

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>D. C. CUNNINGHAM                  711 HIGH STREET                  DES MOINES IA 50392-0350                  US</b>	Mailing Address <b>D. C. CUNNINGHAM                  711 HIGH STREET                  DES MOINES IA 50392-0350                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>07/18/1947</b>	
4. FEI Number <b>42-0127290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER OF FLA.  
 101 E. GAINES ST., FLETCHER BLDG., RM. 524  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HURD, G. DAVID</b>
STREET ADDRESS	<b>711 HIGH ST.</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>HOFFMAN, JOYCE N.</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY-ST-ZIP	<b>DES MOINES, IA 0</b>
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE
NAME	<b>DRURY, D.J.</b>
STREET ADDRESS	<b>711 HIGH ST.</b>
CITY-ST-ZIP	<b>DES MOINES IA</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROHM, C E</b>
STREET ADDRESS	<b>711 HIGH ST</b>
CITY-ST-ZIP	<b>DES MOINES, IA 0</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, RUTH M.</b>
STREET ADDRESS	<b>STE 570 4900 SEMINARY ROAD</b>
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: \_\_\_\_\_

CR2E034 (10/97)