

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847442

FILED
Mar 23, 2009
Secretary of State

Entity Name: GLOBE LIFE & ACCIDENT INSURANCE COMPANY

Current Principal Place of Business:

GLOBE LIFE CENTER
204 N ROBINSON
OKLAHOMA CITY, OK 73102 US

New Principal Place of Business:

Current Mailing Address:

3700 S STONEBRIDGE DRIVE
MC KINNEY, TX 75070

New Mailing Address:

FEI Number: 63-0782739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: COLEMAN, GARY LEE
Address: 204 N ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: V () Delete
Name: MITCHELL, ROBERT B
Address: 204 N. ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: V () Delete
Name: SMITH, ED,
Address: 204 NORTH ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: CPD () Delete
Name: HUDSON, CHARLES F.,
Address: 204 NORTH ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: DV () Delete
Name: MONTGOMERY, ROSEMARY J
Address: 204 N ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: DS () Delete
Name: HUTCHINSON, LARRY M
Address: 204 NORTH ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ALMOND, DANNY H
Address: 204 N ROBINSON
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ED SMITH

V

03/23/2009

Electronic Signature of Signing Officer or Director

Date