

M24000008439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

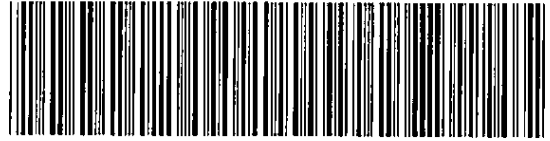
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/24--01036--314 **125.00



OFFICE OF STATE
TALLAHASSEE, FL

2024 JUN 28 PM 9:41

FILED



1 Fountain Square
Chattanooga, TN 37402

June 26, 2024

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Unum Insurance Agency, LLC – Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

Please find enclosed the completed application, certificate of existence, and check to register, Unum Insurance Agency, LLC, to transact business in Florida.

Please let me know if you have questions or need anything further.

Sincerely,

Lauren Shadrick

Lauren Shadrick
Senior Compliance Manager

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unum Insurance Agency, LLC

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:

Lauren Shadrick

Name of Person

Unum Group

Firm/Company

1 Fountain Square

Address

Chattanooga, TN 37402

City/State and Zip Code

corporatesecretary@unum.com

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

For further information concerning this matter, please call:

Lauren Shadrick

423

544-6832

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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. Unum Insurance Agency, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 3. 35-2832119
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/26/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Fountain Square 6. 1 Fountain Square
(Street Address of Principal Office) (Mailing Address)

Chattanooga, TN 37402 Chattanooga, TN 37402

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(City) , Florida (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.

FILED
2024 JUN 28 PM 9:40
TALLAHASSEE, FL
CLERK OF STATE

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Unum Group

☒ Member Address: 1 Fountain Square

☐ Authorized Chattanooga, TN 37402

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Timothy Arnold

☐ Member Address: 1200 Colonial Life Blvd

☐ Authorized Columbia, SC 29210

Person _____

☒ Other President & CEO ☐ Other _____

☐ Manager Name: J. Paul Jullienne

☐ Member Address: 1 Fountain Square

☐ Authorized Chattanooga, TN 37402

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Benjamin Katz

☐ Member Address: 1 Fountain Square

☐ Authorized Chattanooga, TN 37402

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Jennifer Peters

☐ Member Address: 1 Fountain Square

☐ Authorized Chattanooga, TN 37402

Person _____

☒ Other Asst. Treasurer ☐ Other _____

☐ Manager Name: Timothy Vita

☐ Member Address: 1 Fountain Square

☐ Authorized Chattanooga, TN 37402

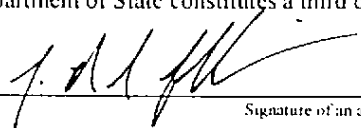
Person _____

☒ Other Vice President ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

J. Paul Jullienne

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNUM INSURANCE AGENCY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNUM INSURANCE AGENCY, LLC" WAS FORMED ON THE NINETEENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2510322 8300

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203749196