2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# 818708

Entity Name: NATIONAL WESTERN LIFE INSURANCE COMPANY

Current Principal Place of Business:

850 E ANDERSON LANE
AUSTIN, TX 78752

New Principal Place of Business:

Current Mailing Address:

850 E ANDERSON LANE
AUSTIN, TX 787528602

New Mailing Address:

FEI Number: 84-0467208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD
Name: MOODY, ROBERT L
Address: 702 MOODY NAT. BK. TOWER
City-St-Zip: GALVESTON, TX 77550

Title: PD
Name: MOODY, ROSS R
Address: 850 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752 16

Title: V
Name: KOPETIC, THOMAS F
Address: 850 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752 16

Title: VT
Name: PRIBYL, BRIAN M
Address: 850 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752 16

Title: VS
Name: PAYNE, JAMES P
Address: 850 EAST ANDERSON LANE
City-St-Zip: AUSTIN, TX 78752 16

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F KOPETIC V 04/12/2012

Electronic Signature of Signing Officer or Director — Date