

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14401

Entity Name: THRIVENT INVESTMENT MANAGEMENT INC.**Current Principal Place of Business:**600 PORTLAND AVE. S.
MINNEAPOLIS, MN 55415**Current Mailing Address:**600 PORTLAND AVE. S.
MINNEAPOLIS, MN 55415 US**FEI Number:** 39-1559375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 DIRECTOR
Name CECERE, NICHOLAS
Address 600 PORTLAND AVE. S.
City-State-Zip: MINNEAPOLIS MN 55415

Title PRESIDENT, DIRECTOR
Name KLOSTER, DAVID (DAVE) J.
Address 600 PORTLAND AVE. S.
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR
Name WINSKOWSKI, LUKE
Address 600 PORTLAND AVE. S.
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR
Name PRIEBE, SCOTT M
Address 600 PORTLAND AVE. S.
City-State-Zip: MINNEAPOLIS MN 55415

Title CFO & TREASURER
Name TURESON, KURT S
Address 600 PORTLAND AVE. S.
City-State-Zip: MINNEAPOLIS MN 55415

Title VP
Name BIRR, THOMAS (TOM) J.
Address 600 PORTLAND 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: THOMAS (TOM) J BIRR**VICE PRESIDENT****02/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date