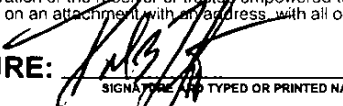


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90031 044 ***158.75

DOCUMENT # 853350 1. Entity Name THRIVENT LIFE INSURANCE COMPANY					
Principal Place of Business 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415			Mailing Address 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		02222006 Chg-P CR2E034 (11/05)	
4. FEI Number 41-1437943				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP BOUSHEK, RANDALL L 625 4TH AVE S. MINNEAPOLIS, MN 55415 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MARTIN, JENNIFER H 625 FOURTH AVE. SOUTH MINNEAPOLIS, MN 55415 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NICHOLSON, BRUCE J CEO 625 4TH AVE S. MINNEAPOLIS, MN 55415 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President and CEO ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please see the attached list for complete list of board members and directors ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Paul Zastrow		3/14/06 612-368-8114 Date Daytime Phone #	

ATTACHMENT

40035581
#853350

Thrivent Life Insurance Company 2006 Florida Annual Report Officer Information:

Directors:

Karl D. Anderson
David M. Anderson
Pamela J. Moret
Susan Oberman Smith
Paul B. Zastrow

Senior Officers:

Bruce J. Nicholson, President and CEO
Pamela J. Moret, Executive Vice President
David M. Anderson, Senior Vice President
Russell W. Swansen, Senior Vice President & Chief Investment Officer
James A. Thomsen, Senior Vice President
Paul B. Zastrow, Treasurer