

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853350

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC5265345791**

**Entity Name:** THRIVENT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

625 FOURTH AVENUE, SOUTH  
MINNEAPOLIS, MN 55415

**Current Mailing Address:**

625 FOURTH AVENUE SOUTH  
MS-REG FINANCIAL  
MINNEAPOLIS, MN 55415

**FEI Number:** 41-1437943

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
1200 SOUTH 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 SENIOR VICE PRESIDENT, CHIEF INVESTMENT OFFICER

Name SWANSEN, RUSSELL W

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title PRIVACY AND ANTI- MONEY LAUNDERING OFFICER

Name KOELLING, KATIE

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title PRESIDENT, CHAIRMAN, DIRECTOR

Name HEWITT, BRADFORD

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title TREASURER, VP, DIRECTOR

Name ZASTROW, PAUL B

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title SENIOR VICE PRESIDENT

Name THOMSEN, JAMES A

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title VP, CHIEF LEGAL OFFICER, CHIEF COMPLIANCE OFFICER, SECRETARY

Name ODLAND, JAMES M

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title VP, DIRECTOR

Name ANDERSON, KARL D

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

Title VP, DIRECTOR

Name OBERMAN SMITH, SUSAN

Address 625 FOURTH AVENUE, SOUTH

City-State-Zip: MINNEAPOLIS MN 55415

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*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 ZASTROW**

**TREASURER**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LARSON, KAREN  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name SIMENSTAD, MARK  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP, CORPORATE ADMINISTRATION  
Name PLAMANN, SUE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR PRICING AND FINANCIAL  
EVALUATION  
Name BRETZ, KELLY  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT TREASURER  
Name BACON, RODNEY  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT SECRETARY  
Name NIGBUR, CYNTHIA  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR INFO MANAGEMENT AND  
CONTRACT FORM  
Name CHRISTIANSON, DAVID  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title VP  
Name SWENSON, MARK  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title SENIOR PORTFOLIO MANAGER  
Name LEE, STEVE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title ASSISTANT TREASURER  
Name BARNES, JOE  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415

Title DIRECTOR PROTECTION PRODUCT  
MANAGEMENT  
Name THEOBALD, DAN  
Address 625 FOURTH AVENUE, SOUTH  
City-State-Zip: MINNEAPOLIS MN 55415