

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827795

FILED
Apr 29, 2011
Secretary of State

Entity Name: WESTERN NATIONAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 770192118 US

New Principal Place of Business:

Current Mailing Address:

2929 ALLEN PKWY
A6-20
HOUSTON, TX 770192118 US

New Mailing Address:

2929 ALLEN PARKWAY
A6-20
HOUSTON, TX 770192118 US

FEI Number: 75-0770838

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: SVP
Name: DEN BOER, DAVID H
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019 US

Title: SVP
Name: AKERS, MICHAEL J
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019 US

Title: CEO
Name: ABRAMS, BRUCE R
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019 US

Title: VPS
Name: STONER, KATHERINE L
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019 US

Title: VP
Name: JORGENSEN, DAVID S
Address: 2929 ALLEN PKWY
City-St-Zip: HOUSTON, TX 77019 US

Title: VPT
Name: MCNEAL, LOUIS
Address: 2929 ALLEN PARKWAY
City-St-Zip: HOUSTON, TX 77019 US

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: DAVID S. JORGENSEN

VP

04/29/2011

Electronic Signature of Signing Officer or Director

_____ Date