FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Filed By Romeo & Dye's Instant Form 4 Filer www.section16.net

					Name and Ticker or T al Financial Group, In			6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Daley, Michael T.				icip:	in Financial Group, in								
(Last) (First) (Middle)					Identification Number		tement for	\underline{X} Officer (give title below) Other (specify below)					
711 High Street				1 5 .			h/Day/Year mber 9, 2002	Executive Vice President					
			_				A						
(Street)							Amendment, of Original	7. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
Des Moines, IA 50392							th/Day/Year)	Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I — N	on-Deriv	ative Securitie	s Acquired, Disposed of, or Beneficially Owned					
1. Title of Security	2. Trans-	2A. Deemed			4. Securities Acquired	(A) or D	sposed of (D)	5. Amount of		7. Nature of Indirect			
(Instr. 3)		Execution			(Instr. 3, 4 & 5)			Securities	- ·	Beneficial Ownership			
	Date	Date,	(Instr. 8)	,tr. 8)				Beneficially	Direct (D)	(Instr. 4)			
	(Month/ Day/ Year)		Code	V	Amount	(A)	Price	Owned Follow-	or Indirect (I)				
	(a)	(Month/Day/ Year)				or		ing Reported Transactions(s)	(Instr. 4)				
		(ical)				(D)		(Instr. 3 & 4)					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number of I	Derivative	6. Date		7. Title an	d Amount	8. Price of	9. Number of	10.	11. Nature
Derivative				Trans-	Securities Acquired (A) or					of Underlying				of Indirect
Security	Exercise	Date	Execution	action	Disposed of (D	and Exp	and Expiration Securities		Security	Securities	ship	Beneficial		
	Price of		Date,	Code			Date		(Instr. 3 &	z 4)	(Instr. 5)	Beneficially		Ownership
(Instr. 3)	Derivative Security	(Month/ Day/ Year)	if any (Month/ Day/ Year)	(Instr. 8)	(Instr. 3, 4 & 5	(Month/D Year)	ay/				Following	of Deriv- ative	(Instr. 4)	
			(ieal)	-							Transaction(s)			
				Code V	/ (A)	(D)	Date	Expira-	Title	Amount		(Instr. 4)	Direct	
					l (L	tion		or			(D)	
							cisable	Date		Number			or	
										of			Indirect	
										Shares			(1) (Instr. 4)	
Phantom Stock Unit	1 for 1	12/09/02		A	.32		<u>.(1)</u>		Common Stock	.32		37.32	D	
Stock Unit									Stock					

Explanation of Responses:

(1) The reported phantom stock units were acquired pursuant to the Principal Select Savings Excess Plan and may be transferred at any time into another investment alternative under the Plan. Interests under the Plan will be settled upon the reporting person's retirement or other termination of service.

> By: /s/ Joyce N. Hoffman Attorney-in-Fact

December 11, 2002 Date

**Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

OMB APPROVAL

**Signature of Reporting Person