

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

**PRINCIPAL LIFE INSURANCE COMPANY**

SCC ID NO: **F0020950**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE CO**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 HIGH ST

CITY/ST/ZIP: DES MOINES, IA 50392-0306

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LARRY D ZIMPLEMAN  OFFICER  DIRECTOR  
 TITLE: P/CEO/CHAIRMAN  
 ADDRESS: 711 HIGH ST  
 CITY/ST/ZIP/CO: DES MOINES, IA 50392-

NAME: JOYCE N HOFFMAN  OFFICER  DIRECTOR  
 TITLE: SR VP/CORP SEC  
 ADDRESS: 711 HIGH ST  
 CITY/ST/ZIP/CO: DES MOINES, IA 50392-0100

NAME: MICHAEL T DAN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 711 HIGH ST  
 CITY/ST/ZIP/CO: DES MOINES, IA 50392-0001

NAME: BETSY J BERNARD  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 711 HIGH STREET  
 CITY/ST/ZIP/CO: DES MOINES, ID 50392-

NAME: JOCELYN CARTER-MILLER  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 711 HIGH STREET  
 CITY/ST/ZIP/CO: DES MOINES, IA 50392-

NAME:	GARY E COSTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	DENNIS H FERRO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	C DANIEL FERRO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	SANDRA L HELTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	RICHARD L KEYSER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	ARJUN K MATHRANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	ELIZABETH E TALLETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME:	TERESA M BUTTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOYCE N HOFFMAN	JOYCE N HOFFMAN, SR VP/CORP	12/22/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.