

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213511431

1.) CORPORATION NAME:

Thrivent Insurance Agency Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1621970**

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KARL ANDERSON		
TITLE:	PRESIDENT		
ADDRESS:	625 FOURTH AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES M ODLAND		
TITLE:	SEC/CLO		
ADDRESS:	625 FOURTH AVE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CYNTHIA NIGBUR		
TITLE:	ASST SECRETARY		
ADDRESS:	625 FOURTH AVE S		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KNUT A OLSON		
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 A THOMSEN		
TITLE:	DIRECTOR		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK ANEMA		
TITLE:	VICE PRESIDENT		
ADDRESS:	625 FOURTH AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55415		

NAME: KURT S TURESON TITLE: TREASURER ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JULIE MURAWSKI TITLE: DIR NONPROP INS ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JEAN KORDUS TITLE: DIR CONTR/LICEN ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: KELLY LARMON TITLE: ASST SECRETARY ADDRESS: 625 FOURTH AVENUE SOUTH CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55415	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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 STURESON	KURT STURESON,	3/5/2013
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.