

1.) CORPORATION NAME:

Thrivent Property & Casualty Insurance Agency, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1429986**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		
NAME:	ERIC ASK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		
NAME:	GREG GROTHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		
NAME:	PAUL R JOHNSTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLO/S		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55413		
NAME:	CINDY J NIGBUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	625 4TH AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		
NAME:	KURT TURESON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN KORDUS DIR CTRCT LIC 4321 NORTH BALLARD ROAD APPLETON, WI 54919	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM MCKINNEY DIRECTOR 625 FOURTH AVENUE SOUTH MINNEAPOLIS, MN 55415	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES THOMSEN DIRECTOR 625 FOURTH AVENUE SOUTH MNNEAPOLIS, MN 55415	<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/ KURT TURESON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KURT TURESON, TREASURER PRINTED NAME AND CORPORATE TITLE	6/20/2012 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.			