

2019 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

03/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SENIOR VICE PRESIDENT, CHIEF
INVESTMENT OFFICER**Name** ROYAL, DAVID SCOTT**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** VICE PRESIDENT & SECRETARY**Name** ODLAND, JAMES M**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** DIRECTOR**Name** LARSON, KAREN LYNN**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** PRESIDENT, DIRECTOR**Name** RASMUSSEN, TERESA**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** DIRECTOR**Name** OBERMAN SMITH, SUSAN**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** ACTUARY**Name** BEARROOD, DOUGLAS A**Address** 625 FOURTH AVENUE, SOUTH**City-State-Zip:** MINNEAPOLIS MN 55415**Title** DIRECTOR**Name** YOUNG, THOMAS L**Address** 625 FOURTH AVE S**City-State-Zip:** MINNEAPOLIS MN 55415

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**

03/11/2019

Electronic Signature of Signing Officer/Director Detail

Date