Edgar Filing: ALMOND DANNY H - Form 4

ALMOND DA Form 4										
January 25, 201								OMB AF	PROVAL	
FORM	4 UNITED S	STATES		TIES AN ngton, D			OMMISSION	OMB Number:	3235-0287	
Check this b	OX		vv a5111	ngton, D	.C. 2034	•		Expires:	January 31,	
if no longer subject to Section 16. Form 4 or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average burden hours per response 0.4		
Form 5 obligations may continu <i>See</i> Instructi 1(b).	e. Section 17(a	a) of the		ty Holdin	g Compa	any Act of	e Act of 1934, 1935 or Sectior 0	1		
(Print or Type Res	ponses)									
1. Name and Address of Reporting Person <u>*</u> ALMOND DANNY H							5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (M	(liddle)	3. Date of Earliest Transaction (Check				k all applicable)			
UNITED AMI INSURANCE SOUTH STOM	(Month/Day/Year) 01/23/2012				Director 10% Owner X_ Officer (give title Other (specify below) below) VP & Chief Accounting Officer					
MCKINNEY,	(Street) TX 75070		4. If Amenda Filed(Month/		Original		6. Individual or Jo Applicable Line) _X_ Form filed by O Form filed by M	ne Reporting Pe	rson	
(City)		(Zip)	Tabla I	- Non-Der	ivativa Sa	nurities Acau	Person iired, Disposed of	or Bonoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ate 2A. D (r) Exect any		3. Transactio Code	4. Securit onAcquired Disposed (Instr. 3,	ties (A) or 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							24,660	D		
Common Stock							7,068 (1)	I	Thrift 401(K) Plan Trust	
Torchmark Capital Trust Preferred Securities III							14,700	D		
Torchmark							450	Ι	By Spouse	

Corporation Trust 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 of (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)	\$ 45.49	01/23/2012		A	28,000	<u>(2)</u>	01/23/2019	Common Stock	28,000

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		01/25/2012				
**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 transferred \$ balance using \$45.35 per share.
- (2) First exercisable as to 50% of shares on and after 1/23/2014 and as to remaining 50% of shares on and after 1/23/2015.

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.