

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807384 (3)
1. Corporation Name
PRINCIPAL MUTUAL LIFE INSURANCE COMPANY



Principal Place of Business D. C. CUNNINGHAM 711 HIGH STREET DES MOINES IA 50392-0350 US	Mailing Address D. C. CUNNINGHAM 711 HIGH STREET DES MOINES IA 50392-0001 US
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3. Date Incorporated or Qualified 07/18/1947	3a. Date of Last Report 01/24/1996
4. FEI Number 42-0127290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLA.
101 E. GAINES ST., FLETCHER BLDG., RM. 524
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
84 City
85 Zip Code FL 32399-0300

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HURD, G. DAVID	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	WISGERHOF, J.G.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JOYCE N.	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES, IA 0	
TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	DRURY, D.J.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROHM, C E	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES, IA 0	
TITLE	D	<input type="checkbox"/> DELETE
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	CCEO/D <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	Ste. 570, 4900 Seminary Road
6.4 CITY-ST-ZIP	Alexandria, VA 22311

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 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* **J. N. Hoffman** 1/15/97 (515) 247-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)