

**2023 FOREIGN PROFIT CORPORATION REINSTATEMENT**

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 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 CEO  
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 ASSISTANT CORPORATE SECRETARY  
Name WOODS, CLINT L  
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 MILLS, SCOTT M  
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

**Continues on page 2**

*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:** CLINT WOODS

**ASSISTANT CORPORATE SECRETARY 02/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name RIVERA, ALFREDO  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title SECRETARY  
Name LAMARQUE, NATALIE  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

Title DIRECTOR  
Name MITCHELL, H. ELIZABETH  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

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

Title CFO  
Name STRABLE-SOETHOUT, DEANNA D.  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306

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

Title DIRECTOR  
Name MURUZABAL, CLAUDIO N.  
Address 711 HIGH STREET  
City-State-Zip: DES MOINES IA 50392-0306