

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

Thrivent Property & Casualty Insurance Agency, Inc.

SCC ID NO: **F1429986**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 625 FOURTH AVENUE SOUTH

CITY/ST/ZIP: MINNEAPOLIS, MN 55415-

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: KARL D ANDERSON
TITLE: PRESIDENT
ADDRESS: 625 FOURTH AVENUE SOUTH
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER

DIRECTOR

NAME: ERIC ASK
TITLE: VICE PRESIDENT
ADDRESS: 625 FOURTH AVENUE SOUTH
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER

DIRECTOR

NAME: PAUL R JOHNSTON
TITLE: CLO/S
ADDRESS: 625 FOURTH AVENUE SOUTH
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55413-

OFFICER

DIRECTOR

NAME: CINDY J NIGBUR
TITLE: ASST SECRETARY
ADDRESS: 625 4TH AVE S
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER

DIRECTOR

NAME: KURT TURESON
TITLE: TREASURER
ADDRESS: 625 FOURTH AVENUE SOUTH
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER

DIRECTOR

NAME: JEAN KORDUS TITLE: DIR CTRCT LIC ADDRESS: 4321 NORTH BALLARD ROAD CITY/ST/ZIP/CO: APPLETON, WI 54919-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM MCKINNEY TITLE: DIRECTOR ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES THOMSEN TITLE: DIRECTOR ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MNNEAPOLIS, MN 55415-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREG GROTHE TITLE: ASST VP ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-	<input checked="" type="checkbox"/> OFFICER <input 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/ CINDY J NIGBUR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CINDY J NIGBUR, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
6/7/2011 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.	