

2018 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, G-007-S45
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 FERRO, DENNIS H
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

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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 SECRETARY 05/01/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name SHAFF, KAREN E
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

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