Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOODY NATIONAL BANK 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/2003

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

MOODY NATIONAL BANK

PO BOX 1139
GALVESTON, TX 77553

2b Employer Identification Number (EIN) 74-0560665

2c Sponsor's telephone number 409-765-5561

2d Business code (see instructions) 522110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	JOANN POHORILES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MOODY NATIONAL BANK

PO BOX 1139
GALVESTON, TX 77553

3b Administrator's EIN
74-0560665

3c Administrator's telephone number
409-765-5561

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	257
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	221
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	221
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	221
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	80
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)		Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOODY NATIONAL BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOODY NATIONAL BANK

D Employer Identification Number (EIN)
74-0560665

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	GA-022500	80	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
4637	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

FASI OF TX INC
PO BOX 85549
SAN DIEGO, CA 92186

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4637			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	1082423

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	0		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	0
d	Total of balance and additions (add **b** and **c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOODY NATIONAL BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOODY NATIONAL BANK

D Employer Identification Number (EIN)
74-0560665

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HARTFORD LIFE INSURANCE COMPANY

06-0974148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66	NONE	2225	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
67 99			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARTFORD LIFE INSURANCE COMPANY	15 23 37 38 49 50 54 55 56 59 60 62 63 64 65 66 67 99	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHED 06-0974148	SEE ATTACHED	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOODY NATIONAL BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOODY NATIONAL BANK

D Employer Identification Number (EIN)
74-0560665

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK4

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148-000	P	782702

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K4

b Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103 12 IE at end of year (see instructions)
06-0974148-000	P	299721

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103- 12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOODY NATIONAL BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOODY NATIONAL BANK

D Employer Identification Number (EIN)
74-0560665

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	21144	36794
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1077772	1082423
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1098916	1119217
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1098916	1119217

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	144810	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		144810
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1374	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1374
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-50181
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		96003
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	73477	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		73477
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)		
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)	2225	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2225
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		75702
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		20301
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DRDA **(2)** EIN: 76-0229852

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		7500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
MOODY NATIONAL BANK 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MOODY NATIONAL BANK

D Employer Identification Number (EIN)
74-0560665

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

EIN 74-0560665
Plan Number 001

MOODY NATIONAL BANK
401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

EIN 74-0560665
Plan Number 001

MOODY NATIONAL BANK
401(K) PLAN

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EIN 74-0560665
Plan Number 001

DRDA
a professional limited liability company
certified public accountants and business consultants

INDEPENDENT AUDITOR'S REPORT

Moody National Bank
401(K) Plan
Galveston, Texas

We were engaged to audit the financial statements of the Moody National Bank 401(k) Plan as of and for the years ended December 31, 2011 and 2010, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by The Hartford, the investment trustee of the Plan, as of December 31, 2011 and 2010, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment trustees as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the investment trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the investment trustee, have been audited by us in accordance with generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974.

DRDA, PLLC

DRDA, P.L.L.C.
Houston, Texas
October 11, 2012

Moody National Bank
401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments at Fair Value		
Mutual Funds	$ 1,082,423	$ 1,077,772
Total Investments	1,082,423	1,077,772
Receivables		
Notes Receivable From Participants	36,794	21,143
Total Receivables	36,794	21,143
Total Assets	1,119,217	1,098,915
LIABILITIES	-	-
Net Assets Available for Benefits	$ 1,119,217	$ 1,098,915

See auditor's report and notes to financial statements.

Moody National Bank
401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2011 and 2010

	2011	2010
Additions		
Additions to Net Assets Attributed to:		
Investment Income		
Interest - Participant Loans	$ 1,393	$ 1,045
Net Appreciation(Depreciation) in Fair Value	(50,199)	93,714
Total Investment Income(Loss)	(48,806)	94,759
Contributions		
Employees - Salary deferrals	144,810	166,742
Total Contributions	144,810	166,742
Total Additions	96,004	261,501
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	73,477	21,111
Administrative Expenses	2,225	2,300
Total Deductions	75,702	23,411
Net Increase	20,302	238,090
Net Assets Available for Benefits, Beginning of Year	1,098,915	860,825
Net Assets Available for Benefits, End of Year	$ 1,119,217	$ 1,098,915

See auditor's report and notes to financial statements.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of Moody National Bank 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General. The Plan is a defined contribution plan, formed May 1, 2003, covering all full-time employees of Moody National Bank (the Bank) meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Section 401(a) of the Internal Revenue Code.

2. Participation. An employee must complete a minimum of one (1) year of service consisting of at least 1,000 hours worked during the Plan year, and attained the age of 19.

3. Contributions. Employees may elect to contribute up to 75% of their pre-tax compensation pursuant to their salary deferral agreements on file with the Bank's manager of payroll and benefits subject to the maximum dollar limits set by the IRS. The limit for 2011 and 2010 was $16,500 and $16,500, respectively. A participant's compensation taken into account under the plan was limited to $245,000 for 2011 and $245,000 for 2010 as required per IRC Section 404(l). Compensation includes the employees' elective contributions.

   The Bank may make matching contributions based upon employees' elective deferrals at a percentage which the Bank will determine each year.

   Additionally, the Bank, at its discretion, may elect to make annual contributions for all eligible plan participants employed on the last day of the plan year which must be designated as qualified non-elective contributions (profit sharing contributions). These contributions are allocated in the same ratio that each participant's compensation for the plan year bears to the total compensation of all participants for the plan year, subject to certain limitations required for plan qualifications under the Internal Revenue Code.

   For the plan years ended December 31, 2011 and 2010, the Bank elected not to make any matching contributions or profit sharing contributions.

4. Participant Accounts. Accounting records for individual participants are maintained by a third-party record keeper. Each participant's account is credited with the participant's salary deferrals and rollover contributions and allocations of the Bank's contributions and plan earnings and losses. Plan earnings and losses, net of appreciation and depreciation, are allocated as of the last day of each calendar quarter in the same proportion that each participant's and former participant's non-segregated accounts bear to the total of all participant's and former participant's non-segregated accounts as of the last day of each calendar quarter. Participants self direct the allocation of contributions to investment choices offered under the Plan.

5. Administrative Expenses. Administrative expenses including trustee fees are paid directly by the Plan. Expenses incurred to audit the Plan are paid by the Bank.

6. Vesting. Participants are immediately vested in their salary deferral contributions plus actual earnings thereon. Participants' vesting in the Bank's matching and profit sharing contributions is based on years of continuous service. A participant is 100% vested after five years of credited service.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN (continued)

7. Notes Receivable From Participants . Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. A participant with an account balance of $2,000 or greater may borrow from his or her account an amount not to exceed the lesser of fifty percent (50%) of his or her account balance, or $50,000. Loan terms range from 1 to 5 years. The interest rate for all loans is equal to the prime rate (as printed in the Wall Street Journal) plus 1%. The loans are secured by the balance in the participant's account. Loan repayments are to be made ratably through payroll deductions.

8. Payment of Benefits. The Plan does not allow withdrawals of Bank contributions or earnings thereon by active employees of the Bank. On termination of service due to attaining normal retirement age, disability or death, a participant or his beneficiary may elect to receive an amount equal to the value of his or her account balance in either a single lump-sum or in the form of a joint and survivor annuity. An employee who terminates employment before reaching normal retirement age may elect to receive a distribution of his or her vested account balance net of early distribution penalties.

9. Forfeitures. Forfeited nonvested accounts are first applied to the payment of plan administration expenses. Any remaining forfeitures are used towards matching and profit sharing contributions.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting.
   The financial statements of the Plan are prepared using the accrual method of accounting.

2. Date of Management's Review.
   Subsequent events were evaluated through October 11, 2012, which is the date the financial statements were available to be issued.

3. Estimates.
   The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

4. Investment Valuation.
   As of December 31, 2011 and 2010, the Plan's investments were held and maintained by The Hartford, in a common trust which is regulated, supervised and subject to periodic examination by Federal agencies. Investments in trusted common funds are valued at the net asset value per share computed for each fund. In the computation of net asset values, securities held by the various funds are valued at prices which equal or approximate market value. Cash equivalents are stated at cost which approximates market value.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE C—INVESTMENTS

Investments at fair value as determined by quoted market price representing 5% or more of the Plan's net assets include:

	December 31, 2011
Franklin Templeton Cons Target	216,978
Hartford Capital Appreciation	56,355
Hartford Money Market HLS	150,971
Hartford Midcap	65,731
	December 31, 2010
Pimco Total Return	211,686
Janus Forty	126,790
Fidelity Equity Growth	130,137
Hartford Midcap	134,489
Fixed Account	573,003

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
	Fair Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Unobservable Inputs (Level 3)**
December 31, 2011			
Mutual funds	$ 1,082,423	$ 1,082,423	$ -
Participant loans	36,794	-	36,794
Total	$ 1,119,217	$ 1,082,423	$ 36,794
December 31, 2010			
Mutual funds	$ 1,077,772	$ 1,077,772	$ -
Participant loans	21,143	-	21,143
Total	$ 1,098,915	$ 1,077,772	$ 21,143

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS (continued)

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

Level 3 Fair Value Measurements
Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans
December 31, 2011	
Beginning balance	$ 21,143
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	15,651
Ending balance	$ 36,794
December 31, 2010	
Beginning balance	$ 21,125
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	18
Ending balance	$ 21,143

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2011 and 2010 are reported in net appreciation in fair value of investments.

NOTE E - PLAN REVISION, AMENDMENT AND TERMINATION

The Bank may amend the Plan as deemed necessary. Although Moody National Bank has not expressed any interest to do so, the Bank has the right to terminate the Plan at any time, subject to the provisions of ERISA.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Bank by letter dated August 7, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE G - INFORMATION CERTIFIED BY TRUSTEE

Investments in mutual funds at December 31, 2011 are as follows:

	Market Value
AIM Mid Cap Core Equity	$ 6,907
AIM Small Cap Growth	14,514
Alliancebernstein Technology	6,362
Allianz Occ Renaissance	2,820
American Balanced	11,396
American Mutual	10,252
Calvert Social Invest Equity	721
Davis Financial	5,611
Davis New York Venture	17,498
Eaton Vance Utilities	10,527
Eaton Vance WW Health Sciences	8,435
Europacific Growth	28,940
Federated Capital Appreciation	2,543
Fidelity Adv Value Strategies	15,786
Fidelity Advisor Equity Income	10,870
Fidelity Advisor Mid Cap	11,112
Franklin Bal Sheet Investment	23,999
Franklin Templ Moderate Target	53,339
Franklin Templeton Cons Target	216,978
Franklin Templeton GR Target	48,855
Goldman Sachs Government Inc	7,024
Growth Fund of America	51,036
Hartford Capital Apprectn Hls	56,355
Hartford High Yield Hls	26,663
Hartford Midcap Hls	65,731
Hartford Money Market Hls	150,971
Investment Company of America	3,020
Invesco Van Kampen Value Opp	4,198
Janus Adviser Flexible Income	11,128
Janus Adviser Forty	15,880
Lord Abbett Affiliated	16,631
Lord Abbett Bond-Debenture	2,218
Lord Abbett Mid-Cap Value	27,798
New Perspective	21,120
Oppenhiemer Global	34,215
Oppenheimer GLD and SC Mnrls	300
Oppenheimer Quest Balanced	3,298
Pimco Foreign Bond	5,021
Pimco Total Return	17,585
Templeton Foreign	28,328
The Income Fund of America	10,245
Washington Mutual Inv	16,193
Participant Loans	36,794
	$ 1,119,217

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE G - INFORMATION CERTIFIED BY TRUSTEE (continued)

Investments in mutual funds at December 31, 2010 are as follows:

	Market Value
AIM Basic Value	$ 4,082
AIM Mid Cap Core Equity	6,633
AIM Small Cap Growth	13,422
Alliancebernstein Technology	7,990
Allianz Occ Renaissance	2,840
American Balanced	11,125
American Mutual	9,599
Calvert Social Invest Equity	1,237
Davis Financial	7,506
Davis New York Venture	15,613
Eaton Vance Utilities	11,189
Eaton Vance WW Health Sciences	7,577
Europacific Growth	28,714
Federated Capital Appreciation	2,435
Fidelity Adv Value Strategies	15,830
Fidelity Advisor Equity Income	9,410
Fidelity Advisor Mid Cap	9,427
Franklin Bal Sheet Investment	24,627
Franklin Templ Moderate Target	45,033
Franklin Templeton Cons Target	200,774
Franklin Templeton GR Target	46,883
Goldman Sachs Government Inc	5,544
Growth Fund of America	47,724
Hartford Capital Apprectn Hls	63,657
Hartford High Yield Hls	24,006
Hartford Midcap Hls	64,567
Hartford Money Market Hls	133,599
Investment Company of America	2,799
Janus Adviser Flexible Income	12,875
Janus Adviser Forty	17,250
Lord Abbett Affiliated	15,284
Lord Abbett Bond-Debenture	1,515
Lord Abbett Mid-Cap Value	27,143
New Perspective	19,726
Oppenhiemer Global	35,041
Oppenheimer Quest Balanced	4,804
Pimco Foreign Bond	4,038
Pimco Total Return	14,352
Templeton Foreign	31,894
The Income Fund of America	56,422
Washington Mutual Inv	13,585
Participant Loans	21,144
	$ 1,098,915

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE H - RISKS AND UNCERTAINTIES

Participants self direct the allocation of contributions to investment securities offered under the Plan. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE I - RECONCILIATION OF FORM 5500 WITH FINANCIAL STATEMENTS

	2011	2010
Net assets per Form 5500 line 1 l	$ 1,119,217	$ 1,098,915
Net assets available for benefits per financial statements	$ 1,119,217	$ 1,098,915

	2011	2010
Contributions per Form 5500, lines 2 a (1) (A), (B) & (C)	$ 144,810	$ 166,742
Contributions per financial statements	$ 144,810	$ 166,742

Moody National Bank Employee 401(k) Plan
Year Ended December 31, 2011
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	AIM Mid Cap Core Equity	Mutual Fund	$ 6,907
	AIM Small Cap Growth	Mutual Fund	14,514
	Alliancebernstein Technology	Mutual Fund	6,362
	Allianz Occ Renaissance	Mutual Fund	2,820
	American Balanced	Mutual Fund	11,396
	American Mutual	Mutual Fund	10,252
	Calvert Social Invest Equity	Mutual Fund	721
	Davis Financial	Mutual Fund	5,611
	Davis New York Venture	Mutual Fund	17,498
	Eaton Vance Utilities	Mutual Fund	10,527
	Eaton Vance WW Health Sciences	Mutual Fund	8,435
	Europacific Growth	Mutual Fund	28,940
	Federated Capital Appreciation	Mutual Fund	2,543
	Fidelity Adv Value Strategies	Mutual Fund	15,786
	Fidelity Advisor Equity Income	Mutual Fund	10,870
	Fidelity Advisor Mid Cap	Mutual Fund	11,112
	Franklin Bal Sheet Investment	Mutual Fund	23,999
	Franklin Templ Moderate Target	Mutual Fund	53,339
	Franklin Templeton Cons Target	Mutual Fund	216,978
	Franklin Templeton GR Target	Mutual Fund	48,855
	Goldman Sachs Government Inc	Mutual Fund	7,024
	Growth Fund of America	Mutual Fund	51,036
	Hartford Capital Apprectn Hls	Mutual Fund	56,355
	Hartford High Yield Hls	Mutual Fund	26,663
	Hartford Midcap Hls	Mutual Fund	65,731
	Hartford Money Market Hls	Mutual Fund	150,971
	Investment Company of America	Mutual Fund	3,020
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	Janus Adviser Flexible Income	Mutual Fund	11,128
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	Oppenheimer Quest Balanced	Mutual Fund	3,298
	Pimco Foreign Bond	Mutual Fund	5,021
	Pimco Total Return	Mutual Fund	17,585
	Templeton Foreign	Mutual Fund	28,328
	The Income Fund of America	Mutual Fund	10,245
	Washington Mutual Inv	Mutual Fund	16,193
	Participant Loans	Interest Rate Range: 6.50% - 9.25%	36,794
		Totals	$ 1,119,217

EIN 74-0560665
Plan Number 001

MOODY NATIONAL BANK
401(K) PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

EIN 74-0560665
Plan Number 001

MOODY NATIONAL BANK
401(K) PLAN

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EIN 74-0560665
Plan Number 001

DRDA
a professional limited liability company
certified public accountants and business consultants

INDEPENDENT AUDITOR'S REPORT

Moody National Bank
401(K) Plan
Galveston, Texas

We were engaged to audit the financial statements of the Moody National Bank 401(k) Plan as of and for the years ended December 31, 2011 and 2010, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note G, which was certified by The Hartford, the investment trustee of the Plan, as of December 31, 2011 and 2010, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the investment trustees as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the investment trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the investment trustee, have been audited by us in accordance with generally accepted auditing standards and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Security Act of 1974.

DRDA, PLLC

DRDA, P.L.L.C.
Houston, Texas
October 11, 2012

Moody National Bank
401(K) Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
ASSETS		
Investments at Fair Value		
Mutual Funds	$ 1,082,423	$ 1,077,772
Total Investments	1,082,423	1,077,772
Receivables		
Notes Receivable From Participants	36,794	21,143
Total Receivables	36,794	21,143
Total Assets	1,119,217	1,098,915
LIABILITIES	-	-
Net Assets Available for Benefits	$ 1,119,217	$ 1,098,915

See auditor's report and notes to financial statements.

Moody National Bank
401(K) Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2011 and 2010

	2011	2010
Additions		
Additions to Net Assets Attributed to:		
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Contributions		
Employees - Salary deferrals	144,810	166,742
Total Contributions	144,810	166,742
Total Additions	96,004	261,501
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	73,477	21,111
Administrative Expenses	2,225	2,300
Total Deductions	75,702	23,411
Net Increase	20,302	238,090
Net Assets Available for Benefits, Beginning of Year	1,098,915	860,825
Net Assets Available for Benefits, End of Year	$ 1,119,217	$ 1,098,915

See auditor's report and notes to financial statements.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

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2. Participation. An employee must complete a minimum of one (1) year of service consisting of at least 1,000 hours worked during the Plan year, and attained the age of 19.

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   Additionally, the Bank, at its discretion, may elect to make annual contributions for all eligible plan participants employed on the last day of the plan year which must be designated as qualified non-elective contributions (profit sharing contributions). These contributions are allocated in the same ratio that each participant's compensation for the plan year bears to the total compensation of all participants for the plan year, subject to certain limitations required for plan qualifications under the Internal Revenue Code.

   For the plan years ended December 31, 2011 and 2010, the Bank elected not to make any matching contributions or profit sharing contributions.

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Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN (continued)

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2. Date of Management's Review.
   Subsequent events were evaluated through October 11, 2012, which is the date the financial statements were available to be issued.

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Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

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Pimco Total Return	211,686
Janus Forty	126,790
Fidelity Equity Growth	130,137
Hartford Midcap	134,489
Fixed Account	573,003

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The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:	
	Fair Value	**Quoted Prices in Active Markets for Identical Assets (Level 1)**	**Significant Unobservable Inputs (Level 3)**
December 31, 2011			
Mutual funds	$ 1,082,423	$ 1,082,423	$ -
Participant loans	36,794	-	36,794
Total	$ 1,119,217	$ 1,082,423	$ 36,794
December 31, 2010			
Mutual funds	$ 1,077,772	$ 1,077,772	$ -
Participant loans	21,143	-	21,143
Total	$ 1,098,915	$ 1,077,772	$ 21,143

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS (continued)

Level 1 Fair Value Measurements
The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

Level 3 Fair Value Measurements
Participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

	Participant Loans
December 31, 2011	
Beginning balance	$ 21,143
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	15,651
Ending balance	$ 36,794
December 31, 2010	
Beginning balance	$ 21,125
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	-
Purchases, sales, issuances, and settlements (net)	18
Ending balance	$ 21,143

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2011 and 2010 are reported in net appreciation in fair value of investments.

NOTE E - PLAN REVISION, AMENDMENT AND TERMINATION

The Bank may amend the Plan as deemed necessary. Although Moody National Bank has not expressed any interest to do so, the Bank has the right to terminate the Plan at any time, subject to the provisions of ERISA.

NOTE F - TAX STATUS

The Internal Revenue Service has determined and informed the Bank by letter dated August 7, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's trustee believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE G - INFORMATION CERTIFIED BY TRUSTEE

Investments in mutual funds at December 31, 2011 are as follows:

	Market Value
AIM Mid Cap Core Equity	$ 6,907
AIM Small Cap Growth	14,514
Alliancebernstein Technology	6,362
Allianz Occ Renaissance	2,820
American Balanced	11,396
American Mutual	10,252
Calvert Social Invest Equity	721
Davis Financial	5,611
Davis New York Venture	17,498
Eaton Vance Utilities	10,527
Eaton Vance WW Health Sciences	8,435
Europacific Growth	28,940
Federated Capital Appreciation	2,543
Fidelity Adv Value Strategies	15,786
Fidelity Advisor Equity Income	10,870
Fidelity Advisor Mid Cap	11,112
Franklin Bal Sheet Investment	23,999
Franklin Templ Moderate Target	53,339
Franklin Templeton Cons Target	216,978
Franklin Templeton GR Target	48,855
Goldman Sachs Government Inc	7,024
Growth Fund of America	51,036
Hartford Capital Apprectn Hls	56,355
Hartford High Yield Hls	26,663
Hartford Midcap Hls	65,731
Hartford Money Market Hls	150,971
Investment Company of America	3,020
Invesco Van Kampen Value Opp	4,198
Janus Adviser Flexible Income	11,128
Janus Adviser Forty	15,880
Lord Abbett Affiliated	16,631
Lord Abbett Bond-Debenture	2,218
Lord Abbett Mid-Cap Value	27,798
New Perspective	21,120
Oppenhiemer Global	34,215
Oppenheimer GLD and SC Mnrls	300
Oppenheimer Quest Balanced	3,298
Pimco Foreign Bond	5,021
Pimco Total Return	17,585
Templeton Foreign	28,328
The Income Fund of America	10,245
Washington Mutual Inv	16,193
Participant Loans	36,794
	$ 1,119,217

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE G - INFORMATION CERTIFIED BY TRUSTEE (continued)

Investments in mutual funds at December 31, 2010 are as follows:

	Market Value
AIM Basic Value	$ 4,082
AIM Mid Cap Core Equity	6,633
AIM Small Cap Growth	13,422
Alliancebernstein Technology	7,990
Allianz Occ Renaissance	2,840
American Balanced	11,125
American Mutual	9,599
Calvert Social Invest Equity	1,237
Davis Financial	7,506
Davis New York Venture	15,613
Eaton Vance Utilities	11,189
Eaton Vance WW Health Sciences	7,577
Europacific Growth	28,714
Federated Capital Appreciation	2,435
Fidelity Adv Value Strategies	15,830
Fidelity Advisor Equity Income	9,410
Fidelity Advisor Mid Cap	9,427
Franklin Bal Sheet Investment	24,627
Franklin Templ Moderate Target	45,033
Franklin Templeton Cons Target	200,774
Franklin Templeton GR Target	46,883
Goldman Sachs Government Inc	5,544
Growth Fund of America	47,724
Hartford Capital Apprectn Hls	63,657
Hartford High Yield Hls	24,006
Hartford Midcap Hls	64,567
Hartford Money Market Hls	133,599
Investment Company of America	2,799
Janus Adviser Flexible Income	12,875
Janus Adviser Forty	17,250
Lord Abbett Affiliated	15,284
Lord Abbett Bond-Debenture	1,515
Lord Abbett Mid-Cap Value	27,143
New Perspective	19,726
Oppenhiemer Global	35,041
Oppenheimer Quest Balanced	4,804
Pimco Foreign Bond	4,038
Pimco Total Return	14,352
Templeton Foreign	31,894
The Income Fund of America	56,422
Washington Mutual Inv	13,585
Participant Loans	21,144
	$ 1,098,915

Moody National Bank 401(k) Plan
Notes to Financial Statements
December 31, 2011 and 2010

NOTE H - RISKS AND UNCERTAINTIES

Participants self direct the allocation of contributions to investment securities offered under the Plan. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE I - RECONCILIATION OF FORM 5500 WITH FINANCIAL STATEMENTS

	2011	2010
Net assets per Form 5500 line 1 l	$ 1,119,217	$ 1,098,915
Net assets available for benefits per financial statements	$ 1,119,217	$ 1,098,915

	2011	2010
Contributions per Form 5500, lines 2 a (1) (A), (B) & (C)	$ 144,810	$ 166,742
Contributions per financial statements	$ 144,810	$ 166,742

Moody National Bank Employee 401(k) Plan
Year Ended December 31, 2011
Schedule H (Form 5500), Line 4i - Schedule of Assets (Held at End of Year)

(a) Party at Interest	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
	AIM Mid Cap Core Equity	Mutual Fund	$ 6,907
	AIM Small Cap Growth	Mutual Fund	14,514
	Alliancebernstein Technology	Mutual Fund	6,362
	Allianz Occ Renaissance	Mutual Fund	2,820
	American Balanced	Mutual Fund	11,396
	American Mutual	Mutual Fund	10,252
	Calvert Social Invest Equity	Mutual Fund	721
	Davis Financial	Mutual Fund	5,611
	Davis New York Venture	Mutual Fund	17,498
	Eaton Vance Utilities	Mutual Fund	10,527
	Eaton Vance WW Health Sciences	Mutual Fund	8,435
	Europacific Growth	Mutual Fund	28,940
	Federated Capital Appreciation	Mutual Fund	2,543
	Fidelity Adv Value Strategies	Mutual Fund	15,786
	Fidelity Advisor Equity Income	Mutual Fund	10,870
	Fidelity Advisor Mid Cap	Mutual Fund	11,112
	Franklin Bal Sheet Investment	Mutual Fund	23,999
	Franklin Templ Moderate Target	Mutual Fund	53,339
	Franklin Templeton Cons Target	Mutual Fund	216,978
	Franklin Templeton GR Target	Mutual Fund	48,855
	Goldman Sachs Government Inc	Mutual Fund	7,024
	Growth Fund of America	Mutual Fund	51,036
	Hartford Capital Apprectn Hls	Mutual Fund	56,355
	Hartford High Yield Hls	Mutual Fund	26,663
	Hartford Midcap Hls	Mutual Fund	65,731
	Hartford Money Market Hls	Mutual Fund	150,971
	Investment Company of America	Mutual Fund	3,020
	Invesco Van Kampen Value Opp	Mutual Fund	4,198
	Janus Adviser Flexible Income	Mutual Fund	11,128
	Janus Adviser Forty	Mutual Fund	15,880
	Lord Abbett Affiliated	Mutual Fund	16,631
	Lord Abbett Bond-Debenture	Mutual Fund	2,218
	Lord Abbett Mid-Cap Value	Mutual Fund	27,798
	New Perspective	Mutual Fund	21,120
	Oppenhiemer Global	Mutual Fund	34,215
	Oppenheimer GLD and SC Mnrls	Mutual Fund	300
	Oppenheimer Quest Balanced	Mutual Fund	3,298
	Pimco Foreign Bond	Mutual Fund	5,021
	Pimco Total Return	Mutual Fund	17,585
	Templeton Foreign	Mutual Fund	28,328
	The Income Fund of America	Mutual Fund	10,245
	Washington Mutual Inv	Mutual Fund	16,193
	Participant Loans	Interest Rate Range: 6.50% - 9.25%	36,794
		Totals	$ 1,119,217

Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the Hartford product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

This report includes compensation actually paid to or by the Hartford within the indicated plan year as part of your Hartford product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your Hartford customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than Hartford). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our Hartford product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your Hartford Service Team should you require additional information regarding the compensation paid to or by Hartford with respect to your plan.

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Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1] Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

MOODY NATIONAL BANK 401(K) PLAN (022500)
EIN #: 74-0560665

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$2,225.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Hartford Life Insurance Company EIN: 06-0974148

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$2,225.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Hartford Life Insurance Company are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Float compensation **$0.22**

Bank accounts and investments associated with short-term investment pool, 200 Hopmeadow Road, Simsbury, CT 06089

This is an estimate based on the annual average rate of float (0.01% for 2011) earned on the bank accounts and investments associated with the short-term investment pool for the 2011 calendar year multiplied by an estimate of the assets related to uncashed checks.* This estimate does not include float earned for any other reason (e.g., if amounts remitted to The Hartford cannot be immediately invested because they are not in good order). Please review or request a copy of the current float disclosure for more information about the other circumstances in which float is earned.

* A complete listing of distribution checks that remain outstanding is available on the Retirement Plan Access web site under the Standard Reports section (Report R03998-Outstanding Distribution Checks). Uncashed check assets will continue to remain in a float-earning bank account until such time direction is received from the Plan Sponsor. The Plan Sponsor should consult with their tax advisor or benefits counsel to determine if assets attributable to uncashed checks should be included on the Form 5500 filing.

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End* *	*Separate Account Charge* **
ALLIANCEBERNSTEIN GBL THEM GR A	13-3056623	0.55% x assets	1.50%	1.05%
ALLIANZ MID-CAP VALUE A	33-0457728	0.50% x assets	1.26%	1.05%
AMERICAN FUNDS AMERICAN BAL R3	94-6050854	0.65% x assets	0.94%	1.05%
AMERICAN FUNDS AMERICAN MTUAL R3	95-6006886	0.65% x assets	0.97%	1.05%
AMERICAN FUNDS EUROPAC GROWTH R3	95-1411037	0.65% x assets	1.13%	1.05%
AMERICAN FUNDS GR FD OF AMER R3	52-0792143	0.65% x assets	0.97%	1.05%
AMERICAN FUNDS INC FD OF AMER R3	06-0867264	0.65% x assets	0.96%	1.05%
AMERICAN FUNDS INV CO OF AMER R3	95-1426645	0.65% x assets	0.97%	1.05%
AMERICAN FUNDS NEW PERSPECTIV R3	95-2817150	0.65% x assets	1.11%	1.05%
AMERICAN FUNDS WASHMUTUAL INV R3	66-0793788	0.65% x assets	0.97%	1.05%
CALVERT SOCIAL INVESTMENT EQU A	52-1233223	0.45% x assets	1.23%	1.05%
DAVIS FINANCIAL A	36-2926440	0.35% x assets plus $12/participant	0.95%	1.05%
DAVIS NEW YORK VENTURE A	13-2601967	0.35% x assets plus $12/participant	0.89%	1.05%
EATON VANCE DIVIDEND BUILDER A	04-6039283	0.55% x assets	1.09%	1.05%
EATON VANCE WORLDWIDE HLTH SCI A	04-2325690	0.55% x assets	1.80%	1.05%
FEDERATED CAPITAL APPRECIATION A	25-1470423	0.55% x assets	1.37%	1.05%
FIDELITY ADV STOCK SEL MID CAP T	04-3335387	0.60% x assets	1.03%	1.05%
FIDELITY ADVISOR EQUITY INCOME T	04-3335387	0.60% x assets	1.23%	1.05%
FIDELITY ADVISOR VALUE STRAT T	04-3335387	0.60% x assets	1.26%	1.05%
FRANKLIN BALANCE SHEET INVEST A	13-3151768	0.35% x assets plus $12/participant	1.00%	1.05%
FRANKLIN TEMPLETON CONS ALLOC A	13-3151768	0.35% x assets plus $12/participant	1.21%	1.05%
FRANKLIN TEMPLETON GROWTH ALLO A	13-3151768	0.35% x assets plus $12/participant	1.38%	1.05%
FRANKLIN TEMPLETON MOD ALLOC A	13-3151768	0.35% x assets plus $12/participant	1.27%	1.05%
GOLDMANSACHS GOVERNMENT INCOME A	13-4019460	0.55% x assets	0.99%	1.05%
HARTFORD CAPITAL APP HLS IB	22-2937447	0.50% x assets	0.92%	1.05%
HARTFORD HIGH YIELD HLS IB	22-2937447	0.50% x assets	1.00%	1.05%
HARTFORD MIDCAP HLS IB	22-2937447	0.50% x assets	0.95%	1.05%
HARTFORD MONEY MARKET HLS IB	22-2937447		0.68%	1.05%
INVESCO BASIC VALUE A	84-1251725	0.50% x assets	1.41%	1.05%
INVESCO MID CAP CORE EQUITY A	94-2362417	0.60% x assets	1.21%	1.05%
INVESCO SMALL CAP GROWTH A	94-2362417	0.60% x assets	1.25%	1.05%
INVESCO VAN KAMPEN VALUE OPP-A	84-0933032	0.60% x assets	1.35%	1.05%
JANUS FLEXIBLE BOND S	84-0592523	0.50% x assets	0.96%	1.05%

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to The Hartford (rates as of 12/31/2011)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*[*]	*Separate Account Charge*[**]
JANUS FORTY S	84-0592523	0.50% x assets	1.20%	1.05%
LORD ABBETT AFFILIATED P	13-6020600	0.70% x assets	0.95%	1.05%
LORD ABBETT BOND DEBENTURE P	13-2669319	0.70% x assets	1.07%	1.05%
LORD ABBETT MID CAP STOCK FUND INC P	13-3166900	0.70% x assets	1.25%	1.05%
OPPENHEIMER GLBL ALLOCATION A	13-6977079	0.55% x assets	1.41%	1.05%
OPPENHEIMER GLOBAL A	13-2649093	0.55% x assets	1.20%	1.05%
OPPENHEIMER GOLD AND SPEC MIN A	13-3155639	0.55% x assets	1.07%	1.05%
PIMCO FOR BD(US DOLLAR-HEDGED) A	33-0629048	0.40% x assets	0.90%	1.05%
PIMCO TOTAL RETURN A	33-0629048	0.40% x assets	0.85%	1.05%
TEMPLETON FOREIGN A	22-2169185	0.35% x assets plus $12/participant	1.17%	1.05%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Hartford Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that Hartford received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

[*] This amount is the sum of the fund's distribution, management and other fees, which are also identified in the fund's prospectus. Please note that affiliates of Hartford Life Insurance Company act as advisor to the Hartford funds. Such affiliates are identified in the fund's prospectus' and receive management fees in the following amounts:

Hartford Capital Appreciation HLS IB	0.63% x assets
Hartford High Yield HLS IB	0.69% x assets
Hartford MidCap HLS IB	0.68% x assets

[**]Separate Account Charge

[see fund chart]% per annum of the daily Sub-Account values (pursuant to the group annuity contract or funding agreement)

Hartford Life Insurance Company Separate Accounts, 200 Hopmeadow Road, Simsbury, CT 06089

Recipient: FASI OF TX INC EIN: 93-1061037

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission**	Payor: Hartford Life Insurance Company	EIN: 06-0974148	**$4,637.38**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the 2011 calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

Direct Revenue Detail

Recipient: ***Hartford Life Insurance Company***

Fee Description	**Dollar Amount**
Participant Fee	$1,665.00
Loan Set-up Fee	$560.00
Total Direct Revenue:	**$2,225.00**
Grand Total Direct Fees:	**$2,225.00**