

1.) CORPORATION NAME:

**PRINCIPAL FINANCIAL ADVISORS, INC.**

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

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

SCC ID NO: **F0563777**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	150,000

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:	JOYCE N HOFFMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CORP SEC		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		
NAME:	PATRICIA A BARRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CORP SEC		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		
NAME:	NORA M EVERETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		
NAME:	PAUL A BROWN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		
NAME:	JULIA M LAWLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-		

NAME: JONI L TIBBETTS TITLE: DIRECTOR ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL P FINNEGAN TITLE: PRESIDENT ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KAREN E SHAFF TITLE: VICE PRESIDENT ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL D ROUGHTON TITLE: VICE PRESIDENT ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RANDY L WELCH TITLE: VICE PRESIDENT ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TERESA M BUTTON TITLE: TREASURER ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK A STARK TITLE: VICE PRESIDENT ADDRESS: 711 HIGH STREET CITY/ST/ZIP/CO: DES MOINES, IA 50392-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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/ PATRICIA A BARRY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA A BARRY, ASST CORP _____ SEC PRINTED NAME AND CORPORATE TITLE
12/22/2011 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.	