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ALMOND DA Form 4	ANNY H										
June 22, 2006	_								PROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB	3235-0287			
Check this if no longe subject to Section 16. Form 4 or									Number: January 31 Expires: January 31 2009 Estimated average burden hours per response 0.5		
obligations may contin	Form 5 obligations may continue. See Instruction 1(b). 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							I			
(Print or Type Re	esponses)										
1. Name and Ad ALMOND D	Symbol	•				5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First) (Mid		TORCHMARK CORP [TMK] 3. Date of Earliest Transaction				(Check all applicable)				
	IERICAN E COMPANY, 37 NEBRIDGE DRI	06/21/2	(Month/Day/Year) 06/21/2006				Director 10% Owner Officer (give title X_ Other (specify below) Officer of Principal Sub.				
		. If Amendment, Date Original Filed(Month/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 					
MCKINNEY	, TX 75070						Person		porting		
(City)	(State) (Z	Zip) Tak	le I - Non-D	erivative S	ecuri	ties Acqu	uired, Disposed of,	or Beneficial	-		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)	 4. Securi ior(A) or D (Instr. 3, 7 Amount 	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock							6,440	D			
Torchmark Capital Trust Preferred Securities I and II							966	D			
Torchmark Capital Trust Preferred Securities III	06/21/2006		Р	4,000	A	\$ 24.73	8,000	D			

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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerci	isable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Dat	te	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/Y	(ear)	Underly	ving	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨	mount		
									Amount		
						Date	Expiration	0 Titla N			
					Exercisable	Exercisable Date	Title Number of				
				Code V	(Λ) (D)						
				Code V	(A) (D)			5	hares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other		
ALMOND DANNY H UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070				Officer of Principal Sub.		
Signatures						
Danny H. Almond, By:/s/Carol A. McCoy, Attorney-in-fact		06/22/20				
<u>**</u> Signature of Reporting Person		Date				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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.