

853350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lutheran Brotherhood Variable Insurance
(Name of corporation) Products
DOCUMENT NUMBER: 853350 Company

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Gaudin
(Name of person)
Thrivent Financial for Lutherans
(Name of firm/company)
4321 N. Ballard Road
(Address)
Appleton, WI 54919
(City/state and zip code)

For further information concerning this matter, please call:

Maria Gaudin at (920) 628-3533
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



The union of AAL and LB

4321 N. Ballard Road, Appleton, WI 54919-0001 • Phone: (920) 734-5721

March 15, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Name Change of Lutheran Brotherhood Variable Insurance Products Company to Thrivent Life Insurance Company

Dear Sir or Madam:

Enclosed per your instruction in your letter of February 24, 2004 are the following:

- Original certified copy of name change by the Minnesota Department of Commerce; and
- Letter and Application.

If you have any questions, please contact me at 920-628-3533.

Sincerely,

A handwritten signature in cursive script that reads "Maria T. Gaulin".

Maria T. Gaulin
Government Affairs
Direct Dial: 920-628-3533
e-mail: maria.gaulin@thrivent.com

enc.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 24, 2004

MARIA GAULIN
THRIVENT FINANCIAL FOR LUTHERANS
4321 N. BALLARD RD.
APPLETON, WI 54919

SUBJECT: LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS
COMPANY
Ref. Number: 853350

We have received your document for LUTHERAN BROTHERHOOD VARIABLE INSURANCE PRODUCTS COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 604A00012357

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

853350

(Document number of corporation (if known))

1. Lutheran Brotherhood Variable Insurance Products Company
(Name of corporation as it appears on the records of the Department of State)

2. Minnesota
(Incorporated under laws of)

3. 7/12/1982
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/19/2003

5. Thrivent Life Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Richard Kleven

(Typed or printed name of person signing)

(Date)

(Title of person signing)

STATE OF MINNESOTA



Department of Commerce

The Undersigned
COMMISSIONER OF COMMERCE
for the State of Minnesota hereby
certifies that

THRIVENT LIFE INSURANCE COMPANY
organized under the laws of MINNESOTA
has made application, paid the fees required and in all other respects complied with the laws of the State of
Minnesota and is hereby authorized to transact the business of an insurance company for the lines of insurance
specified in Minnesota Statutes, Section 60A.06, subdivision 1, Clause(s):
4 INCLUDING VARIABLE CONTRACTS, 5A.

Unless this authority be suspended, revoked, or otherwise legally terminated, this certificate shall be in effect until
June 1, 2004.

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
I hereby certify that this is a true
and complete copy of the document as
filed for record in this office.

Dated 3-8-04
Commissioner of Commerce

By: [Signature]

IN TESTIMONY WHEREOF, I have hereunto set my hand at
my office in the City of St. Paul, Minnesota,

June 19, 2003

[Signature]

Commissioner of Commerce

DC CN 35-

4C-380

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

I hereby certify that this is a true
and complete copy of the document as
filed for record in this office.

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF INCORPORATION
OF

LUTHERAN BROTHERHOOD VARIABLE INSURANCE
PRODUCTS COMPANY

Dated 3-8-04
Commissioner of Commerce

By: Margaret L. ...

Adopted in accordance with the provisions of
Minnesota Statutes, as amended.

We, Bruce J. Nicholson, President, and Woodrow E. Eno, Secretary, of Lutheran
Brotherhood Variable Insurance Products Company, a corporation existing under
the laws of the State of Minnesota, do hereby certify as follows:

FIRST: That the Certificate of Incorporation of said corporation has been amended
as follows:

1. By striking out the whole of Article 1 thereof as it now exists and
inserting in lieu thereof a new Article 1, reading as follows:

ARTICLE 1: The name of the corporation is Thrivent Life Insurance
Company. The principal place for the transaction of its business
shall be in the City of Minneapolis, State of Minnesota.

IN WITNESS WHEREOF, we have signed this certificate this 24 day of May, 2003

Bruce J. Nicholson
Bruce J. Nicholson, President

Woodrow E. Eno
Woodrow E. Eno, Secretary

The foregoing Amendment to the Certificate of Incorporation
of Lutheran Brotherhood Variable Insurance Products Company
is hereby approved this 13th day of June, 2003.

Kevin M. Murphy
Kevin M. Murphy
Deputy Commissioner
Minnesota Commerce Department

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

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JUN 19 2003

Mary ...
Secretary of State

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