# 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

### Mar 21, 2006 8:00 am Secretary of State **DOCUMENT #853350** 03-21-2006 90031 044 \*\*\*158.75 1. Entity Name THRIVENT LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 625 FOURTH AVENUE, SOUTH 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415 MINNEAPOLIS, MN 55415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 02222006 Chg-P City & State City & State 4. FEI Number Applied For 41-1437943 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SRVP ☐ Change TIT! F Delete TITLE ☐ Addition BOUSHEK, RANDALL L NAME NAME STREET ADDRESS 625 4TH AVE S. STREET ADDRESS MINNEAPOLIS, MN 55415 CITY-ST-7IP CITY-ST-7IP SVP TITLE Delete TITLE Change ☐ Addition MARTIN, JENNIFER H NAME NAME STREET ADDRESS 625 FOURTH AVE. SOUTH STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS, MN 55415 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition President and CEO NAME NICHOLSON, BRUCE J CEO NAME STREET ADDRESS 625 4TH AVE S STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS, MN 55415 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition Please see the attached NAME NAME list for complete list of STREET ADDRESS STREET ADDRESS board members and directors CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an arriver with all other like empowered.

Paul Zastrow

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

ATTACHMENT 4003558/ #853350

# #-853350 Thrivent Life Insurance Company 2006 Florida Annual Report Officer Information:

## **Directors:**

Karl D. Anderson David M. Anderson Pamela J. Moret Susan Oberman Smith Paul B. Zastrow

## Senior Officers:

Bruce J. Nicholson, President and CEO
Pamela J. Moret, Executive Vice President
David M. Anderson, Senior Vice President
Russell W. Swansen, Senior Vice President & Chief Investment Officer
James A. Thomsen, Senior Vice President
Paul B. Zastrow, Treasurer