


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

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DOCUMENT # 853350
 1. Entity Name
 THRIVENT LIFE INSURANCE COMPANY



Principal Place of Business 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415	Mailing Address 625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415
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DO NOT WRITE IN THIS SPACE

40045601



03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1437943	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC SWANSEN, RUSSELL W 625 4TH AVE S. MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ANDERSON, DAVID 625 FOURTH AVE. SOUTH MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO NICHOLSON, BRUCE J CEO 625 4TH AVE S. MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZASTROW, PAUL B 625 4TH AVE, S MINNEAPOLIS, MN 55415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP THOMSON, JAMES A 625 4TH AVE, S MINNEAPOLIS, MN 55414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MORET, PAMELA J 625 4TH AVE, S MINNEAPOLIS, MN 55414

DO NOT WRITE IN THIS SPACE

12. I hereby 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 trustee 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 address, with all other like empowered.

SIGNATURE: James M. Oakland James M. Oakland 612-844-7215
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Secretary

ATTACHMENT

40045601

2008 For Profit Corporation Annual Report

Document # 853350
Thrivent Life Insurance Company

10. Officers and Directors

Title: Director Karl D. Anderson 625 Fourth Avenue South Minneapolis, MN 55415	Title: Director/SVP David M. Anderson 4321 North Ballard Road Appleton, WI 54919
Title: Director/EVP Pamela J. Moret 625 Fourth Avenue South Minneapolis, MN 55415	Title: Director/Actuary Susan Oberman Smith 625 Fourth Avenue South Minneapolis, MN 55415
Title: Director/Treasurer Paul B. Zastrow 625 Fourth Avenue South Minneapolis, MN 55415	Title: President Bruce J. Nicholson 625 Fourth Avenue South Minneapolis, MN 55415
Title: EVP James A. Thomsen 625 Fourth Avenue South Minneapolis, MN 55415	Title: SVP/Chief Investment Officer Russell W. Swansen 625 Fourth Avenue South Minneapolis, MN 55415
Title: Secretary James M. Odland 625 Fourth Avenue South Minneapolis, MN 55415	