## Edgar Filing: COLEMAN GARY L - Form 4

COLEMAN Form 4	GARY L										
December 02	, 2011										
FORM	4		GECUD							PROVAL	
	· · UNITED	SIAIES		111ES A hington,			NGE COM	MMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction Check this box STATEMENT OF CHAI Filed pursuant to Section Section 17(a) of the Public U 30(h) of the I				GES IN I SECUR 6(a) of the ility Hold	BENEFI ITIES e Securiti ling Com	CIA les Ez pany	ct of 1934,	Expires: January 31, 2005 Estimated average burden hours per response 0.5			
<i>See</i> Instru 1(b).	ction	50(11)	of the m	vestment	Company	y Aci	. 01 1740				
(Print or Type R	lesponses)										
COLEMAN GARY L Symbol				Traine und Trener of Training				Relationship of Reporting Person(s) to suer			
(Last)	(First) (	Middle)		Earliest Tr	-	,		(Check	all applicable)		
UNITED AMERICAN INSURANCE COMPANY, 3700 SOUTH STONEBRIDGE DRIVE								Director 10% Owner XOfficer (give title Other (specify below) EVP & Chief Financial Officer			
MCKINNE	(Street)			ndment, Da th/Day/Year)	-		Ap	Individual or Joi: plicable Line) _ Form filed by Or _ Form filed by Mo	ne Reporting Per	son	
		( <b>7</b> :n)						rson			
(City)	(State)	(Zip)					-	ed, Disposed of,			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	Executio any		3. Transactic Code (Instr. 8) Code V	4. Securit or Dispos (Instr. 3, 4 Amount	ed of (		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/01/2011			M	35,000	A A	\$ 36.5134	344,894	D		
Common Stock	12/01/2011			S	35,000	D	\$ 42.277 (1) (2)	309,894	D		
Common Stock								30,606 <u>(3)</u>	Ι	Thrift Plan Trust	
Torchmark Capital Trust								4,000	D		

Preferred Securities III

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed c (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Employee Stock Option (Right to Buy)	\$ 36.5134	12/01/2011		М	35,000	) 11/04/2005	05/04/2012	Common Stock	35,000

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
COLEMAN GARY L UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070			EVP & Chief Financial Officer			
Signatures						
Gary L. Coleman, By:/s/Carol A. McCoy, Attorney-in-fact		12/02/201	11			
**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).

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- (1) Sales at prices ranging from \$42.09 per share to \$42.52 per share.
- (2) Reporting person will provide full information regarding the number of shares sold at each separate price upon request by the SEC staff, the issuer or any security holder of the issuer.
- (3) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance to shares using \$42.57 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.