

2004 FOR-PROFIT CORPORATION ANNUAL REPORT

02-04-2004 90075 003 ***150.00
853350

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24007948



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1437943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DOCUMENT # 853350	
1. Entity Name LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS COMPANY THRIVENT LIFE INSURANCE COMPANY	
Principal Place of Business 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415	Mailing Address 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415



DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEWART, DAVID K. 625 4TH AVE SO MINNEAPOLIS, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY VPT BOUSHEK, RANDALL L 625 4TH AVE S MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY SVP MARTIN, JENNIFER H 625 FOURTH AVE. SOUTH MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BY SPCED NICHOLSON, BRUCE J. 625 4TH AVE S MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOKEN, MICHAEL E 625 4TH AVE S MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASVP STRANGHOENER, LAWRENCE W 625 FOURTH AVE SOUTH MINNEAPOLIS, MN 55415

REINSTATEMENT 04

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Whitlock, Assistant Secretary Jan. 28, 2004 612-340-7005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



The union of AAL and LB

625 Fourth Ave. S., Minneapolis, MN 55415-1624
Phone: (800) 990-6290 • E-mail: mail@thrivent.com • www.thrivent.com

October 26, 2004

Florida Secretary of State's Office
Glenda E. Hood
Division of Corporations P.O. Box 6327
Tallahassee, Florida 32314

Re: Thrivent Life Insurance Company
f/k/a Lutheran Brotherhood Variable Insurance Company

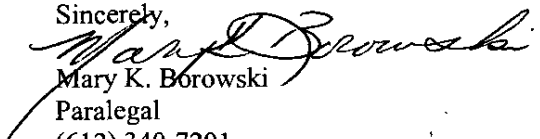
Dear Ms. Hood:

We recently received a Notice of Dissolution or Revocation from your office in regard to Thrivent Life Insurance Company. I believe we have received this Notice in error and am writing to ask you to reinstate this company as soon as possible and send us confirmation of the same. The Notice gives the following reason for this dissolution: "...failed to file its 2004 annual report,..".

On January 27, 2004 we filed an Annual Report with your office and included a check in the amount of \$150.00 in payment of the filing fee. On the form was the notation that we had changed our name and were currently in the process of notifying your state through the proper channels. In February we received a letter from your office that you received our annual report and check but that you had not filed our annual report because the records of the Division of Corporations did not reflect a name change for this corporation had been filed. On March 26, 2004 I returned a letter explaining that the name change had been filed with the State of Florida. I included in this mailing a copy of the copy of our annual report you sent to us for your reference. Also included were a copy of the letter we received your office showing that our Amendment to the Application of a Foreign Corporation had been filed on March 16, 2004. At that time you still had our original annual report filing and check for \$150.00. It was my understanding that all you lacked to complete this filing was proof that our name change had been approved and filed by your state and this I provided to you on March 26, 2004. In that letter I also requested that you contact me at your earliest convenience if you needed any further documentation. That is the last correspondence I show in my file. Since we had no further correspondence to tell us otherwise and as far as we know you received all necessary filing documentation well in advance of the May 1, 2004 filing deadline, we could only assume that there was no difficulty in processing our annual report.

Please correct your records to show that Thrivent Financial for Lutherans (f/k/a Lutheran Brotherhood Variable Insurance Company) is in good standing in the State of Florida. Then, please send us confirmation that this has been done. If for some reason there is still a problem or impediment to this correction, please contact me to discuss whatever it is we need to do to correct this situation. Thank you.

Sincerely,


Mary K. Borowski
Paralegal
(612) 340-7291

Enclosures :