

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847442

FILED  
Feb 03, 2012  
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

**OFFICERS AND DIRECTORS:**

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

Title: S  
Name: HUTCHISON, LARRY M  
Address: 204 N. ROBINSON  
City-St-Zip: OKLAHOMA CITY, OK 73102

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

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

Title: DV  
Name: LUTEK, BEN W  
Address: 204 N ROBINSON  
City-St-Zip: OKLAHOMA CITY, OK 73102

Title: D  
Name: COLEMAN, GARY L  
Address: 204 NORTH ROBINSON  
City-St-Zip: OKLAHOMA CITY, OK 73102

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: ED SMITH

V

02/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date