

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 800080

**Entity Name:** AMERICAN NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

ONE MOODY PLAZA  
GALVESTON, TX 77550

**Current Mailing Address:**

ONE MOODY PLAZA  
P.O. BOX 1780  
GALVESTON, TX 77550

**FEI Number:** 74-0484030

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

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

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PCEO	Title	EXECUTIVE VP AND CHIEF ACTUARY
Name	POZZI, JAMES E	Name	SIMON, JOHN F
Address	ONE MOODY PLAZA	Address	ONE MOODY PLAZA
City-State-Zip:	GALVESTON TX 77550	City-State-Zip:	GALVESTON TX
Title	S	Title	VP AND CONTROLLER
Name	HOFFMAN, I JELAYNE	Name	GAGE, MICHELLE
Address	ONE MOODY PLAZA	Address	ONE MOODY PLAZA
City-State-Zip:	GALVESTON TX 77550	City-State-Zip:	GALVESTON TX 77550
Title	EVP AND COO	Title	SVP, CFO
Name	WALSH, TIMOTHY	Name	MERRILL, BRODY J
Address	ONE MOODY PLAZA	Address	ONE MOODY PLAZA
City-State-Zip:	GALVESTON TX 77550	City-State-Zip:	GALVESTON TX 77550

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

**SIGNATURE:** I JELAYNE HOFFMAN

**CORPORATE SECRETAR** 01/18/2022

Electronic Signature of Signing Officer/Director Detail

Date