

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
CONSOLIDATED REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
630780404**

**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 (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**

524298 - All Other Insurance Related Activities

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	1	1	52	1	3	0	2	0	13	2	1	0	0	0	76
First/Mid-Level Officials and Managers	11	18	161	15	25	0	1	1	187	47	19	1	5	4	495
Professionals	0	1	11	2	0	0	0	0	4	0	0	0	0	0	18
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	11	15	94	11	2	0	0	1	105	27	3	1	0	4	274
Administrative Support Workers	76	299	389	109	122	1	2	6	883	643	154	0	8	14	2706
Craft Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Operatives	13	2	7	5	0	0	0	0	5	1	1	0	0	0	34
Laborers and Helpers	1	0	7	6	3	0	1	1	2	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>113</b>	<b>336</b>	<b>721</b>	<b>149</b>	<b>156</b>	<b>1</b>	<b>6</b>	<b>9</b>	<b>1199</b>	<b>720</b>	<b>178</b>	<b>2</b>	<b>13</b>	<b>22</b>	<b>3625</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>113</b>	<b>311</b>	<b>704</b>	<b>143</b>	<b>141</b>	<b>1</b>	<b>7</b>	<b>11</b>	<b>1164</b>	<b>601</b>	<b>178</b>	<b>2</b>	<b>13</b>	<b>25</b>	<b>3414</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

Not Applicable

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION**

**EMPLOYER IDENTIFICATION**

OFS COMPANY ID  
H075863

EMPLOYER NAME  
Globe Life

ADDRESS

3700 SOUTH STONEBRIDGE DRIVE

CITY/TOWN

MCKINNEY

STATE

TX

ZIP CODE

75070

**CERTIFICATION COMMENTS (optional)**

No Certification Comments Provided

**CERTIFICATION STATEMENT**

*"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."*

**Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.**

**DATE OF CERTIFICATION**

6/3/2024 9:46 AM [EST]

**EMPLOYER'S CERTIFYING OFFICIAL**

Name of Employer's Certifying Official

██████████

Title of Certifying Official

██████████

Email Address of Certifying Official

██████████

Telephone Number of Certifying Official

██████████

**PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING**

Name of Primary POC

██████████

Title and Employer of Primary POC

██████████

██████████

Email Address of Primary POC

██████████

Telephone Number of Primary POC

██████████

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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**SECTION A – TYPE OF REPORT  
HEADQUARTERS REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID H075863	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Globe Life			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
630780404**

**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 (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**

[524298 - All Other Insurance Related Activities](#)

**SECTION H – WORKFORCE DEMOGRAPHIC DATA**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
Executive/Senior Level Officials and Managers	0	0	9	0	0	0	1	0	4	0	0	0	0	0	14
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	0	5	0	4	0	0	0	8	1	0	0	0	0	20
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>0</b>	<b>14</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>36</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>2</b>	<b>0</b>	<b>16</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>33</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

[10/8/2023 - 10/21/2023](#)

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID L230921	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME LIBERTY EMPLOYEE AGENTS			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3700 S STONEBRIDGE DR, POST OFFICE BOX 8080	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
630124600**

**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 (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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	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	0
Sales Workers	0	0	26	3	0	0	0	0	9	1	0	0	0	0	0	39
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>0</b>	<b>0</b>	<b>34</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>48</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
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**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID 9244943	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AMERICAN INCOME LIFE INSURANCE			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS P.O BOX 2608, 1200 WOODDED ACRES	CITY/TOWN WACO	STATE TX	ZIP CODE 76797	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
741365936**

**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 (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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	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	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
First/Mid-Level Officials and Managers	1	6	15	1	0	0	0	0	38	5	0	0	0	1	67
Professionals	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	1	28	2	1	0	0	0	38	3	0	0	0	0	77
Administrative Support Workers	19	152	50	18	5	0	0	0	279	241	5	0	1	6	776
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	13	1	7	5	0	0	0	0	5	1	1	0	0	0	33
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
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>37</b>	<b>160</b>	<b>101</b>	<b>26</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>365</b>	<b>250</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>959</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>39</b>	<b>161</b>	<b>90</b>	<b>26</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>346</b>	<b>211</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>893</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

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**SECTION A – TYPE OF REPORT**  
ESTABLISHMENT-LEVEL REPORT

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID JN15186	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME NATIONAL INCOME LIFE INSURANCE			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 PLAINFIELD RD, STE 150	CITY/TOWN SYRACUSE	STATE NY	ZIP CODE 13212	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)**  
223711800

**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 (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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	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	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	0	0	3	0	0	0	0	0	2	0	0	0	0	0	0	5
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	6

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

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**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
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**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID NA12240	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GLOBE LIFE INS CO. OF NEW YORK			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 PLAINFIELD RD, STE 150	CITY/TOWN SYRACUSE	STATE NY	ZIP CODE 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 (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**

JOB CATEGORIES	Race/Ethnicity														Row Total	
	Hispanic or Latino		Not Hispanic or Latino													
			Male							Female						
	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		
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	3
Professionals	0	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	0
Sales Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
Administrative Support Workers	1	1	2	1	0	1	0	0	7	1	0	0	0	0	0	14
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	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	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)  
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)  
Revised 08/2023  
OMB Control Number: 3046-0049  
Expiration Date: 11/30/2026

**SECTION A – TYPE OF REPORT  
ESTABLISHMENT-LEVEL REPORT**

**SECTION B – EMPLOYER IDENTIFICATION**

OFS COMPANY ID H075863	EMPLOYER NAME Globe Life			
ADDRESS 3700 SOUTH STONEBRIDGE DRIVE	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)**

HQ/ESTABLISHMENT-LEVEL UNIT ID L230903	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME GLOBE LIFE AND ACCIDENT INS			
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3700 S STONEBRIDGE DR, POST OFFICE BOX 8080	CITY/TOWN MCKINNEY	STATE TX	ZIP CODE 75070	

**SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)  
630782739**

**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 (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**

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	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	
Executive/Senior Level Officials and Managers	1	1	42	1	3	0	1	0	8	2	1	0	0	0	60
First/Mid-Level Officials and Managers	10	12	141	14	25	0	1	1	146	42	19	1	5	3	420
Professionals	0	1	11	2	0	0	0	0	0	0	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	7	14	38	6	1	0	0	1	54	23	3	1	0	4	152
Administrative Support Workers	54	146	332	90	113	0	2	6	588	400	149	0	7	8	1895
Craft Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Operatives	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	1	0	7	6	3	0	1	1	2	0	0	0	0	0	21
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>CURRENT 2023 REPORTING YEAR TOTAL</b>	<b>73</b>	<b>175</b>	<b>571</b>	<b>119</b>	<b>146</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>798</b>	<b>467</b>	<b>172</b>	<b>2</b>	<b>12</b>	<b>15</b>	<b>2564</b>
<b>PRIOR 2022 REPORTING YEAR TOTAL</b>	<b>71</b>	<b>149</b>	<b>556</b>	<b>112</b>	<b>133</b>	<b>0</b>	<b>6</b>	<b>11</b>	<b>788</b>	<b>387</b>	<b>171</b>	<b>2</b>	<b>12</b>	<b>18</b>	<b>2416</b>

**SECTION I – WORKFORCE SNAPSHOT PERIOD**

10/8/2023 - 10/21/2023

**SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)**

No Comments Provided