

1.) CORPORATION NAME:

NATIONAL WESTERN LIFE INSURANCE COMPANY

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BRADFUTE W. DAVENPORT, JR.
1001 HAXALL POINT, 15TH FL
POST OFFICE BOX 1122**

SCC ID NO: **F0328999**

RICHMOND, VA 23218-1122

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

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:	JONATAN ALKALAY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752		

NAME:	CHARLES S BLUNDO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752		

NAME:	GARY L FISCHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752		

NAME:	PAUL T GAROFOLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752		

NAME:	MARK D GULAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	850 E ANDERSON LANE		
CITY/ST/ZIP/CO:	AUSTIN, TX 78752		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KITTY S KENNEDY 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:	THOMAS F KOPETIC VP/CONT 850 E ANDERSON LANE AUSTIN, TX 78752	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DORIS KRUSE 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 SR VICE PRES 850 E ANDERSON LANE AUSTIN, TX 78752	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RACHEL REGA PAULSON 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:	JAMES P PAYNE SR VP/S 850 E ANDERSON LANE AUSTIN, TX 78752	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REYNALDO PEREZ, JR 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:	BRIAN M PRIBYL SR VP/T 850 E ANDERSON LANE AUSTIN, TX 78752	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA L RICHARDSON 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:	CHARLES D MILOS SR. VICE PRESID 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L MOODY CHAIRMAN 2302 POSTOFFICE STREET, STE. 702 GALVESTON, TX 77550	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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:	STEPHEN E GLASGOW DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERLE D MCLEOD DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCES A MOODY DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL S MOODY DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LOUIS E PAULS, JR DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELVIN J PEDERSON DIRECTOR 2302 POSTOFFICE STREET STE 702 GALVESTON, TX 77550	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D EGAN 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:	LUIS V FREIRE 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:	ANTHONY J ZAGAR 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:	FABIOLA A BEST 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 J MARTINSEN VICE PRESIDENT 850 E ANDERSON LANE 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/ ROSS R MOODY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROSS R MOODY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/22/2013 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.			