2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853350

FILED Feb 16, 2010 Secretary of State

Entity Name: THRIVENT LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415

Current Mailing Address: New Mailing Address:

625 FOURTH AVENUE, SOUTH MINNEAPOLIS, MN 55415

FEI Number: 41-1437943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVPC

Name: SWANSEN, RUSSELL W Address: 625 4TH AVE S.

City-St-Zip: MINNEAPOLIS, MN 55415

Title: SVP

Name: ANDERSON, DAVID
Address: 625 FOURTH AVE. SOUTH
City-St-Zip: MINNEAPOLIS, MN 55415

Title: PCEO

Name: HEWITT, BRANFORD L CEO

Address: 625 4TH AVE S.

City-St-Zip: MINNEAPOLIS, MN 55415

Title: T

Name: ZASTROW, PAUL B Address: 625 4TH AVE, S

City-St-Zip: MINNEAPOLIS, MN 55415

Title: SVP

Name: THOMSON, JAMES A Address: 625 4TH AVE, S

City-St-Zip: MINNEAPOLIS, MN 55414

Title: S

Name: ODLAND, JAMES M Address: 625 4TH AVE, S

City-St-Zip: MINNEAPOLIS, MN 55414

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: PAUL B. ZASTROW T 02/16/2010