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TORCHMARK CORP

Form 4 February 22,	2011									
FORM	ГЛ								-	APPROVAL
	UNITED S	TATES					NGE C	OMMISSION	ONID	3235-0287
Check thi	hington,	D.C. 20	Number:	January 31,						
Form 4 or				GES IN I SECUR		CIA	L OWI	NERSHIP OF	Expires: Estimated burden ho response.	2005 average ours per
Form 5 obligatior may conti <i>See</i> Instru 1(b).	inue. Section 17(a)) of the F	Public Uti		ling Con	npany	Act of	e Act of 1934, 1935 or Sectio 0	'n	
(Print or Type R	Responses)									
	ddress of Reporting P ER ANTHONY L	erson <u>*</u>	Symbol	Name and MARK C			ıg	5. Relationship of Issuer		
(Last)	(First) (M	iddle)		Earliest Tra	-	1		(Cheo	ck all applicab	le)
INSURANC	VATIONAL LIFE DE COMPANY, 20 ENUE SOUTH		(Month/Da 12/17/20	ay/Year)				below)	title 10 below)	
	(Street)		4. If Amen	dment, Dat	te Original			6. Individual or Jo	oint/Group Fil	ing(Check
BIRMINGH	IAM, AL 35233		Filed(Mont	h/Day/Year)	•			Applicable Line) _X_ Form filed by Form filed by M		
(City)		Zip)	T - 1, 1 -					Person	e D	
	. ,	•					-	uired, Disposed o		-
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		3. Transactic Code (Instr. 8) Code V	4. Securi or(A) or D (Instr. 3, Amount	(A) or	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)
Stock								21,951	D	
Common Stock								3,988 <u>(1)</u>	Ι	Thrift Plan Trust
Common Stock								6,142 <u>(1)</u>	Ι	Profit Sharing & Retirement Trust
Torchmark Capital	02/17/2011			А	990	А	\$ 25	990	D	

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Trust III Trust Preferred Securities							
Torchmark Capital Trust III Trust Preferred Securities	12/17/2010	А	10	A	\$ 24.96	1,000	D

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

BIRMINGHAM, AL 35233

 Reporting Owner Name / Address
 Relationships

 Director
 10% Owner
 Officer
 Other

 MCWORTER ANTHONY L
 LIBERTY NATIONAL LIFE INSURANCE
 Sub
 Exec. Officer of Principal Sub

 2001 THIRD AVENUE SOUTH
 Sub
 Sub
 Sub

Signatures

Anthony L. McWhorter, By:/s/Carol A. McCoy, Attorney-in-fact

02/22/2011

**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).

(1) Shares in unitized fund in employee benefit plan - estimated conversion of \$ balance to shares using \$65.45 per share.

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.