FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **853976** **(9)**

1. Corporation Name
PRINCIPAL LIFE INSURANCE COMPANY

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

Mailing Address
711 HIGH ST.
DES MOINES IA 50392-350
US

3. Date Incorporated or Qualified: 09/03/1982
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24): 50392-0350
Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29): 50392-0350
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
200 EAST GAINES ST
LARSON BLDG
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Gaines Street
83 Fletcher Bldg.
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 — TITLE — DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	ROHM, C E	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	☐ DELETE
NAME	GERSIE, M.H.	
STREET ADDRESS	711 HIGH ST	
CITY-ST-ZIP	DES MOINES, IA 00000	
TITLE	VS	☐ DELETE
NAME	HOFFMAN, J. N.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	☐ DELETE
NAME	NARBER, G.R.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	V	☐ DELETE
NAME	GRISWELL, J. B.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	☐ DELETE
NAME	CRABTREE, RAY S.	
STREET ADDRESS	711 HIGH ST.	
CITY-ST-ZIP	DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 N. Hoffman — J.N. Hoffman (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — 01/23/96 (Date) — 515-247-5545 (Daytime Phone #)

CR2E034 (12/95)