

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807384

**Entity Name:** PRINCIPAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

711 HIGH STREET  
DES MOINES, IA 50392-0306

**Current Mailing Address:**

711 HIGH STREET  
ATTN: SHIRLEY HOLLISTER, 801-7A08  
DES MOINES, IA 50392-0306 US

**FEI Number:** 42-0127290

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BERNARD, BETSY J  
Address 711 HIGH ST.  
City-State-Zip: DES MOINES IA 50392

Title PRESIDENT/CEO/DIRECTOR  
Name HOUSTON, DANIEL J  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name CARTER-MILLER, JOCELYN  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name DAN, MICHAEL T  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name GELATT, C. DANIEL JR  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name HELTON, SANDRA L  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name TALLETT, ELIZABETH E  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title SECRETARY  
Name LITTLEFIELD, CHRISTOPHER J  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHERINE M DREXLER

**ASSISTANT CORPORATE SECRETARY 05/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name DREXLER, CATHERINE M  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title VP, TREASURER  
Name GRAHAM, GINA L  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name MILLS, SCOTT M  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name AUERBACH, JONATHAN S  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name HOCHSCHILD, ROGER C  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name PICKERELL, BLAIR C  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392

Title DIRECTOR  
Name NORDIN, DIANE C  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392