Edgar Filing: ALMOND DANNY H - Form 4

ALMOND DA Form 4 May 04, 2012	ANNY H									
FORM	4 UNITE	D STATE:					IGE CO	OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287
Check this if no longe subject to Section 16. Form 4 or Form 5 obligations may contin <i>See</i> Instruc 1(b).	r STATE	DF CHANC Section 16 Public Uti	Washington, D.C. 20549 CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES ction 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Sectio f the Investment Company Act of 1940						January 31, 2005 verage 's per 0.5	
1. Name and Ad ALMOND D	*	ng Person <u>*</u>	Symbol	Name and T			>	5. Relationship of I Issuer	Reporting Personal Reporting Personal Reporting Personal Report of the R	
(Last) UNITED AM INSURANCE SOUTH STO	E COMPANY		3. Date of I (Month/Da 05/01/20		nsaction			Director X Officer (give below)	10%	Owner r (specify
MCKINNEY	(Street)		4. If Amen Filed(Montl	dment, Date h/Day/Year)	e Original			6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	ne Reporting Per	son
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	ecurif		ired, Disposed of,	or Beneficiall	v Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Ye	ear) Execut any	eemed	3. Transactic Code (Instr. 8) Code V	4. Securit on(A) or Di (Instr. 3,	ties A spose	cquired 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
Common Stock	05/01/2012			S	2,000	D	\$ 49.23	18,160	D	
Common Stock								7,071 <u>(1)</u>	I	Thrift 401(K) Plan Trust
Torchmark Capital Trust Preferred Securities III								14,700	D	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
					. ,						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
						Literensuore	2		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
ALMOND DANNY H UNITED AMERICAN INSURANCE COMPANY 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY, TX 75070			VP & Chief Accounting Officer					
Signatures								
Danny H. Almond, By:/s/Carol A. McCoy, Attorney-in-fact		05/04/20	012					
**Signature of Reporting Person		Date						
Explanation of Responses:								
		(1)()						

* 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 transferred \$ balance using \$48.27 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.