# 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P14401

# Entity Name: THRIVENT INVESTMENT MANAGEMENT INC.

#### **Current Principal Place of Business:**

625 FOURTH AVE. SOUTH MINNEAPOLIS, MN 55415-1665

#### **Current Mailing Address:**

625 FOURTH AVE. SOUTH MS REG FINANCIAL MINNEAPOLIS, MN 55415-1665

# FEI Number: 39-1559375

# Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Mar 08, 2016 Secretary of State CC2664818126

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Onicendired	Stor Detail.		
Title	TREASURER, CFO, DIRECTOR AFFILIATE FINANCE	Title	PRESIDENT, DIRECTOR
Name	TURESON, KURT	Name	LARSON, KAREN
	625 FOURTH AVE. SOUTH	Address	625 FOURTH AVE. SOUTH
Address		City-State-Zip:	MINNEAPOLIS MN 55415-1665
City-State-Zip:	MINNEAPOLIS MN 55415-1665		
Title	ASSISTANT SECRETARY	Title	VP
Name	SALWEI, TRACY	Name	GLOVACKI, JENNIFER
		Address	625 FOURTH AVE. SOUTH
Address	625 FOURTH AVE. SOUTH	City-State-Zip:	MINNEAPOLIS MN 55415-1665
City-State-Zip:	MINNEAPOLIS MN 55415-1665		
Title	VP, DIRECTOR	Title	VP
Name	FUEHRMEYER, MIKE	Name	HAGLIN, MIKE
	625 FOURTH AVE, SOUTH	Address	625 FOURTH AVE. SOUTH
Address		City-State-Zip:	MINNEAPOLIS MN 55415-1665
City-State-Zip:	MINNEAPOLIS MN 55415-1665	Title	CHIEF COMPLIANCE OFFICER
Title	VP		
Name	SORUM, NIKKI	Name Address	GOLIS, ANDREA
Address	625 FOURTH AVE. SOUTH		625 FOURTH AVE. SOUTH
		City-State-Zip:	MINNEAPOLIS MN 55415-1665
City-State-Zip:	MINNEAPOLIS MN 55415-1665	Continues o	n naga 2
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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: KURT TURESON

TREASURER

03/08/2016

Date

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	SECRETARY, CHIEF LEGAL OFFICER	Title	VP OF SUPERVISION
Name	BADO, PETER	Name	OSBORNE, CHRISTOPHER
Address	625 FOURTH AVE. SOUTH	Address	625 FOURTH AVE. SOUTH
City-State-Zip:	MINNEAPOLIS MN 55415-1665	City-State-Zip:	MINNEAPOLIS MN 55415-1665
Title	VP OF CORPORATE ADMINISTRATION	Title	VP OF SERVICE OPERATIONS
Name	PLAMANN, SUE	Name	KORNAUS, BRUCE
Address	625 FOURTH AVE. SOUTH	Address	625 FOURTH AVE. SOUTH
City-State-Zip:	MINNEAPOLIS MN 55415-1665	City-State-Zip:	MINNEAPOLIS MN 55415-1665
Title	DIRECTOR	Title	VP
Name	BOUSHEK, RANDALL L	Name	YOUNG, TOM
Address	625 FOURTH AVE. SOUTH	Address	625 FOURTH AVE. SOUTH
City-State-Zip:	MINNEAPOLIS MN 55415-1665	City-State-Zip:	MINNEAPOLIS MN 55415-1665
Title	VP		

Address 625 FOURTH AVE. SOUTH City-State-Zip: MINNEAPOLIS MN 55415-1665

KLOSTER, DAVE

Name