

CHARTIS

National Union Fire Insurance Company of Pittsburgh, Pa.

A capital stock company

POLICY NUMBER: 01-981-89-84

REPLACEMENT OF POLICY NUMBER: 02-306-02-08

FINANCIAL INSTITUTION BOND Standard Form No. 25 Revised to October 1987

DECLARATIONS

Item 1. Name of Insured (herein called Insured): TORCHMARK CORPORATION
Principal Address: 3700 S. STONEBRIDGE DRIVE
P.O. BOX 8080
MCKINNEY, TX 75070

Item 2. Bond Period: from 12:01 a.m. on July 01, 2010 to 12:01 a.m. on July 01, 2011

Item 3. The Aggregate Liability of the Underwriter during the Bond Period shall be:
\$5,000,00

Item 4. Subject to Sections 4 and 11 hereof,
the Single Loss Limit of Liability is \$5,000,000
and the Single Loss Deductible is \$100,000

Provided, however, that if any amounts are inserted below opposite specified Insuring Agreements or Coverage, those amounts shall be controlling. Any amount set forth below shall be part of and not in addition to amounts set forth above. (If an Insuring Agreement or Coverage is to be deleted, insert "Not Covered.")

Amount applicable to:	Single Loss Limit of Liability	Single Loss Deductible
Basic Bond Coverage	\$5,000,000	\$100,000
Insuring Agreement (D)-FORGERY OR ALTERATION	\$5,000,000	\$100,000
Insuring Agreement (E)-SECURITIES	\$5,000,000	\$100,000
Insuring Agreement (F)-COUNTERFEIT CURRENCY	\$5,000,000	\$100,000
Optional Insuring Agreements and Coverages:		
Computer System	\$5,000,000	\$100,000
Trading Loss Coverage	\$5,000,000	\$100,000
Audit Expense	\$50,000	\$0

If "Not Covered" is inserted above opposite any specified Insuring Agreement or Coverage, such Insuring Agreement or Coverage and any other reference thereto in this bond shall be deemed to be deleted therefrom.

Item 5. The liability of the Underwriter is subject to the terms of the following riders attached hereto: #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18

Item 6. Insured's Offices Covered - All offices in the United States of America and Canada and any other offices listed below:

Item 7. The Insured by the acceptance of this bond gives to the Underwriter terminating or canceling prior bond(s) or policy(ies) No.(s) 02-306-02-08 such termination or cancellation to be effective as of the time this bond becomes effective.

Item 8. PREMIUM: \$:

~~IN WITNESS WHEREOF, the Insurer has caused this policy to be signed on the
Declarations by its President, a Secretary and its duly authorized representative.~~

John J. Dyle

PRESIDENT

National Union Fire Insurance
Company of Pittsburgh, Pa.

Andrew N. Holland

SECRETARY

National Union Fire Insurance
Company of Pittsburgh, Pa.

John J. Dyle

AUTHORIZED REPRESENTATIVE

COUNTERSIGNED AT

DATE

COUNTERSIGNATURE

MCGRUFF, SEIBELS & WILLIAMS OF TX, INC.
5080 SPECTRUM DR
STE 900E
ADDISON, TX 75001

1120411

46727 (12/87)

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RIDER# 19

This rider, effective 12:01 am July 1, 2010 forms a part of
bond number 01-981-89-84
issued to TORCHMARK CORPORATION

by National Union Fire Insurance Company of Pittsburgh, Pa.

ITEM 3 OF DECLARATIONS AMENDED RIDER

In consideration of the premium charged, it is hereby understood and agreed that Item 3 of the Declarations is hereby deleted in its entirety and replaced with the following:

ITEM 3. The Aggregate Liability of the Underwriter during the Bond Period shall be \$10,000,000.

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.



AUTHORIZED REPRESENTATIVE

RIDER# 16

This rider, effective 12:01 am July 1, 2010 forms a part of
bond number 01-981-89-84
issued to TORCHMARK CORPORATION

by National Union Fire Insurance Company of Pittsburgh, Pa.

NAMED INSURED

It is agreed that:

1. The following is the complete list of named Insured's to the attached bond:

- Torchmark Corporation
- American Income Life Insurance Company
- First United American Life Insurance Company
- Liberty National Life Insurance Company
- United American Insurance Company
- United Investors Life Insurance Company
- Globe Life and Accident Insurance Company
- Brown Services Funeral Homes Company, Inc.
- American Income Life Insurance Company Exempt Employees 401k Profit Sharing Plan
- American Income Life Insurance Company Non-Exempt Employees Defined Benefit Plan
- Brown Service Funeral Homes Pension Plan
- Liberty National Life Insurance Company 401k plan
- Liberty National Life Insurance Company Defined Contribution Plan
- Profit-Sharing & Retirement Plan of Liberty National Life Insurance Company
- Torchmark Corporation and Affiliates Retired Lives Reserve Plan
- Torchmark Corporation Pension Plan
- Torchmark Corporation Supplementary Pension Plan
- Torchmark Corporation Savings and Investment Plan
- Torchmark Corporation Supplementary Retirement Plan
- American Life & Accident Insurance Company
- Liberty National Auto Club, Inc.
- National Income Life Insurance Company
- American Income Marketing Services, Inc.
- Globe Marketing Services, Inc.
- AILIC Receivables Corporation
- TMK Re, Limited
- Torchmark Capital Trust III
- Torchmark Insurance Agency, Inc.



AUTHORIZED REPRESENTATIVE

RIDER# 17

This rider, effective 12:01 am July 1, 2010 forms a part of
bond number 01-981-89-84
issued to TORCHMARK CORPORATION

by National Union Fire Insurance Company of Pittsburgh, Pa.

AMEND NAMED INSURED

It is agreed that:

1. Rider# 14 Named Insured, is amended to include the following:

Globe Insurance Agency of Arkansas
Globe Marketing & Advertising Distributors, LLC
TMK Properties, LP
TMK Building Corporation
Employee Injury Benefit Plan of United American Insurance Co.
Dental Expense Benefit Plan of Torchmark Affiliates
Salary Tax Reduction Plan of United American Insurance Co.
Security Plan of United American Insurance Co.
Flexible Spending Accounts @ United American Insurance Co.
Flexible Spending Accounts @ Globe Life & Accident Insurance Co.
Salary Tax Reduction Plan of Globe Life & Accident Insurance Co.
Security Plan of Globe Life & Accident Insurance Co.
Torchmark Corporation and Affiliates Health Benefits Plan
Torchmark Corporation and Affiliates Cafeteria Plan
Torchmark Corporation and Affiliates Life and Disability Plan
OHS Voluntary Dental Plan
Torchmark Corporation and Affiliates Sick Leave Plan
Liberty National Life Insurance Co. Voluntary Supplemental Payment Plan
Torchmark Corporation Supplementary Retirement Plan
Torchmark Corporation Supplementary Pension Plan

2. Nothing contained herein shall be held to vary, alter, waive, or extend any of the terms, limitations, conditions or agreements of the attached policy other than as above stated.



AUTHORIZED REPRESENTATIVE