

1.) CORPORATION NAME:

**Thrivent Insurance Agency Inc.**

DUE DATE: **3/31/2011**

SCC ID NO: **F1621970**

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	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 625 4TH AVENUE SOUTH  
MS-REG FINANCIAL

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: WILLIAM B MCKINNEY  
TITLE: DIRECTOR  
ADDRESS: 625 FOURTH AVE, S  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER  DIRECTOR

NAME: JAMES M ODLAND  
TITLE: SEC/CLO  
ADDRESS: 625 FOURTH AVE SOUTH  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER  DIRECTOR

NAME: JAMES A THOMSEN  
TITLE: DIRECTOR  
ADDRESS: 625 FOURTH AVE S  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER  DIRECTOR

NAME: TODD YEITER  
TITLE: VICE PRESIDENT  
ADDRESS: 625 FOURTH AVE S  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER  DIRECTOR

NAME: BRUCE FEAR  
TITLE: VICE PRESIDENT  
ADDRESS: 625 FOURTH AVE S  
CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415-

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONA DIEBOLD DIR NONPROP MGR 625 FOURTH AVE S MINNEAPOLIS, MN 55415-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN KORDUS DIR CTRCT LIC 625 FOURTH AVE S MINNEAPOLIS, MN 55415-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA NIGBUR ASST SECRETARY 625 FOURTH AVE S MINNEAPOLIS, MN 55415-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KARL ANDERSON PRESIDENT 625 FOURTH AVE S MINNEAPOLIS, MN 55415-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT TURESON TREASURER 625 FOURTH AVE S 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/ JAMES M ODLAND		JAMES M ODLAND, SEC/CLO	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			