

1.) CORPORATION NAME: <b>AMERICAN NATIONAL INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>TX</b>	DUE DATE: <b>3/31/2016</b> SCC ID NO: <b>F0014052</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000,000
CLASS	AUTHORIZED				
COMMON	50,000,000				

6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: CONTROLLER'S DEPT., ONE MOODY PLAZA
CITY/ST/ZIP: GALVESTON, TX 77550

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES E. POZZI TITLE: P/COO ADDRESS: ONE MOODY PLAZA CITY/ST/ZIP/CO: GALVESTON, TX 77550	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: A. L. AMATO, JR. TITLE: SR VP ADDRESS: ONE MOODY PLAZA CITY/ST/ZIP/CO: GALVESTON, TX 77550	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILLIAM F CARLTON TITLE: SR VP/CONTROLL ADDRESS: ONE MOODY PLAZA CITY/ST/ZIP/CO: GALVESTON, TX 77550	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JOHN J DUNN TITLE: EXEC VP/CFO/T ADDRESS: ONE MOODY PLAZA CITY/ST/ZIP/CO: GALVESTON, TX 77550	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: ROBERT L. MOODY TITLE: COB/CEO ADDRESS: ONE MOODY PLAZA CITY/ST/ZIP/CO: GALVESTON, TX 77550	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ WILLIAM F CARLTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM F CARLTON, SR VP/CONTROLL PRINTED NAME AND CORPORATE TITLE	3/2/2016 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.