

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14401

**Entity Name:** THRIVENT INVESTMENT MANAGEMENT INC.**Current Principal Place of Business:**625 FOURTH AVE. SOUTH  
MINNEAPOLIS, MN 55415-1665**Current Mailing Address:**625 FOURTH AVE. SOUTH  
MS REG FINANCIAL  
MINNEAPOLIS, MN 55415-1665**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        TREASURER, CFO, DIRECTOR  
              AFFILIATE FINANCE

Name        TURESON, KURT

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        ASSISTANT SECRETARY

Name        SALWEI, TRACY

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        CHIEF COMPLIANCE OFFICER

Name        GOLIS, ANDREA

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        VP OF SUPERVISION

Name        OSBORNE, CHRISTOPHER

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        PRESIDENT, DIRECTOR

Name        LARSON, KAREN

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        VP

Name        BIRR, TOM

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        SECRETARY, CHIEF LEGAL OFFICER

Name        BADO, PETER

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

Title        VP OF CORPORATE  
              ADMINISTRATION

Name        PLAMANN, SUE

Address     625 FOURTH AVE. SOUTH

City-State-Zip: MINNEAPOLIS MN 55415-1665

**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:** KURT TURESON

TREASURER

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP OF SERVICE OPERATIONS  
Name KORNAUS, BRUCE  
Address 625 FOURTH AVE. SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415-1665

Title DIRECTOR  
Name YOUNG, THOMAS L  
Address 625 FOURTH AVE. SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415-1665

Title DIRECTOR  
Name BOUSHEK, RANDALL L  
Address 625 FOURTH AVE. SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415-1665

Title VP  
Name KLOSTER, DAVE  
Address 625 FOURTH AVE. SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415-1665