AMERICAN NATIONAL INSURANCE CO /TX/ Form 3 July 21, 2009 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> McLeod E Douglas			2. Date of Event Requiring Statement (Month/Day/Year) 07/21/2009	3. Issuer Name and Ticker or Trading Symbol AMERICAN NATIONAL INSURANCE CO /TX/ [ANAT]					
(Last)	(First)	(Middle)	0772172009	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
ONE MOODY	Y PLAZA			. ,			Thea(Month/Day/Tear)		
^(Street) GALVESTON, TX 77550			(Check all applicable))	6. Individual or Joint/Group		
				Director 10% Owner OfficerX Other (give title below) (specify below) Advisory Director			Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Derivati	ve Securit	ies Be	neficially Owned		
1.Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stoc	k		8,000		D	Â			
Reminder: Report owned directly or		ate line for ea	ch class of securities benefici	ially SE	C 1473 (7-02	2)			
	inform require	ation conta ed to respo	pond to the collection of ained in this form are not nd unless the form displa MB 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 Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships						
1.0	Director	10% Owner	Officer	Other			
McLeod E Douglas ONE MOODY PLAZA GALVESTON, TX 77550	Â	Â	Â	Advisory Director			
Signatures							
William F. Carlton, by power o attorney	f	07/17	/2009				
**Signature of Reporting Person		Da	ite				
Explanation of Paananaaa							

Explanation of Responses:

* 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.