

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19699

Entity Name: PRINCIPAL MANAGEMENT CORPORATION

Current Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 50392

Current Mailing Address:

711 HIGH STREET
ATTN: SHIRLEY HOLLISTER, G-031-W40
DES MOINES, IA 50392-0306 US

FEI Number: 42-0948302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	PRESIDENT/CEO/DIRECTOR
Name	ELMING, GREGORY B	Name	BEER, MICHAEL J
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392
Title	ASSISTANT SECRETARY	Title	EVP/GENERAL COUNSEL/SECRETARY
Name	BARRY, PATRICIA A	Name	SHAFF, KAREN E
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392
Title	SVP/DIRECTOR	Title	SVP/DIRECTOR
Name	BOLLIN, TRACY W	Name	WELCH, RANDY L
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392
Title	SVP	Title	VP/TREASURER
Name	BROWN, DAVID J	Name	GRAHAM, GINA L
Address	711 HIGH STREET	Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392	City-State-Zip:	DES MOINES IA 50392

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A BARRY

ASSISTANT SECRETARY 04/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name GROSSMAN, KELLY A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title VP
Name RASMUSSEN, LAYNE A
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title CFO
Name SCHOLTEN, MICHAEL
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title EVP
Name LAWLER, JULIA M
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392

Title VP
Name ROOT, TERI
Address 711 HIGH STREET
City-State-Zip: DES MOINES IA 50392