

1.) CORPORATION NAME:

NATIONAL WESTERN LIFE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

BRADFUTE W. DAVENPORT, JR.

1001 HAXALL POINT, 15TH FL

POST OFFICE BOX 1122

RICHMOND, VA 23218-1122

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

DUE DATE: **1/31/2012**

SCC ID NO: **F0328999**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	7,500,000
COMB	200,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1675 BROADWAY #1200

CITY/ST/ZIP: DENVER, CO 80202-

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:	ROSS R MOODY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752-		
NAME:	THOMAS F KOPETIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752-		
NAME:	JAMES P PAYNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/S		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752-		
NAME:	BRIAN M PRIBYL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/T		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752-		
NAME:	ROBERT L MOODY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2302 POSTOFFICE STREET, STE. 702		
CITY/ST/ZIP/CO:	GALVESTON, TX 77550-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT E ARENDALE Sr. Vice Presid 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN C JOHNSON Sr. Vice Presid 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA L SCHEUER Sr. Vice Presid 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY L FISCHER VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE G SCOTT VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK D GULAS VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLOS A MARTINEZ VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL P HYDANUS Sr. Vice Presid 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES S BLUNDO VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL T GAROFOLI VICE PRESIDENT 850 E ANDERSON LANE AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: KITTY S KENNEDY TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DORIS KRUSE TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONNA L RICHARDSON TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL D FACEY TITLE: Sr. Vice Presid ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: FRANCES A MOODY TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELVIN J PEDERSON TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN E GLASGOW TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ERLE D MCLEOD TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RUSSELL S MOODY TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES D MILOS TITLE: Sr. Vice Presid ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LOUIS E PAULS, JR TITLE: DIRECTOR ADDRESS: 2302 POSTOFFICE STREET STE 702 CITY/ST/ZIP/CO: GALVESTON, TX 77550-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RACHEL REGA PAULSON TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JONATAN ALKALAY TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: REYNALDO PEREZ, JR TITLE: VICE PRESIDENT ADDRESS: 850 E ANDERSON LANE CITY/ST/ZIP/CO: AUSTIN, TX 78752-	<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/ THOMAS F KOPETIC	THOMAS F KOPETIC, VP/CONT	1/11/2012
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.		