## Edgar Filing: TORCHMARK CORP - Form 4

#### TORCHMARK CORP

Form 4

February 23, 2005

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB
3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: January 31, 2005

0.5

Section 16.
Form 4 or
Form 5
obligations

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

burden hours per response...

Estimated average

may continue. *See* Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MCWORTER ANTHONY L			2. Issuer Name and Ticker or Trading Symbol TORCHMARK CORP [TMK]	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)		(Check all applicable)			
LIBERTY NATIONAL LIFE INSURANCE COMPANY, 2001 THIRD AVENUE SOUTH			(Month/Day/Year) 02/22/2005	Director 10% Owner X Officer (give title Other (specify below) below) Exec. Vice President			
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)			

## BIRMINGHAM, AL 35233

	~		•	•
(Month/Day/Year)		Applicable Line)		
		_X_ Form filed by One Repo	orting Pe	erson
		Form filed by More than	One Re	eporting
		Person		

(City)	(State)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)			
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	02/22/2005		S	5,000	D	\$ 53.3	25,451	D		
Common Stock							8,765 <u>(1)</u>	I	Thrift Plan Trust	
Common Stock							1,875 (2)	I	Profit Sharing & Retirement Trust	

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

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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.

SEC 1474 (9-02)

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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Tit	le and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration Date Amo		ınt of	Derivative	D	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	S
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	В
	Derivative				Securities			(Instr	. 3 and 4)		O
	Security				Acquired						F
					(A) or						R
					Disposed						T
					of (D)						(I
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration	TP:41	or		
						Exercisable	Date	Title			
				C 1 W	(A) (D)				of		
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

MCWORTER ANTHONY L LIBERTY NATIONAL LIFE INSURANCE COMPANY 2001 THIRD AVENUE SOUTH BIRMINGHAM, AL 35233

**Signatures** 

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

02/23/2005

\*\*Signature of Reporting Person

## **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 \$53.58 per share.
- (2) Shares in unitized fund in employee benefit plan estimated conversion of \$ balance to shares using \$52.65 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.

Reporting Owners 2

9. Nu Deriv Secu Bene Own Follo Repo

Trans (Insti

Exec. Vice President

Date