

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211524831

1.) CORPORATION NAME:

**Princor Financial Services Corporation**

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

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**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: **10/31/2011**

SCC ID NO: **F1725508**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 50,000     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 HIGH STREET

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

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: MICHAEL J BEER  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 711 HIGH STREET  
CITY/ST/ZIP/CO: DES MOINES, IA 50392-0306

NAME: NORA M EVERETT  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 711 HIGH STREET  
CITY/ST/ZIP/CO: DES MOINES, IA 50392-0303

NAME: RALPH C EUCHER  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 711 HIGH ST  
CITY/ST/ZIP/CO: DES MOINES, IA 50392-0306

NAME: JOYCE N HOFFMAN  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 711 HIGH STREET  
CITY/ST/ZIP/CO: DES MOINES, IA 50392-

NAME: TERESA M BUTTON  OFFICER  DIRECTOR  
TITLE: TREASURER  
ADDRESS: 711 HIGH STREET  
CITY/ST/ZIP/CO: DES MOINES, IA 50392-

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

|  |   |
|--|---|
| NAME:                   PATRICIA A BARRY<br>TITLE:                   ASST SECRETARY<br>ADDRESS:                711 HIGH STREET<br>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.

|   |  |                           |
|---|--|---------------------------|
| <u>/s/ PATRICIA A BARRY</u><br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | <u>PATRICIA A BARRY, ASST<br/>SECRETARY</u><br>PRINTED NAME AND CORPORATE<br>TITLE | <u>10/19/2011</u><br>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.