

1.) CORPORATION NAME:

Thrivent Financial for Lutherans

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0030926**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: OPERATIONS CENTER
4321 N BALLARD ROAD

CITY/ST/ZIP: APPLETON, WI 54919

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRADFORD L HEWITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	110 PENINSULA RD		
CITY/ST/ZIP/CO:	MEDICINE LAKE, MN 55441		

NAME:	TERESA RASMUSSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/SEC		
ADDRESS:	2850 SOMERSET LN		
CITY/ST/ZIP/CO:	ORONO, MN 55356		

NAME:	RANDALL BOUSHEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	10325 175TH CT, NW		
CITY/ST/ZIP/CO:	ELK RIVER, MN 55330		

NAME:	PAMELA J MORET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/STRAT DEV		
ADDRESS:	1484 LAMETTI LANE		
CITY/ST/ZIP/CO:	ARDEN HILLS, MN 55112		

NAME:	ANNE DEBRUIN SAMPLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/HR		
ADDRESS:	1449 BAY RIDGE ROAD		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

NAME:	RUSSELL W SWANSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/C INV OFF		
ADDRESS:	5188 RIDGE CIRCLE		
CITY/ST/ZIP/CO:	EDINA, MN 55436		

NAME:	JAMES A THOMSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/MEMBER SVC		
ADDRESS:	18704 MELROSE CHASE		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347		
NAME:	MARIE A UHRICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/COMMUNICATI		
ADDRESS:	8944 VANDEGRIFF WAY NORTH		
CITY/ST/ZIP/CO:	MAPLE GROVE, MN 55331		
NAME:	ADDIE J BUTLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5417 LAURENS STREET		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19144		
NAME:	MARK A JESKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1681 NORTH ASTOR STREET		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	FREDERICK G KRAEGEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1225 HYDE LANE		
CITY/ST/ZIP/CO:	HENRICO, VA 23229		
NAME:	FREDERICK MARK KUHLMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1711 STONE RIDGE TRAILS DRIVE		
CITY/ST/ZIP/CO:	KIRKWOOD, MO 63122		
NAME:	RICHARD C LUNDELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9993 EAST PURDUE		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85258		
NAME:	PAUL W MIDDEKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	55 FOREST VALLEY COURT		
CITY/ST/ZIP/CO:	ST. CHARLES, MO 63301		
NAME:	FRANK H MOELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8543 BIG VIEW DRIVE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78730		
NAME:	BONNIE E RAQUET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2954 PELICAN POINT CIRCLE		
CITY/ST/ZIP/CO:	MOUND, MN 55365		
NAME:	ALICE M RICHTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14810 BLAKENEY ROAD		
CITY/ST/ZIP/CO:	EDEN PRAIRIE, MN 55347		

NAME: JAMES H SCOTT TITLE: DIRECTOR ADDRESS: 2853 TANSEY LANE CITY/ST/ZIP/CO: CHESTER SPRINGS, PA 19425	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KURT M SENSKE TITLE: DIRECTOR ADDRESS: 8916 CHALK KNOLL DRIVE CITY/ST/ZIP/CO: AUSTIN, TX 78735	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALLAN R SPIES TITLE: DIRECTOR ADDRESS: 9305 E HARVARD AVENUE CITY/ST/ZIP/CO: DENVER, CO 80231	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ADRIAN M TOCKLIN TITLE: DIRECTOR ADDRESS: 4961 BACOPA LANE, SUITE 801 CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33715	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TERRY W TIMM TITLE: SVP SVC ADMN ADDRESS: 419 HIDDEN RIDGES WAY CITY/ST/ZIP/CO: COMBINED LOCKS, WI 54113	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KIRK D FARNEY TITLE: DIRECTOR ADDRESS: 216 E CHICAGO AVE CITY/ST/ZIP/CO: HINSDALE, IL 60521	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ TERESA RASMUSSEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERESA RASMUSSEN, SVP/GC/SEC PRINTED NAME AND CORPORATE TITLE	10/4/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		