#### Edgar Filing: AMERICAN NATIONAL INSURANCE CO /TX/ - Form 3

#### AMERICAN NATIONAL INSURANCE CO /TX/

Form 3

November 08, 2013

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**OMB APPROVAL** 

**OMB** Number:

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Simon John F.

(Last) (First)

(Middle)

(Zip)

Statement

(Month/Day/Year)

10/31/2013

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

AMERICAN NATIONAL INSURANCE CO /TX/

[ANAT]

4. Relationship of Reporting

Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

ONE MOODY PLAZA

(Street)

(Check all applicable)

Director 10% Owner \_X\_\_ Officer Other (give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)

\_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

4. Nature of Indirect Beneficial

GALVESTON. TXÂ 77550

(City) (State)

1. Title of Security (Instr. 4)

Table I - Non-Derivative Securities Beneficially Owned

SVP and Actuary

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

Ownership (Instr. 5)

Direct (D) or Indirect (I)

(Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and **Expiration Date** (Month/Day/Year)

3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

4 Conversion or Exercise Price of

5. Ownership Form of Derivative

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Date Exercisable **Expiration Title** 

Amount or Number of Derivative Security

Security: Direct (D) or Indirect

Date Shares

1

(Instr. 5)

## **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Simon John F.

ONE MOODY PLAZA  $\hat{A}$   $\hat{A}$   $\hat{A}$  SVP and Actuary  $\hat{A}$ 

GALVESTON, TXÂ 77550

# **Signatures**

John F. Simon 11/06/2013

\*\*Signature of Reporting Person Date

# **Explanation of Responses:**

No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2