

2014 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:**CHIEF FINANCIAL OFFICER
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:**

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**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, DIRECTOR**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****04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
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, 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 INFO MANAGEMENT AND
CONTRACT FORM
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