

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853350

**Entity Name:** THRIVENT LIFE INSURANCE COMPANY**Current Principal Place of Business:**625 FOURTH AVENUE, SOUTH  
MINNEAPOLIS, MN 55415**Current Mailing Address:**625 FOURTH AVENUE SOUTH  
MS-REG FINANCIAL  
MINNEAPOLIS, MN 55415**FEI Number:** 41-1437943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** PAUL ZASTROW

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** SENIOR VICE PRESIDENT, CHIEF  
INVESTMENT OFFICER**Name** SWANSEN, RUSSELL W**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** PRIVACY AND ANTI- MONEY  
LAUNDERING OFFICER**Name** KOELLING, KATIE**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** PRESIDENT, CHAIRMAN, DIRECTOR**Name** HEWITT, BRADFORD**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** TREASURER, VP, DIRECTOR**Name** ZASTROW, PAUL B**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** SENIOR VICE PRESIDENT, DIRECTOR**Name** THOMSEN, JAMES A**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** VP, CHIEF LEGAL OFFICER, CHIEF  
COMPLIANCE OFFICER, SECRETARY**Name** ODLAND, JAMES M**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** VP**Name** ANDERSON, KARL D**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** VP, DIRECTOR**Name** OBERMAN SMITH, SUSAN**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**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:** PAUL ZASTROW

TREASURER

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP OF MEMBER SERVICES  
Name LARSON, KAREN  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name SIMENSTAD, MARK  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP OF CORPORATE ADMINISTRATION  
Name PLAMANN, SUE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR PRICING AND FINANCIAL  
EVALUATION  
Name BRETZ, KELLY  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT TREASURER  
Name BACON, RODNEY  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT SECRETARY  
Name NIGBUR, CYNTHIA  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR OF INFORCE PRODUCT  
MANAGEMENT  
Name CHRISTIANSON, DAVID  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name SWENSON, MARK  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title SENIOR PORTFOLIO MANAGER  
Name LEE, STEVE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT TREASURER  
Name BARNES, JOE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR PROTECTION PRODUCT  
MANAGEMENT  
Name THEOBALD, DAN  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ACTUARY  
Name BEARROOD, DOUG  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415