

11800008938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

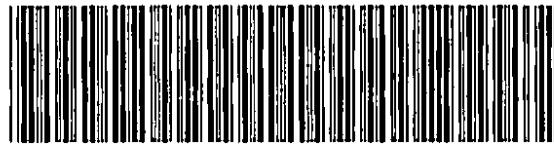
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Special Instructions to Filing Officer:

118-68812

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE

D. BRUCE
OCT 01 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2018

KRISTINE HOLLISTER
39533 WOODWARD AVENUE, SUITE 302
BLOOMFIELD HILLS, MI 48304

SUBJECT: LS INVESTMENT ADVISORS, LLC
Ref. Number: W18000068812

We have received your document for LS INVESTMENT ADVISORS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida, since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 118A00015535

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SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LS Investment Advisors, LLC (d/b/a LSIA)
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristine Hollister - Director, Business Management

Name of Person

LS Investment Advisors, LLC (d/b/a LSIA)

Firm/Company

39533 Woodward Avenue, Suite 302

Address

Bloomfield Hills, MI 48304

City/State and Zip Code

khollister@myLSIA.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

<u>Kristine Hollister - Director, Business Mgmt</u>	<u>248</u>	<u>430-0276</u>
Name of Contact Person	at (Area Code)	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LS Investment Advisors, LLC (d/b/a LSIA)
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
LSIA, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-2620361
(FBI number, if applicable)
4. August 1, 2018
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. LSIA (Headquarters)
(Street Address of Principal Office)
39533 Woodward Avenue, Suite 302
Bloomfield Hills, MI 48304
6. LSIA (Headquarters)
(Mailing Address)
39533 Woodward Avenue, Suite 302
Bloomfield Hills, MI 48304

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Craig Schneider - Director of Bus. Dev. Wealth

Office Address: 1200 N Federal Highway, Suite 200
Boca Raton, Florida 33432
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

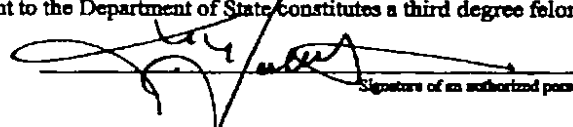
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>See Attachment</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person
Kristine Hollister - Director, Business Management
Typed or printed name of signer

LS Investment Advisors, LLC (d/b/a LSIA)

Schedule of Owners

OWNER	TITLE/CAPACITY	BUSINESS ADDRESS	PERCENT OWNERSHIP
William Camp, CFA	President	39533 Woodward Avenue, Suite 302 Bloomfield Hills, MI 48304	22.30%
Mark Shank, CFA & CIC	Chief Investment Officer	111 E. Kilbourn Avenue, Suite 2700 Milwaukee, WI 53202	22.29%
Karen McClintock (formerly Combs), CFA, CIC	Portfolio Manager	225 S. Lake Avenue, Suite 300 Pasadena, CA 91101	16.17%
Jay Van Cleave, CFA	Portfolio Manager	111 E. Kilbourn Avenue, Suite 2700 Milwaukee, WI 53202	16.17%
Daniel Kostaroff, CFA, CFP®	Portfolio Manager	39533 Woodward Avenue, Suite 302 Bloomfield Hills, MI 48304	7.61%
Kristine Hollister	Director, Business Management	39533 Woodward Avenue, Suite 302 Bloomfield Hills, MI 48304	5.28%
Joann Kayser	Director, Operations	111 E. Kilbourn Avenue, Suite 2700 Milwaukee, WI 53202	5.28%
Loomis, Sayles & Company, LP		One Financial Center Boston, MA 02111	4.90%

100.00%

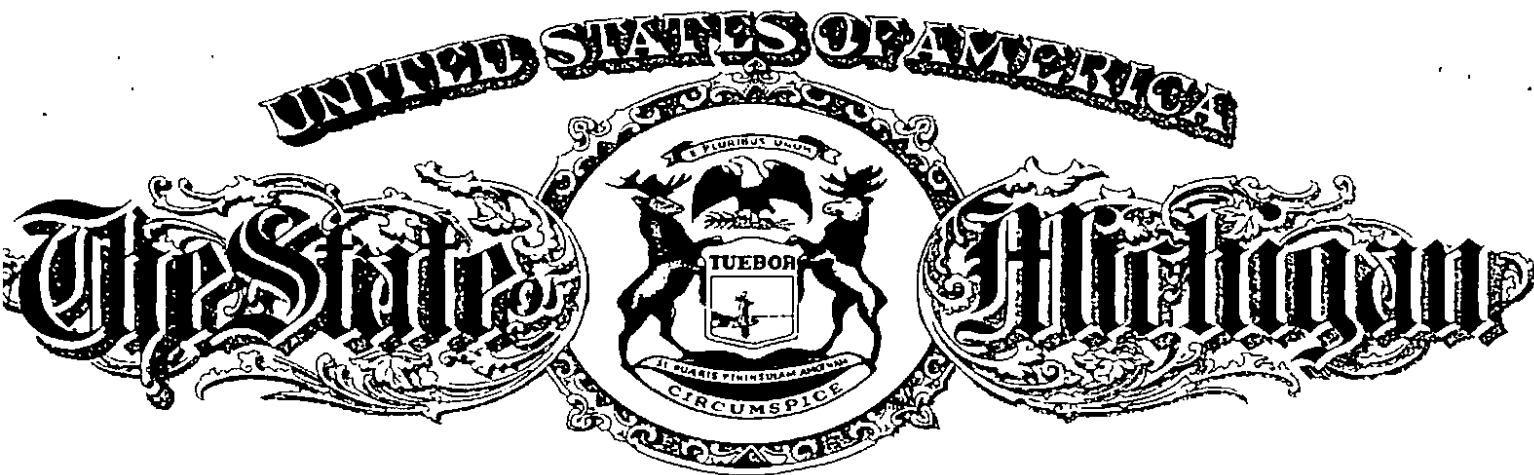
Loomis, Sayles & Company, LP ("Loomis Sayles") has a 4.90% ownership position in LS Investment Advisors, LLC (d/b/a LSIA). Loomis Sayles is an independent investment management firm that has been serving the needs of institutional and mutual fund investors for more than 90 years. The firm provides equity, credit and economic research, technology support, and back-office administration to LSIA.

Certified Financial Planner Board of Standards Inc. owns the certification marks CFP®, CERTIFIED FINANCIAL PLANNER™ and federally registered CFP (with flame design) in the U.S., which it awards to individuals who successfully complete CFP Board's initial and ongoing certification requirements.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 SEP 24 AM 11:36

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

LS INVESTMENT ADVISORS, LLC

was validly authorized on February 15, 2008, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 9th day of July, 2018.*

A handwritten signature in black ink, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 18076410520