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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P07350 (2)

1. Corporation Name
THE PRINCIPAL FINANCIAL GROUP, INC.



Principal Place of Business

711 HIGH STREET
C/O BETTY CREIGHTON, LAW DEPT.
DES MOINES IA 50392-0000
US

Mailing Address

711 HIGH STREET
C/O BETTY CREIGHTON, LAW DEPT.
DES MOINES IA 50392-0001
US

3. Date Incorporated or Qualified 09/10/1985	3a. Date of Last Report 04/24/1996
4. FEI Number 42-1256826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD HUTCHISON, THEODORE M.	<input type="checkbox"/> DELETE
NAME	4019 OAK FOREST DR.	
STREET ADDRESS	DES MOINES IA	
CITY-ST-ZIP		
TITLE	VD NARBER, GREGG R.	<input type="checkbox"/> DELETE
NAME	309 JORDAN DR.	
STREET ADDRESS	W DES MOINES IA	
CITY-ST-ZIP		
TITLE	VT WISGERHOF, JERRY G.	<input checked="" type="checkbox"/> DELETE
NAME	7113 TWANA DR.	
STREET ADDRESS	URBANDEALE IA	
CITY-ST-ZIP		
TITLE	VSD HOFFMAN, JOYCE N.	<input type="checkbox"/> DELETE
NAME	5834 PLEASANT DR	
STREET ADDRESS	DES MOINES IA	
CITY-ST-ZIP		
TITLE	AS BRICKER, M. L.	<input type="checkbox"/> DELETE
NAME	920 - 29TH STREET	
STREET ADDRESS	DES MOINES IA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	711 High Street	
1.4 CITY-ST-ZIP	Des Moines, IA 50392	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	711 High Street	
2.4 CITY-ST-ZIP	Des Moines, IA 50392	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bassett, Craig L.	
3.3 STREET ADDRESS	711 High Street	
3.4 CITY-ST-ZIP	Des Moines, IA 50392	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	711 High Street	
4.4 CITY-ST-ZIP	Des Moines, IA 50392	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	711 High Street	
5.4 CITY-ST-ZIP	Des Moines, IA 50392	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

(See attachment A)

14. I do hereby certify that the information supplied with this filing 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

[Signature]

4/22/97

5/15/97

CR2E034 (9/96)