

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 847442

1. Entity Name

GLOBE LIFE & ACCIDENT INSURANCE COMPANY



Principal Place of Business

GLOBE LIFE CENTER
204 N ROBINSON

OKLAHOMA CITY, OK 73102 US

Mailing Address

3700 S STONEBRIDGE DRIVE
MC KINNEY, TX 75070



01072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-0782739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000782323
01/15/08-80070-005 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
COLEMAN, GARY LEE
204 N ROBINSON
OKLAHOMA CITY, OK 73102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MITCHELL, ROBERT B
204 N. ROBINSON
OKLAHOMA CITY, OK 73102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMITH, ED
204 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CPD
HUDSON, CHARLES F.
204 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MONTGOMERY, ROSEMARY J
204 N ROBINSON
OKLAHOMA CITY, OK 73102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
HUTCHINSON, LARRY M
204 NORTH ROBINSON
OKLAHOMA CITY, OK 73102

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ed Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

Daytime Phone #