

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213550249

1.) CORPORATION NAME:

Princor Financial Services Corporation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1725508**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 HIGH 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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL J BEER		
TITLE:	PRESIDENT		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-0306		

		<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 checked="" type="checkbox"/> DIRECTOR
NAME:	NORA M EVERETT		
TITLE:	CEO		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-0303		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICIA A BARRY		
TITLE:	ASST SECRETARY		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOYCE N HOFFMAN		
TITLE:	SECRETARY		
ADDRESS:	711 HIGH STREET		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392		

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

NAME:	GREGORY B ELMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	711 HIGH ST		
CITY/ST/ZIP/CO:	DES MOINES, IA 50392-0306		

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>	<u>PATRICIA A BARRY, ASST</u>	<u>10/29/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.