FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:35

DOCUMENT # 853976 (9)

1. Corporation Name
PRINCIPAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
711 HIGH ST. DES MOINES IA 50392-350 US	711 HIGH ST. DES MOINES IA 50392-350 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1982
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 50392-0350 Country: 25	Zip: 29 Country: 30

4. FEI Number: 42-1152420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 200 East Gaines St.
83: Larson Bldg
84 City: Tallahassee FL 85 Zip Code: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	ROHM, C E	12 NAME	
STREET ADDRESS	711 HIGH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GERSIE, M.H.	22 NAME	
STREET ADDRESS	711 HIGH ST	23 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES, IA 00000	24 CITY-ST-ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, J. N.	32 NAME	
STREET ADDRESS	711 HIGH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	NARBER, G.R.	42 NAME	
STREET ADDRESS	711 HIGH ST.	43 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	GRISWELL, J. B.	52 NAME	
STREET ADDRESS	711 HIGH ST.	53 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, RAY S.	62 NAME	
STREET ADDRESS	711 HIGH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 M. Hoff — J. N. Hoffman — 3/23/95 — 515-247-5111
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

<53976

Attachment A
Principal Life Insurance Company

Directors:

Name	Residential Address
Charles E. Rohm, Chairman	13631 Bay Hill Dr. Clive, IA 50325
Ray S. Crabtree	3006 S. W. 30th Des Moines, IA 5630
David J. Drury	R. R. #1, Box 66 Waukee, IA 50263
G. David Hurd	3930 Grand Avenue, #406 Des Moines, IA 50312
Theodore M. Hutchison	4019 Oak Forest Drive Des Moines, IA 50312
David K. Kauf	715 38th Street West Des Moines, IA 50265
Ronald E. Keller	8508 Winston Avenue Urbandale, IA 50322
Richard H. Neil	4220 Beaver Hills Drive Des Moines, IA 50310

Officers:

Title	Name	Residential Address
President	Charles E. Rohm	13631 Bay Hill Dr. Clive, IA 50325
Vice President - Administration	Michael H. Gersie	104 South 33rd Street West Des Moines, IA 50265
Vice President & Chief Actuary	Ellen Z. Lamale	4716 Brookview Drive West Des Moines, IA 50265

753976

Actuary	William R. Claypool	Rural Route 1 50 Meadow Lane Cumming, IA 50061
Senior Vice President-Marketing	J. Barry Griswell	605 Grand Oaks Drive West Des Moines, IA 50265
Senior Vice President & General Counsel	Gregg R. Narber	309 Jordan Drive West Des Moines, IA 50265
Vice President & Corporate Secretary	Joyce N. Hoffman	5834 Pleasant Drive Des Moines, IA 50312
Second Vice President & Controller	Douglas C. Cunningham	7928 Greenbelt Circle Urbandale, IA 50322
Assistant Corporate Secretary	Mary L. Bricker	4305 Sheridan Des Moines, IA 50310
Vice President & Treasurer	Jerry G. Wisgerhof	7113 Twana Drive Urbandale, IA 50322
Actuary	A. Mike McMahon	4501 95th Street Urbandale, IA 50322
Actuary	Donald E. Sanning	1343 Loomis Avenue Des Moines, IA 50315
Actuary	Charles B. Smith	7028 Sheridan Circle Urbandale, IA 50322
Director - Client Services	Ronald C. Johnson	902 N. W. Greenwood Ankeny, IA 50021
Director - Client Services	Flory J. Leo	5821 Pleasant Street West Des Moines, IA 50265
Associate Treasurer	Craig L. Bassett	9940 Carpenter Avenue Des Moines, IA 50322

Business Address: 711 High Street, Des Moines, IA 50392

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:27

DOCUMENT # **854227** **(6)**

1. Corporation Name
M & J MATERIALS, INC.

Principal Place of Business	Mailing Address
HWY 11 NORTH, TRUSSVILLE, AL BOX 428 TRUSSVILLE AL 35173	HWY 11 NORTH, TRUSSVILLE, AL BOX 428 TRUSSVILLE AL 35173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1982**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **63-0714398** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
(Address typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOPSON, FRANK, III	12 NAME	
STREET ADDRESS	HWY. 11 N.	13 STREET ADDRESS	
CITY-ST-ZIP	TRUSSVILLE AL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	MOORE, D WAYNE	22 NAME	Secretary
STREET ADDRESS	HWY. 11 N.	23 STREET ADDRESS	Johnson, Richard K.
CITY-ST-ZIP	TRUSSVILLE AL	24 CITY-ST-ZIP	Highway 11, North Trussville, AL
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, JOHN W.	32 NAME	
STREET ADDRESS	HWY. 11 N.	33 STREET ADDRESS	
CITY-ST-ZIP	TRUSSVILLE AL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	Treasurer
STREET ADDRESS		43 STREET ADDRESS	Allen, Del J.
CITY-ST-ZIP		44 CITY-ST-ZIP	Highway 11, North Trussville, AL
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Del J. Allen Treasurer — 3-17-95 — 205/655-7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Del J. Allen