U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	Revised Control Nu	08/2023 mber: 30)46-0049
				FION A								Expi	ration Da	te: 08/31	/2024
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OFS COMPANY ID		SECT	FION H	B – EMP	LOYE	R IDEN		ATION OYER N	JAME						
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ADDRESS							C	ITY/TOV	WN			STATE		ZIP CO	ODE
3700 SOUTH STONE	BRIDGE		Έ				М	CKINN	EY			тх		750	70
SECTION C - HI	EADQU	JARTE	RS OR	ESTAB	LISHN	AENT-I	LEVEL	IDENI	TFICA	TION (i	f applic	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR E	STABLI	SHMEN	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	DRESS				C	ITY/TOV	WN			STATE		ZIP CO	ODE
	SECTI	ON D -	- EMP	LOYER	IDEN 30780		TION N	IUMBE	ER (EIN)					
X YES (Employer Is Eligible				- EMPL	-					NO LOI	NGER	IN BUS	INESS		
				L CONI	-										
				ntity ID (11						
YES (Single-Establishm	ent Emp	oloyer is	s Federa	l Contra	ctor)	YES (Multi-Es	tablishr	nent Em	ployer is	Federa	l Contra	ictor)		
YES (H	Ieadqua	rters is	Federal	Contrac	tor) 🗌	YES (N	lon-Hea	dquartei	s Establ	ishment	is Fede	ral Cont	ractor)		
		נ 🗆	ES (O	ne or Mo	ore Nor	-Headqu	uarters E	Establish	nments i	s Federa	l Contr	actor)			
				DN G – 1											
	SF			II Other											
							Race/E								
	Hispanic Not Hispanic or Latino Or Latino Male Female													_	
	Of L	atino			IV						rei	nale			-
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	7	4	99	2	5	0	2	0	37	2	2	0	0	1	161
First/Mid-Level Officials and Managers Professionals	9 30	12 31	89 307	4 32	12 68	0 1	0 4	0 8	102 311	14 76	8 79	0	2	2 4	254 955
Technicians Sales Workers	0 1	0	1 51	0 5	0	0	0	0	0 37	0 5	0	0	0	0	1 103
Administrative Support Workers	52	259	133	82	27	0	0	3	666	499	57	1	8	18	1805
Craft Workers Operatives	0 14	0	5 19	0 18	11 17	0	0	0	0 10	0 5	0 32	0	0	0	16 118
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers CURRENT 2022 REPORTING YEAR TOTAL	0 113	0 311	0 704	0 143	0 141	0	0	0 11	1 1164	0 601	0 178	0	0 13	0 25	1 3414
	106	276	688	143	141	2	9	11	1094	539	178	3	13	23	3213
PRIOR 2021 REPORTING YEAR TOTAL				WORK	FORC		SHOT			559	170	3	13	20	3213
SECTION J	-HEA	DOUA	RTERS					VEL CO	OMME	NTS (op	tional)				
Not Applicable		-													

U.S. EQUAL EMPI 2022 EMPLOYER	LOYMENT OPPORTUNITY INFORMATION REPORT	Y COMMISSION (EEOC) (EEO-1 COMPONENT 1)	F OMB Cor	ndard Form 100 (SF 10 Revised 08/2023 htrol Number: 3046-004 tion Date: 08/31/2024
S	ECTION K – OFFICIAL C	ERTIFICATION OF SUBMISSIO	DN	
	EMPLOYER	IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
H075863		Globe Life		
ADDRESS		CITY/TOWN	STATE	ZIP CODE
3700 SOUTH STONEB	RIDGE DRIVE	MCKINNEY	ТХ	75070
	CERTIFICATION	N COMMENTS (optional)		
No Cortification Commonts Provided				
No Certification Comments Provided				
		FION STATEMENT		
"I certify that the information, includin				
		ns set forth in the form and accomp		
Knowingly and willfully	y false statements on this rep	ort are punishable by law, US Coo	le, Title 18, Section	1001.
		CERTIFICATION	, ,	
	12/5/2023	6:53 PM [EST]		
	EMDLOVED'S C	EDTIEVING OFFICIAL		
Name of Employer's Cer		ERTIFYING OFFICIAL	f Certifying Official	
Name of Employer's Cer	tirying Official	I itle of	r Certifying Official	
Energia A damas of Contri		T-1		1
Email Address of Certi	Irying Official	I elephone Nu	umber of Certifying Officia	1
		C) FOR EEO-1 COMPONENT 1 REE		
Name of Primar	y POC	Title and Er	mployer of Primary POC	
Email Address of Pr	imary POC	Telephone	Number of Primary POC	
		—		

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30	46-0049
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		SECT	TION E	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID H075863							EMPI	LOYER N I <mark>obe Lif</mark>							
ADDRESS							С	ITY/TOV	VN			STATE		ZIP CC	DDE
3700 SOUTH STONEE	BRIDGE	E DRIV	E				Μ	CKINN	EY			ТΧ		7507	70
SECTION C – HI	EADQU	ARTE	RS OR	ESTAB	LISHN	MENT-I	LEVEL	IDENT	IFICA	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID H075863					HEAD(QUARTE		STABLIS		I-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHME	INT-I EV	FI ADI	PESS					ITY/TOV				STATE		ZIP CC	DF
3700 SOUTH STONEE	BRIDGE	E DRIV	E				М	CKINN	EY			TX		7507	
					6 <mark>3078</mark> 0)404)					
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SEC	CTION			L CONI					if applic	able)					
_			-	ntity ID (
 YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) 															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (One or More Non-Headquarters Establishments is Federal Contractor)															
						-			nments i	s Federa	l Contra	actor)			
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	SE			VORKF											
	Race/Ethnicity														
	Hispanic Not Hispanic or Latino Or Latino Male Female													-	
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JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	11	0	0	0	1	0	1	0	0	0	0	0	13
First/Mid-Level Officials and Managers	1	0	1	0	0	0	0	0	3	0	0	0	0	0	5
Professionals Technicians	1	0	3	0	2	0	0	0	2	1 0	0	0	0	0	9
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	0	0	1 0	0	1 0	0	0	0	4	0	0	0	0	0	6 0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	16	0	3	0	1	0	10	1	0	0	0	0	33
PRIOR 2021 REPORTING YEAR TOTAL	2	0	13	0	2	0	1	0	8	0	1	0	0	0	27
	5	SECTIO	ON I –	WORK 10/9/20		E SNAP 0/22/20		PERIO	D						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT	TION F	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID H075863								LOYER N lobe Life							
ADDRESS							С	ITY/TOW	VN			STATE		ZIP CC	DDE
3700 SOUTH STONE								CKINN				ТΧ		750	70
SECTION C – HI HQ/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR	ESTAE	HEAD	MENT-I	LEVEL	IDENT	IFICA'	FION (i	f applica	able)			
JN15186															
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	DRESS				С	ITY/TOV	VN			STATE		ZIP CC	DDE
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					223711	800)					
X YES (Employer Is Eligible				• EMPL							NGER	IN RUS	INFSS		
				•	-						ULK		11200		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 524113 - Direct Life Insurance Carriers															
	SE			VORKF					ТА						
Race/Ethnicity Hispanic Not Hispanic or Latino														-	
Hispanic Not Hispanic or Latino or Latino Male Female														-	
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Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	0	0	4	1 0	0	0	0	0	0	0	0	0	0	0	5 0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2021 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
	5	SECTIO	ON I –	WORK 10/9/2		E SNAP 0/22/20		PERIO	D						
SECTION J	- HEA	DQUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments Provided															

SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT SECTION B – EMPLOYER IDENTIFICATION OFS COMPANY ID H075863 Globe Life ADDRESS CITY/TOWN STATE ZIP CODE 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID NA12240 GLOBE LIFE INS CO. OF NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE XIP CODE NA12240 GLOBE LIFE INS CO. OF NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE NY 13212 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION D – EMPLOYER FLING ELIGIBILITY SECTION D – EMPLOYER FLING ELIGIBILITY SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)												
OFS COMPANY ID H075863 EMPLOYER NAME Globe Life ADDRESS CTTY/TOWN STATE ZIP CODE 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY TX 75070 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID NA12240 HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 133156923 SECTION E - EMPLOYER FILING ELIGIBILITY SECTION E - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 133156923 SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): NOT Applicable Unique Entity ID (UEI): NOT Applicable Unique Entity ID (UEI): NOT Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
H075863 Globe Life ADDRESS CITY/TOWN STATE ZIP CODE 3700 SOUTH STONEBRIDGE DRIVE MCKINNEY TX 75070 SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) TX 75070 HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME TSOTO NA12240 GLOBE LIFE INS CO. OF NEW YORK STATE ZIP CODE HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 133156923 SECTION E – EMPLOYER FILING ELIGIBILITY SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): NOt Applicable) Unique Entity ID (UEI): NOt Applicable Unique Entity ID (UEI): NOT Applicable SECTIONE-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): NOT Applicable Unique Entity ID (UEI): NOT Applicable SECTIONE-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): NOT Applicable Unique Entity ID (UEI): NOT Applicable SECTIONE-FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (
3700 SOUTH STONEBRIDGE DRIVE MCKINNEY TX 75070 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME JUNE NA12240 GLOBE LIFE INS CO. OF NEW YORK STATE ZIP CODE HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER FLING ELIGIBILITY SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NA12240 GLOBE LIFE INS CO. OF NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER FILING ELIGIBILITY SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): NOt Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
HQ/ESTABLISHMENT-LEVEL UNIT ID NA12240 HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS GLOBE LIFE INS CO. OF NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER FILING ELIGIBILITY SECTION E - EMPLOYER FILING ELIGIBILITY SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)												
NA12240 GLOBE LIFE INS CO. OF NEW YORK HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 PLAINFIELD RD, STE 150 STATE ZIP CODE SO1 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER FILING ELIGIBILITY YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
301 PLAINFIELD RD, STE 150 SYRACUSE NY 13212 SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 133156923 SECTION E - EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
133156923 SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
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SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)												
YES (One or More Non-Headquarters Establishments is Federal Contractor)												
SECTION G – NAICS INFORMATION 524113 - Direct Life Insurance Carriers												
SECTION H – WORKFORCE DEMOGRAPHIC DATA												
Race/Ethnicity												
Hispanic Not Hispanic or Latino												
or Latino Male Female												
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OFS COMPANY ID					-			.OYER N	IAME						
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ADDRESS								ITY/TOV				STATE		ZIP CC	
3700 SOUTH STONE	BRIDGE	E DRIV	E				Μ	CKINN	EY			ТХ		750	70
SECTION C – HI	EADQU	ARTE	RS OR	ESTAF	BLISHN	MENT-I	LEVEL	IDENT	'IFICA'	FION (i	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID L230903						UARTE					NAME				
HEADQUARTERS OR ESTABLISHME			DECC			GLUBE		ITY/TOV				STATE		ZIP CC	DE
3700 S STONEBRIDGE DR, PO				080										750	
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YES (Single-Establishm	ent Emr		-	-					oent Em	nlover is	Federa	l Contra	ctor)		
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JOB CATEGORIES				rica In		iian slaı	dian tive	Rai		ric.		iian slaı	lian tive	Rai	Row
	Male	Female	White	r Af	Asian	awa fic I	n Inc	ore	White	Ame o	Asian	awa fic I	n Inc	ore	Total
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	4	4	74	2	5	0	1	0	29	2	2	0	0	1	124
First/Mid-Level Officials and Managers	7	7	73	4	12	0	0	0	62	10	8	0	2	1	186
Professionals Technicians	25 0	24 0	290 1	30 0	64 0	0	4	8	253 0	64 0	78 0	1 0	3	4	848 1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers Craft Workers	33 0	113 0	98 5	61 0	24 11	0	0	3	438 0	308 0	52 0	1 0	7	12 0	1150 16
Operatives	2	1	15	15	17	0	1	0	5	3	31	0	0	0	90
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	71	149	556	112	133	0	6	11	788	387	171	2	12	18	2416
PRIOR 2021 REPORTING YEAR TOTAL	75	123	536	115	124	1	8	11	725	349	172	2	12	19	2272
	9	SECTIO	ON I –			E SNAP 0/22/20		PERIO	D						
SECTION J	- HEA	DOUAI	RTERS					VEL CO	OMME	NTS (op	tional)				
No Comments Provided															
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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) EEOC Standard Form 100 (SF 10 Revised 08/2023 OMB Control Number: 3046-004														(SF 100)	
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		SECT	FION H	B – EMP	LOYE	R IDEN									
OFS COMPANY ID H075863								OYER N Obe Lif							
ADDRESS							C	ITY/TOW	WN			STATE		ZIP CC	DDE
3700 SOUTH STONE	BRIDGE	E DRIV	Έ				Μ	CKINN	EY			ТΧ		7507	70
SECTION C – HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID 9244943						QUARTE MERICA									
HEADQUARTERS OR ESTABLISHME	ENT-LEV	EL ADI	ORESS					ITY/TOV	-			STATE		ZIP CC	DE
P.O BOX 2608, 1200 W								WACC				ТХ		7679	
	SECTI	ON D -	- EMPI		IDEN' 741365	TIFICA 5936	TION N	NUMBE	ER (EIN)					
X YES (Employer Is Eligible						FILING				NO LOI	NGER	IN BUS	INESS		
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable															
Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
 YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor) YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor) 															
YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION															
SECTION G – NAICS INFORMATION 524113 - Direct Life Insurance Carriers SECTION H – WORKFORCE DEMOGRAPHIC DATA															
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hispanic Not Hispanic or Latino														
	or Latino Male Female														-
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JOB CATEGORIES	e	ale	ite	Afri	an	waii ic Is	Indi Nat	reF	ite	k or	an	waii ic Is	Indi Nat	ore F	Total
	Male	Female	White	ck or Afric American	Asian	Havacif	can ska	٥ W	White	Black or an Amer	Asian	Havacif	can ska	٥W -	
		-		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	3	0	13	0	0	0	0	0	7	0	0	0	0	0	23
First/Mid-Level Officials and Managers Professionals	1 3	5 6	9 14	0	0	0	0	0	35 50	4 10	0	0	0	1 0	55 88
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers Administrative Support Workers	1 19	3 146	16 34	1 20	1	0	0	0	29 220	4 191	0 5	0	0	0	55 644
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	044
Operatives Laborers and Helpers	12 0	1 0	4	3	0	0	0	0	5 0	2	1 0	0	0	0	28 0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	39	161	90	26	5	0	0	0	346	211	7	0	1	7	893
PRIOR 2021 REPORTING YEAR TOTAL	29	152 SECTIO	93	19 WORK	2 FORC	0 E SNAP	0 SHOT		340	188	5	1	1	9	839
				10/9/2	022 - 1	0/22/20	22								
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LEV	VEL CO	OMME	NTS (op	tional)				
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U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ation Dat	08/2023 mber: 30	46-0049
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		SECT	TION	B – EMP	LOYE	R IDEN	TIFIC	ATION							
OFS COMPANY ID H075863								LOYER N I <mark>obe Lif</mark>							
ADDRESS							С	ITY/TOW	WN			STATE		ZIP CC	DDE
3700 SOUTH STONE	BRIDGE	DRIV	E				Μ	CKINN	EY			ТΧ		7507	70
SECTION C – HI	EADQU	ARTE	RS OR									able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID L230921					HEAD	-	RS OR E RTY EN			Γ-LEVEL	. NAME				
HEADQUARTERS OR ESTABLISHME	INT LEV		DECC			LIDEP		ITY/TOV				STATE		ZIP CC	DE
3700 S STONEBRIDGE DR, P				080				CKINN				TX		7507	
	SECTI	ON D -	EMP	LOYER	IDEN 530124		TION N	NUMBE	ER (EIN)					
X YES (Employer Is Eligible				• EMPL over Is N							NGER	IN BUS	INESS		
			-	-	-						UOEK	III DOD			
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)															
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SECTION G – NAICS INFORMATION 524113 - Direct Life Insurance Carriers															
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Race/Ethnicity															
	Hispanic Not Hispanic or Latino or Latino Male Female														
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JOB CATEGORIES				rica n		iian slar	lian tive	Rac		rica		iian slar	lian tive	Rac	Row
	Male	Female	White	r Afi rica	Asian	awa fic I	n Inc	ore	White	Black or an Amer	Asian	awa fic I	n Inc	ore	Total
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				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
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Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers Professionals	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3 0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	31	3	0	0	0	0	8	1	0	0	0	0	43
Administrative Support Workers Craft Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2 0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	34	3	0	0	0	0	10	1	0	0	0	0	48
PRIOR 2021 REPORTING YEAR TOTAL	0	0 SECTIO	38 DN I -	4 WORK		0 F SNAD	0 PSHOT		14	1	0	0	0	0	57
	c.	DECIN	JN 1 -			0/22/20		FERIO	D						
SECTION J No Comments Provided	– HEAI	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)				
1															