

**2020 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14401

**Entity Name:** THRIVENT INVESTMENT MANAGEMENT INC.**Current Principal Place of Business:**600 PORTLAND AVE S, STE 100  
MINNEAPOLIS, MN 55415**Current Mailing Address:**600 PORTLAND AVE S, STE 100  
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 PRESIDENT, CHAIRMAN  
Name KLOSTER, DAVID  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title VICE PRESIDENT/SUPERVISION  
Name OSBORNE, CHRISTOPHER J.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name KLOSTER, DAVE J.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title CHIEF LEGAL OFFICER/SECRETARY  
Name GILCHRIST, NICOLE JAMES  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title AFFILIATE FINANCE/CFO &  
TREASURER  
Name TURESON, KURT S.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name BIRR, TOM  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title CHIEF COMPLIANCE OFFICER  
Name GOLIS, ANDREA C.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title PRIVACY  
Name KOELLING, KATIE  
Address 600 PORTLAND AVE S, STE 100  
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: DAVE KLOSTER****PRESIDENT****09/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ANTI-MONEY LAUNDERING OFFICER  
Name MINTA, SHARON  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASST. SECRETARY  
Name NIGBUR, CYNTHIA J.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR  
Name SHARMA, VIBHU R.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title CHIEF INFORMATION SECURITY  
OFFICER  
Name FAULKNER, MARY  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASST. SECRETARY  
Name ENGLISH, JESSICA E.  
Address 600 PORTLAND AVE S, STE 100  
City-State-Zip: MINNEAPOLIS MN 55415