)