

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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	47	1	3	0	1	0	12	3	1	0	0	0	70
First/Mid-Level Officials and Managers	14	21	172	17	27	0	1	0	182	46	23	1	5	4	513
Professionals	0	0	11	2	0	0	0	0	0	0	0	0	0	0	13
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	11	20	92	11	3	0	0	0	98	21	3	1	0	3	263
Administrative Support Workers	85	310	386	125	125	1	2	6	873	736	150	0	7	14	2820
Craft Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Operatives	8	6	8	4	0	0	0	0	4	0	1	0	0	0	31
Laborers and Helpers	2	0	8	4	1	0	1	0	2	0	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	121	358	724	164	160	1	5	6	1171	806	178	2	12	21	3729
PRIOR 2023 REPORTING YEAR TOTAL	113	336	721	149	156	1	6	9	1199	720	178	2	13	22	3625
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 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>"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."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 6/6/2025 1:21 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official [REDACTED]		Title of Certifying Official [REDACTED]		
Email Address of Certifying Official [REDACTED]		Telephone Number of Certifying Official [REDACTED]		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC [REDACTED]		Title and Employer of Primary POC [REDACTED]		
Email Address of Primary POC [REDACTED]		Telephone Number of Primary POC [REDACTED]		

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 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															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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	1	0	0	0	0	0	0	0	0	0	0	0	1
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	7	1	0	0	0	0	19
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
CURRENT 2024 REPORTING YEAR TOTAL	2	0	15	0	4	0	1	0	13	1	0	0	0	0	36
PRIOR 2023 REPORTING YEAR TOTAL	2	0	14	0	4	0	1	0	14	1	0	0	0	0	36
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 9244943			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME AMERICAN INCOME LIFE INSURANCE												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS P.O BOX 2608, 1200 WOODED ACRES						CITY/TOWN WACO				STATE TX		ZIP CODE 76797			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 741365936															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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														
	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	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
First/Mid-Level Officials and Managers	3	8	16	1	0	0	0	0	34	5	0	0	0	1	68
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	4	4	33	2	1	0	0	0	32	2	0	0	0	0	78
Administrative Support Workers	26	174	53	23	5	0	0	0	279	301	5	0	1	6	873
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	8	5	8	3	0	0	0	0	4	0	1	0	0	0	29
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 2024 REPORTING YEAR TOTAL	41	191	110	29	6	0	0	0	350	308	6	0	1	7	1049
PRIOR 2023 REPORTING YEAR TOTAL	37	160	101	26	6	0	0	0	365	250	6	0	1	7	959
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)															
No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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	38	1	3	0	0	0	7	3	1	0	0	0	55
First/Mid-Level Officials and Managers	11	13	151	16	27	0	1	0	145	41	23	1	5	3	437
Professionals	0	0	10	2	0	0	0	0	0	0	0	0	0	0	12
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	7	16	35	7	2	0	0	0	57	18	3	1	0	3	149
Administrative Support Workers	56	136	324	101	116	0	2	6	579	433	145	0	6	8	1912
Craft Workers	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Operatives	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	2	0	8	4	1	0	1	0	2	0	0	0	0	0	18
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	77	167	566	132	150	0	4	6	790	495	172	2	11	14	2586
PRIOR 2023 REPORTING YEAR TOTAL	73	175	571	119	146	0	5	9	798	467	172	2	12	15	2564
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 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															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> 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
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
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	2	0	0	0	0	0	2
Administrative Support Workers	1	0	4	1	0	1	0	0	7	1	0	0	0	0	15
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
CURRENT 2024 REPORTING YEAR TOTAL	1	0	6	1	0	1	0	0	10	1	0	0	0	0	20
PRIOR 2023 REPORTING YEAR TOTAL	1	1	4	1	0	1	0	0	10	1	0	0	0	0	19
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 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 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															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
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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
First/Mid-Level Officials and Managers	0	0	2	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
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	21	2	0	0	0	0	5	1	0	0	0	0	29
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
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
CURRENT 2024 REPORTING YEAR TOTAL	0	0	23	2	0	0	0	0	6	1	0	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	0	0	28	3	0	0	0	0	10	1	0	0	0	0	42
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
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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 <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> 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
First/Mid-Level Officials and Managers	0	0	1	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	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Administrative Support Workers	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
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
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/6/2024 - 10/18/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) No Comments Provided															