Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNUM GROUP PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1946

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
UNUM GROUP

2211 CONGRESS STREET
PORTLAND, ME 04122

2b Employer Identification Number (EIN) 62-1598430

2c Plan Sponsor's telephone number 207-575-2145

2d Business code (see instructions) 524140

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2026	BEN ROBERGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	9990
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2680
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2460
b	Retired or separated participants receiving benefits	**6b**	1102
c	Other retired or separated participants entitled to future benefits	**6c**	3659
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7221
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	158
f	Total. Add lines **6d** and **6e**.	**6f**	7379
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1C 3H 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL LIFE INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA-48181	2550	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A (THESE ARE UNALLOCATED CONTRACTS)

b	Premiums paid to carrier	6b	364605447
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	0

Specify nature of costs ▶ N/A

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☒ other (specify) ▶ GROUP IMMEDIATE ANNUITY

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1241596437
b Actuarial value	**2b**	1245892599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3428	802139864	802139864
b For terminated vested participants	3949	338456031	338456031
c For active participants	2680	278621566	283092938
d Total	10057	1419217461	1423688833

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	9359650
c Target normal cost	**6c**	9359650

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

09/28/2026
Date

JENNIFER S. COLLIER
Type or print name of actuary

26-05680
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	46594868	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	16442977	0
9	Amount remaining (line 7 minus line 8)	30151891	0
10	Interest on line 9 using prior year's actual return of 2.16 %	651281	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	30803172	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.34 %
15	Adjusted funding target attainment percentage	15	86.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/02/2026	15010000	0			
			Totals ► 18(b)	15010000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13873313

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	9359650
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	208599406	20386900
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	29746550

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	15882472	0	15882472

36 Additional cash requirement (line 34 minus line 35)	**36**	13864078
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13873313
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	9235
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	9235
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

ARTISAN PARTNERS LIMITED

39-1807188

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PINEBRIDGE INVESTMENTS LLC
65 EAST 55TH STREET
7TH FLOOR
NEW YORK, NY 10022

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PORTFOLIO ADVISORS, LLC

06-1487853

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEI TRUST COMPANY

06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TRIGUARD MANAGEMENT, LLC

26-1968878

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WARBURG PINCUS LLC

13-3536050

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SANDS CAPITAL MANAGEMENT LLC

20-2830751

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 27 50 51 65	NONE	1830174	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52 99	NONE	335648	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NISA INVESTMENT ADVISORS

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	319950	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SUSTAINABLE GROWTH ADVISERS

05-0571266

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 55 62	NONE	202364	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 55 62 99	NONE	187450	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

JP MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
24 27 28 50 51 99	NONE	119242	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 99	NONE	71776	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

UNUM PROVIDENT CORP II

62-1598430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	28368	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

VERRILL & DANA

01-0176171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	19408	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

INDEPENDENT INSURANCE ANALYSTS LLC

13-4206965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: TIM W. DEVOE
b EIN: 53-0181291
c Position: ENROLLED ACTUARY
d Address: PO BOX 674401
HOUSTON, TX 77267
e Telephone: 617-638-3700

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	COLLECTIVE US GVT STIF 15 BPS		
b Name of sponsor of entity listed in (a):	BANK OF NEW YORK MELLON		
c EIN-PN 13-6154008-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26610307
a Name of MTIA, CCT, PSA, or 103-12 IE:	MSCI CAD INDX SL CTF		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS		
c EIN-PN 43-6887641-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4443516
a Name of MTIA, CCT, PSA, or 103-12 IE:	MSCI UNITED STATES INDEX SL CTF		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS		
c EIN-PN 26-0127386-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	93532696
a Name of MTIA, CCT, PSA, or 103-12 IE:	MSCI EAFE INDEX SL CTF		
b Name of sponsor of entity listed in (a):	STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-6826003-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32047492
a Name of MTIA, CCT, PSA, or 103-12 IE:	IR+M LONG CORP COLL FUND CLASS C		
b Name of sponsor of entity listed in (a):	GLOBAL TRUST COMPANY		
c EIN-PN 37-6567224-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	92874179
a Name of MTIA, CCT, PSA, or 103-12 IE:	METROPOLIS COLL INVESTMENT TRUST		
b Name of sponsor of entity listed in (a):	SEI TRUST COMPANY		
c EIN-PN 92-0271646-166	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32309503
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB EMERGING MARKETS AGGREGATE		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 82-3282328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44624830

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULTIPLE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 26-3653822-021	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33267677

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II SECURITIZED OPPS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-160	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41783023

a Name of MTIA, CCT, PSA, or 103-12 IE: PINEBRIDGE GLB OPP CRE

b Name of sponsor of entity listed in (a): PINEBRIDGE INVESTMENTS LLC

c EIN-PN 47-5317063-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41127751

a Name of MTIA, CCT, PSA, or 103-12 IE: SANDS CAPITAL COLL INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 85-0894185-143	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32351206

a Name of MTIA, CCT, PSA, or 103-12 IE: WTW GROUPS TRUST REAL ASSETS FUND

b Name of sponsor of entity listed in (a): TOWERS WATSON INVESTMENT SERVICES, INC.

c EIN-PN 82-6695738-005	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1366310	486269
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	15010000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20124908	27553498
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	364657709	323522206
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	52530075	32131981
(5) Partnership/joint venture interests	1c(5)	98358819	264212902
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	545155057	294133020
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	299271077	180839160
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	-16145415	-7866974

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1365318540	1130022062
Liabilities			
1g Benefit claims payable	1g	9210	85860
1h Operating payables	1h	370457	738206
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	123722103	181030341
1k Total liabilities (add all amounts in lines 1g through1j)	1k	124101770	181854407
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1241216770	948167655

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	15010000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15010000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-88460	
(B) U.S. Government securities	2b(1)(B)	7431515	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	-6115116	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1227939
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	426508	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		426508
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	160474686	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	138029820	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		22444866
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16953774	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16953774

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		62663162
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		41966938
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		160693187
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77725873	
(2) To insurance carriers for the provision of benefits	2e(2)	364605447	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		442331320
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	630596	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1992368	
(6) Bank or trust company trustee/custodial fees	2i(6)	187450	
(7) Actuarial fees	2i(7)	320547	
(8) Legal fees	2i(8)	47776	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	8232245	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		11410982
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		453742302
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-293049115
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586012.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 62

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 28.0 % Private Equity: 9.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 30.0 %
High-Yield Debt: 14.0 % Real Assets: 19.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Unum Group Pension Plan
Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

Unum Group Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

CONTENTS

	Page
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15
Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)	19
Schedule H, Line 4j - Schedule of Reportable Transactions	20

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Report of Independent Auditors

The Benefit Finance Committee
Unum Group Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Unum Group Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended,, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2025, schedule of assets acquired and disposed of within year, and reportable transactions for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and

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reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Ernst & Young LLP

September 22, 2026

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Unum Group Pension Plan

	December 31	
	2025	2024
Assets		
Investments	$ 1,086,972,295	$ 1,343,827,322
Non-Interest Bearing Cash	486,269	1,366,310
Securities and Other Receivable	26,380,374	18,837,607
Interest and Dividends Receivable	1,173,124	1,287,301
Employer Contributions Receivable	15,010,000	—
Total Assets	1,130,022,062	1,365,318,540
Liabilities		
Securities and Other Accounts Payable	39,162,778	765,228
Administrative Expenses Payable	738,206	370,457
Repurchase Agreements	141,867,563	122,956,875
Total Liabilities	181,768,547	124,092,560
Net Assets Available for Benefits	$ 948,253,515	$ 1,241,225,980

See notes to financial statements.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Unum Group Pension Plan

	Year Ended December 31	
	2025	2024
Additions		
Investment Income:		
Interest	$ 1,792,080	$ 4,199,477
Dividends	10,786,312	11,190,990
Other Income	4,618,691	1,433,131
Employer Contributions	15,010,000	—
Total Additions	32,207,083	16,823,598
Deductions		
Benefit Payments to Participants	77,649,223	72,236,881
Annuity Contract Purchase (Refund) - Note 1	364,605,447	(225,846)
Administrative Expenses	11,410,982	10,791,484
Total Deductions	453,665,652	82,802,519
Net Appreciation in Fair Value of Investments	128,486,104	11,707,610
Net Decrease	(292,972,465)	(54,271,311)
Net Assets Available for Benefits		
Beginning of Year	1,241,225,980	1,295,497,291
End of Year	$ 948,253,515	$ 1,241,225,980

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

Unum Group Pension Plan

December 31, 2025

Note 1 - Description of the Plan

The following description of the Unum Group Pension Plan (the Plan) provides only general information about the Plan's provisions. Participants should refer to the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan sponsor.

General

Unum Group (the Company) is the Plan sponsor. The Bank of New York Mellon/BNY Mellon, N.A is the directed custodial trustee of the Plan (BNY Mellon or the Trustee).

The Plan is a noncontributory defined benefit plan and covers domestic employees of the Company who were eligible to participate prior to freezing the Plan effective December 31, 2013 (the Freeze Date). The purpose of the Plan is to provide covered employees a qualified plan under section 401(a) of the Internal Revenue Code of 1986 (the Code). The Plan is administered by the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Pension Benefits Finance Committee (the Committee) serves as a fiduciary of the Plan and is responsible for reviewing the Plan's financial, investment, and asset custody policies, as well as overseeing the Plan's service matters. The Committee's members are appointed by and report to the Human Capital Committee of the Company's Board of Directors.

Pension Plan Annuity Purchase

In December 2025, the Company purchased a group annuity contract which transferred a portion of the Plan's benefit obligation to a third party. Under the transaction, which was funded with plan assets, the responsibility for pension benefits and annuity administration for approximately 2,550 retirees or their beneficiaries receiving less than $2,200 in monthly benefit payments was transferred from the Plan, resulting in a reduction in the Plan's accumulated plan benefits of $364,605,447 for the year ended December 31, 2025.

Eligibility

Prior to the Freeze Date, employees were eligible to participate in the Plan on the first day of the month after completing one year (12 consecutive months) of service and 1,000 hours. Certain categories of employees were not eligible for the Plan as defined in the Summary Plan Description.

Funding

The Company's funding practice is to make contributions to the Plan in amounts to provide assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirements.

Vesting

All participants who terminated employment prior to the Freeze Date but completed three or more years of vesting service prior to termination are fully vested in the Plan with respect to their frozen accrued benefits. Participants who were actively employed on the Freeze Date and had completed one or more years of vesting service are fully vested in the Plan with respect to their frozen accrued benefits.

Note 1 - Description of Plan - Continued

Payment of Benefits

Benefits are paid by the Plan from Plan assets held by the Trustee. Amounts of $1,000 or less are automatically paid in the form of a lump sum. If the value of a participant or beneficiary's benefit is between $1,000 and $5,000, the participant may elect a lump sum or a rollover to an eligible account. If the value of a participant's or beneficiary's benefit is between $5,000 and $100,000, the participant may elect a lump sum, a rollover to an eligible account, or receive an annuity. For amounts over $100,000, benefits are paid in the form of an annuity.

Expenses

Expenses such as actuarial fees, legal fees, investment management fees, and fees associated with Plan administration are generally paid out of Plan assets. Other expenses, including accounting and auditing fees, are paid by the Company.

Plan Termination

Although it has not expressed an intention to do so, the Company reserves the right under the Plan to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate at some future time, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

Whether a particular participant's accumulated plan benefits will be paid depends on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may depend on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC). Some benefits might be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits might not be provided for at all.

Note 2 - Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP). In connection with its preparation of the financial statements, management of the Company evaluated events that occurred subsequent to December 31, 2025, for recognition or disclosure in its financial statements and notes thereto. Management performed its subsequent event review through the time at which the financial statements were available to be issued on September 22, 2026.

Use of Estimates

The preparation of the financial statements in conformity with GAAP requires the Company to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedules. Certain assumptions pertaining to interest rates, inflation rates, return rates, market volatility, credit risk, and employee demographics, all of which are subject to change, affect amounts reported for Plan contributions, investments, and the actuarial present value of accumulated plan benefits. Due to the level of risk associated with certain investment securities as well as the uncertainties inherent in the estimation and assumption processes for the actuarial present value of accumulated plan benefits, it is at least reasonably possible that changes in the near term related to these risks and assumptions could materially affect the amounts reported and disclosed in the financial statements and accompanying notes.

Note 2 - Summary of Significant Accounting Policies - Continued

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date and therefore represents an exit price, not an entry price. The exit price objective applies regardless of the Plan's intent and/or ability to sell the asset at the measurement date. Some of the Plan's investments may engage in repurchase agreement transactions. The Plan exchanges collateral with a market value equal to or in excess of the principal amount loaned under the repurchase agreement. Repurchase agreements are valued based on the value of the underlying securities and expected settlement per the contract terms. All repurchase agreements are accounted for as secured borrowings and they have a right of setoff, whereby the collateral pledged by the Plan would be used to settle the fair value of the repurchase agreement should the Plan be in default. See Note 4.

Derivatives are reported at fair value. Changes in fair value are included as a component of the net appreciation in fair value of investments in the statements of changes in net assets available for benefits. The impact of these derivatives was not material to the financial statements for 2025 or 2024.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Other income is primarily comprised of income from our investments in partnerships and joint ventures. Net appreciation includes the Plan's realized gains and losses on securities sold as well as unrealized gains and losses from changes in the fair value of securities.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the Freeze Date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) eligible present employees or their beneficiaries. Benefits are generally based on an employee's calendar year compensation during the highest five of the last ten years of employment up to the Freeze Date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to an employee's service rendered to the valuation date. See Note 5.

Payment of Benefits

Benefits are recorded when paid.

Note 3 - Investment Information

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held, securities and other receivable, interest and dividends receivable, and securities and other accounts payable at December 31, 2025 and 2024, and the net appreciation in fair value of investments, interest, dividends, and other income for the years then ended, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

Note 4 - Fair Value Measurements

Investment Composition

The objective of the Plan is to maximize long-term return, within acceptable risk levels, in a manner that is consistent with the fiduciary standards of ERISA, while maintaining sufficient liquidity to pay current benefits and expenses.

The Plan assets include a diversified blend of U.S. government securities, corporate common stocks, partnerships and joint ventures, common collective trusts, and 103-12 investment entities. The Company believes the Plan's investment portfolio is well diversified by asset class and sector, with no undue risk concentrations in any one category. Corporate common stocks are

Note 4 - Fair Value Measurements - Continued

comprised of publicly traded equity securities across various sectors. U.S. government securities include treasury bonds, notes, and bills issued and guaranteed by the federal government. Common collective trusts are comprised of funds benchmarking various indices, commercial real estate investments, and corporate investment-grade bonds. 103-12 investments are comprised of funds benchmarking various indices and opportunistic credits. Partnerships and joint ventures include private equity direct investments, private equity funds of funds, commercial real estate investments and utilize proprietary strategies that are intended to have a low correlation to the U.S. stock market.

Assets with readily available actively quoted prices or for which fair value can be measured from actively quoted prices in active markets generally have more pricing observability and less judgment utilized in measuring fair value (Level 1). When actively quoted prices are not available, fair values are based on quoted prices in markets that are not active, quoted prices for similar but not identical assets, or other observable inputs (Level 2). If observable inputs are not available, unobservable inputs and/or adjustments to observable inputs requiring management judgment are used to determine fair value (Level 3). The Company categorizes the assets measured at estimated fair value into a three-level hierarchy, based on the significance of the inputs. The fair value hierarchy gives the highest priority to inputs which are unadjusted and represent quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3).

The categorization of fair value measurements of the Plan's investments, by input level, is shown below. The carrying values of investment-related receivables and payables approximate fair value due to the short-term nature of the securities and are not included in the following chart. Investments valued using net asset value (NAV) as a practical expedient are not required to be categorized by input level, but these investments are included as follows to reconcile to total investments.

	December 31, 2025				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV as a Practical Expedient	Total
Invested Assets					
U.S. Government Securities and Other Investments[1]	$ 323,411,583	$ (7,756,351)	$ —	$ —	$ 315,655,232
Corporate Stock - Common	32,131,981	—	—	—	32,131,981
Partnerships and Joint Ventures	—	—	—	264,212,902	264,212,902
Common Collective Trusts	26,610,306	—	—	267,522,714	294,133,020
103-12 Investment Entities	—	—	—	180,839,160	180,839,160
Total Investments	$ 382,153,870	$ (7,756,351)	$ —	$ 712,574,776	$ 1,086,972,295
Liabilities					
Repurchase Agreements	$ —	$ 141,867,563	$ —	$ —	$ 141,867,563

[1]Includes derivatives which hedge the risk associated with certain U.S. Government Securities. See Note 2 for additional information.

Note 4 - Fair Value Measurements - Continued

	December 31, 2024				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV as a Practical Expedient	Total
Invested Assets					
U.S. Government Securities and Other Investments[1]	$ 364,657,709	$ (16,145,415)	$ —	$ —	$ 348,512,294
Corporate Stock - Common	52,530,076	—	—	—	52,530,076
Partnerships and Joint Ventures	—	—	—	98,358,819	98,358,819
Common Collective Trusts	9,980,099	—	—	535,174,957	545,155,056
103-12 Investment Entities	—	—	—	299,271,077	299,271,077
Total Investments	$ 427,167,884	$ (16,145,415)	$ —	$ 932,804,853	$ 1,343,827,322
Liabilities					
Repurchase Agreements	$ —	$ 122,956,875	$ —	$ —	$ 122,956,875

[1]Includes derivatives which hedge the risk associated with certain U.S. Government Securities. See Note 2 for additional information.

Level 1 investments consist of individual holdings that are valued based on unadjusted quoted prices from active markets for identical securities and investments that are deemed to have a readily determinable fair value. Level 2 investments consist of individual holdings that are valued using either directly or indirectly observable inputs other than quoted prices from active markets.

103-12 investment entities and certain common/collective trusts are valued based on the NAV of the underlying holdings as of the reporting date. Partnerships and joint ventures are valued based on NAV one quarter in arrears. Common collective trusts, partnerships and joint ventures that have commercial real estate holdings are valued based on NAV one month in arrears. The Company evaluates the need for adjustments to the NAV based on market conditions and discussions with fund managers in the period subsequent to the valuation date and prior to issuance of the financial statements. There were no adjustments made to the NAV for 2025 or 2024. Distributions of capital from the sale of underlying fund assets of partnerships and joint ventures, excluding our commercial real estate investment fund, may occur at any time, but are generally concentrated between five and ten years from the formation of the fund.

Note 4 - Fair Value Measurements - Continued

The unfunded commitments of investments that are valued based on NAV and the redemption characteristics of invested assets are as follows:

	December 31, 2025		
	Unfunded Commitments	Redemption Frequency	Redemption Notice Period (In Days)
Private Equity Direct Investments and Funds of Funds[1]	14,819,392	N/A	N/A
Commercial Real Estate Investment Funds[1]	—	Quarterly	45-180
Common Collective Trusts	—	Daily	1-5
103-12 Investment Entities	—	Daily/Monthly	1-3/15-30
Total	$ 14,819,392		

[1]Represents investments included within partnerships and joint ventures.

	December 31, 2024		
	Unfunded Commitments	Redemption Frequency	Redemption Notice Period (In Days)
Partnerships and Joint Ventures	15,178,086	N/A	N/A
Common Collective Trusts	—	Daily/Quarterly	1-5/45-180
103-12 Investment Entities	—	Daily/Monthly	1-3/15-30
Total	$ 15,178,086		

Note 5 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

In accordance with GAAP, the Company has elected to present accumulated plan benefits as of the prior Plan year end as follows:

Actuarial present value of accumulated plan benefits:	
Vested accumulated benefits:	
Participants currently receiving payments	$ 737,232,541
Other participants	529,167,194
	1,266,399,735
Non-vested accumulated benefits	4,259,986
Actuarial present value of accumulated plan benefits as of December 31, 2024	$ 1,270,659,721

The changes in the accumulated plan benefits for the year ended December 31, 2024 are as follows:

Note 5 - Accumulated Plan Benefits - Continued

Actuarial present value of accumulated plan benefits as of December 31, 2023	$	1,258,039,639
Increase (decrease) due to changes in:		
Actuarial losses		12,065,558
Decrease in the discount period		79,432,218
Actual benefits paid		(72,011,035)
Changes in assumptions		(6,866,659)
Net increase		12,620,082
Actuarial present value of accumulated plan benefits as of December 31, 2024	$	1,270,659,721

Significant assumptions and the method underlying the actuarial computations are as follows:

Actuarial cost method	Traditional Unit Credit Cost Method
Assumed rate of return on investments	6.50 percent at December 31, 2024 and 2023
Assumed mortality	Pri-2012 Private Retirement Plans Mortality Tables with fully generational projection from 2012 using Scale MP-2021 at December 31, 2024 and 2023
Assumed rate of inflation	3.0 percent at December 31, 2024 and 2023
Assumed retirement age	Varying rates of retirement from 55 to 70+

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2025. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2024.

Note 6 - Income Tax Status

The Internal Revenue Service (IRS) determined and informed the Company by letter dated September 25, 2020, that the Plan is qualified under Section 401(a) of the Code and therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Company believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Reconciliation between Financial Statements and Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31			
		2025		2024
Net assets available for benefits per the financial statements	$	948,253,515	$	1,241,225,980
Benefits payable		(85,860)		(9,210)
Net assets available for benefits per the Form 5500	$	948,167,655	$	1,241,216,770

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

Note 7 - Reconciliation between Financial Statements and Form 5500 - Continued

	December 31, 2025
Benefits paid to participants per the financial statements	$ 77,649,223
Add: Benefits payable on Form 5500 at December 31, 2025	85,860
Less: Benefits payable on Form 5500 at December 31, 2024	(9,210)
Benefits paid to participants per the Form 5500	$ 77,725,873

Benefits payable are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to year-end but not yet paid.

Note 8 - Related Party Transactions

Transactions with related parties include contributions to the Plan by the Company, benefit payments to beneficiaries, investments managed by the Trustee, and fees paid for trustee and investment management services.

Unum Group Pension Plan

EIN: 62-1598430 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets
(Held at End of Year)

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
U. S. GOVERNMENT SECURITIES				
	U.S. Treasury	U S TREASURY BOND 2.875% 05/15/2043 DD 05/15/13	$12,140,063	$12,476,593
	U.S. Treasury	U S TREASURY BOND 3.625% 02/15/2044 DD 02/15/14	3,471,248	3,468,423
	U.S. Treasury	U S TREASURY BOND 3.000% 11/15/2044 DD 11/15/14	6,101,274	6,234,894
	U.S. Treasury	U S TREASURY BOND 3.000% 05/15/2045 DD 05/15/15	6,991,501	7,217,018
	U.S. Treasury	U S TREASURY BOND 2.875% 11/15/2046 DD 11/15/16	13,178,909	13,576,499
	U.S. Treasury	U S TREASURY BOND 3.000% 05/15/2047 DD 05/15/17	4,066,868	4,188,803
	U.S. Treasury	U S TREASURY BOND 2.000% 11/15/2041 DD 11/15/21	18,583,126	19,369,045
	U.S. Treasury	U S TREASURY BOND 2.250% 02/15/2052 DD 02/15/22	4,946,784	4,965,925
	U.S. Treasury	U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	32,435,465	32,502,137
	U.S. Treasury	U S TREASURY BOND 3.000% 08/15/2052 DD 08/15/22	3,600,737	3,604,845
	U.S. Treasury	U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	7,144,420	6,979,435
	U.S. Treasury	U S TREASURY NOTE 1.500% 11/30/2028 DD 11/30/21	13,393,819	14,082,445
	U.S. Treasury	U S TREASURY NOTE 1.875% 02/28/2029 DD 02/28/22	1,580,825	1,586,767
	U.S. Treasury	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	28,550,281	30,016,754
	U.S. Treasury	U S TREASURY NOTE 2.750% 05/31/2029 DD 05/31/22	3,879,586	4,040,731
	U.S. Treasury	U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	9,709,869	10,173,778
	U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 02/15/2037 DD 02/15/07	23,531,213	25,812,408
	U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 11/15/2033 DD 08/15/07	14,455,540	15,890,600
	U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 11/15/2034 DD 08/15/07	13,759,900	15,117,300
	U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	4,165,350	4,571,910

U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 11/15/2036 DD 08/15/07	18,746,705	20,566,047
U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 08/15/2038 DD 02/17/09	17,010,769	18,658,645
U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 11/15/2038 DD 05/15/09	7,242,732	7,942,294
U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 05/15/2039 DD 05/15/09	17,477,460	19,177,015
U.S. Treasury	U S TREASURY BD CPN STRIP 0.000% 02/15/2042 DD 02/15/12	19,704,183	21,301,895
TOTAL U. S. GOVERNMENT SECURITIES		**$305,868,627**	**$323,522,206**
CORPORATE STOCK - COMMON			
Alphabet Inc	ALPHABET INC	$853,933	$1,466,074
Amazon.Com Inc	AMAZON.COM INC	1,965,563	2,120,543
Arm Holdings Plc Adr	ARM HOLDINGS PLC ADR	646,964	641,322
Broadcom Inc	BROADCOM INC	487,349	483,848
Canadian Pacific Kansas City L	CANADIAN PACIFIC KANSAS CITY L	670,508	682,182
Chipotle Mexican Grill Inc	CHIPOTLE MEXICAN GRILL INC	868,685	649,461
Danaher Corp	DANAHER CORP	790,849	812,437
Meta Platforms Inc	META PLATFORMS INC	988,117	1,132,054
Gartner Inc	GARTNER INC	854,678	648,107
Hdfc Bank Ltd Adr	HDFC BANK LTD ADR	714,881	818,094
Intuit Inc	INTUIT INC	1,223,536	1,289,069
Mercadolibre Inc	MERCADOLIBRE INC	559,940	652,620
Microsoft Corp	MICROSOFT CORP	1,542,078	1,778,754
Netflix Inc	NETFLIX INC	330,051	326,660
Nvidia Corp	NVIDIA CORP	1,597,506	1,943,890
S&P Global Inc	S&P GLOBAL INC	922,352	967,837
Salesforce Inc	SALESFORCE INC	1,246,726	1,139,378
Sap Se Adr	SAP SE ADR	923,056	809,376
Sea Ltd Adr	SEA LTD ADR	579,046	485,531
Synopsys Inc	SYNOPSYS INC	959,848	965,744
Taiwan Semiconductor Manufactu Adr	TAIWAN SEMICONDUCTOR MANUFACTU ADR	914,746	1,483,895
Unitedhealth Group Inc	UNITEDHEALTH GROUP INC	1,244,481	973,164
Visa Inc	VISA INC	1,316,311	1,455,797
Waste Management Inc	WASTE MANAGEMENT INC	745,560	710,322
Universal Music Group Nv	UNIVERSAL MUSIC GROUP NV	1,185,082	1,197,862
Adyen Nv	ADYEN NV	1,029,049	1,002,833
Experian Plc	EXPERIAN PLC	780,032	803,673
Aia Group Ltd Hk/01299	AIA GROUP LTD HK/01299	560,309	797,142
Alibaba Group Holding Ltd Hk/09988	ALIBABA GROUP HOLDING LTD HK/09988	696,543	720,706
Fast Retailing Co Ltd	FAST RETAILING CO LTD	713,050	782,836
Aon Plc	AON PLC	812,935	808,095
Steris Plc	STERIS PLC	788,117	971,996

	Alcon Ag	ALCON AG	521,893	486,022
	Canadian Pacific Kansas City L	CANADIAN PACIFIC KANSAS CITY L	122,522	124,657
TOTAL CORPORATE STOCK - COMMON			**$30,156,296**	**$32,131,981**
PARTNERSHIP and JOINT VENTURE INTEREST				
*	Willis Towers Watson	WTW REAL ASSETS FUND L.P. SERIES Z	$172,053,858	$177,610,126
	Portfolio Advisors	PORTFOLIO ADVISORS OFFSHORE PRIVATE EQUITY FD V LP	$1,916,770	$1,054,012
	Portfolio Advisors	PORTFOLIO ADVISORS PE IX OFFSHORE LP	25,370,957	23,593,215
	J. P. Morgan	JP MORGAN EUROPEAN CORP FINANCE INSTITUTIONAL	419,806	388,744
	J. P. Morgan	JP MORGAN VENTURE CAPITAL INSTITUTIONAL INVESTORS IV	3,783,590	3,658,398
	J. P. Morgan	JP MORGAN US CORPORATE FINANCE INSTITUTIONAL INVESTORS IV	1,733,920	1,638,913
	Warburg Pincus	WARBURG PINCUS PE XII LP	12,228,454	10,839,218
	Warburg Pincus	WARBURG PINCUS PE XI LP	5,644,240	4,825,991
	Warburg Pincus	WARBURG PINCUS GLOBAL GROWTH	26,316,702	27,521,191
	Montauk TriGuard	MONTAUK TRIGUARD FD VI LP	3,799,493	3,054,057
	Montauk TriGuard	MONTAUK TRIGUARD FUND VII LP	10,371,985	10,029,037
TOTAL PARTNERSHIP and JOINT VENTURE INTEREST			**$263,639,775**	**$264,212,902**
OTHER INVESTMENTS				
	Chicago Board of Trade	US 10YR TREAS NTS FUTURE (CBT) EXP MAR 26	$—	$(179,531)
	Chicago Board of Trade	US ULTRA BOND (CBT) EXP MAR 26	—	68,906
	J. P. Morgan	TRS EL LT11TRUU INDEX P FEDL01 21 BPS 2026 FEB 26	—	(1,106,361)
	Barclays Bank Plc	TRS EL LUTLTRUU INDEX P FEDL01 24 BPS 2026 JAN 22	—	(374,096)
	Barclays Bank Plc	TRS EL LT03TRUU INDEX P FEDL01 24 BPS 2026 JAN 22	—	(69,587)
	Barclays Bank Plc	TRS EL LT09TRUU INDEX P FEDL01 24 BPS 2026 FEB 17	—	278,023
	J. P. Morgan	TRS EL LT11TRUU INDEX P FEDL01 25 BPS 2026 FEB 26	—	(4,684,937)
	Barclays Bank Plc	TRS EL LT02TRUU INDEX P FEDL01 26 BPS 2026 FEB 17	—	327,595
	J. P. Morgan	TRS_FL LT11TRUU INDEX P FEDL01 21 BPS 2026 FEB 26	—	(160,705)
	Barclays Bank Plc	TRS_FL LT03TRUU INDEX P FEDL01 24 BPS 2026 JAN 22	—	(568,556)
	Barclays Bank Plc	TRS_FL LUTLTRUU INDEX P FEDL01 24 BPS 2026 JAN 22	—	(98,760)

	Barclays Bank Plc	TRS_FL LT09TRUU INDEX P FEDL01 24 BPS 2026 FEB 17	—	(352,917)
	J. P. Morgan	TRS_FL LT11TRUU INDEX P FEDL01 25 BPS 2026 FEB 26	—	(687,392)
	Barclays Bank Plc	TRS_FL LT02TRUU INDEX P FEDL01 26 BPS 2026 FEB 17	—	(258,656)
TOTAL OTHER INVESTMENTS			**$—**	**$(7,866,974)**
COMMON/COLLECTIVE TRUST				
*	State Street	MSCI EAFE INDX SL CTF (ELCTF)	$22,507,107	$32,047,492
*	State Street	MSCI UNITED STATES INDEX SECURITIES LENDING CTF (CM902)	59,770,839	93,532,696
*	State Street	MSCI CANADA INDEX SL CTF (ZVCA2)	2,865,816	4,443,516
	Income Research Management	IR+M LONG CORPORATE COLLECTIVE FUND CLASS C	97,274,596	92,874,179
*	BNY Mellon	COLLECTIVE US GOV'T STIF 15 BPS	11,526,025	11,526,025
	J. P. Morgan	JPMCB EMERGING MARKETS AGGREGATE BOND FUND	39,940,958	44,624,830
*	BNY Mellon	COLLECTIVE US GOV'T STIF 15 BPS	15,084,281	15,084,282
TOTAL COMMON/COLLECTIVE TRUST			**$248,969,622**	**$294,133,020**
103-12 INVESTMENT ENTITIES				
	Artisan Partners	UUMF ARTISAN GLOBAL	$18,964,586	$33,267,677
	Wellington Management	UUMF WELLINGTON SECURITIZED OP	38,937,448	41,783,023
	Pinebridge Investments	UUMF PINEBRIDGE GLB OPP CRE	40,348,748	41,127,751
	Sands Capital	UUMF SANDS GLOBAL GROWTH	23,554,985	32,351,206
	Metropolis Capital	UUMF METROPOLIS VALUE	19,720,574	32,309,503
TOTAL 103-12 INVESTMENT ENTITIES			**$141,526,341**	**$180,839,160**
REPURCHASE AGREEMENTS				
	Bank of America	BANK OF AMERICA REPO 4.050% 01/29/2026 DD 10/29/25	(118,719,513)	(118,719,513)
	J. P. Morgan	JP MORGAN CP REP REPO 4.060% 01/29/2026 DD 10/29/25	(23,148,050)	(23,148,050)
TOTAL REPURCHASE AGREEMENTS			**$(141,867,563)**	**$(141,867,563)**
GRAND TOTAL			**$848,293,098**	**$945,104,732**

* Indicates party-in-interest

Unum Group Pension Plan

EIN: 62-1598430 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets
(Acquired and Disposed of Within Year)

December 31, 2025

See attached for:
Series of securities acquired and disposed of within plan year.

Unum Group Pension Plan

EIN: 62-1598430 Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2025

See attached for:

Category (i) - individual transactions in excess of five percent of plan assets.

Category (iii) - series of transactions in the same security in excess of five percent of plan assets.

There were no category (ii) or (iv) reportable transactions during 2025.

Note: Columns (e), (f) and (h) are not applicable.

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99F106L5A	US 10YR ULTRA FUTURE (CBT) EXP DEC 25	13.000	0.00	384.53
99F183L5A	US 5YR NOTE FUTURE (CBT) EXP DEC 25	15.000	0.00	(167.13)
99F217F5A	US 2YR NOTE FUTURE (CBT) EXP JUN 25	15.000	0.00	1,178.22
99F700C5A	US ULTRA BOND (CBT) EXP MAR 25	25.000	0.00	30,547.45
99F700F5A	US ULTRA BOND (CBT) EXP JUN 25	168.000	0.00	847,608.73
99F700I5A	US ULTRA BOND (CBT) EXP SEP 25	287.000	0.00	(758,621.63)
99F700L5A	US ULTRA BOND (CBT) EXP DEC 25	139.000	0.00	(454,322.96)
99ZB7V2G8	JP MORGAN CP REP REPO 4.450% 04/16/2025 DD 01/16/25	10,700,625.000	10,700,625.00	(10,700,625.00)
99ZB7V2H6	JP MORGAN CP REP REPO 4.450% 04/16/2025 DD 01/16/25	2,097,000.000	2,097,000.00	(2,097,000.00)
99ZB7V2L7	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	22,926,050.000	22,926,050.00	(22,926,050.00)
99ZB7V2Q6	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	7,031,500.000	7,031,500.00	(7,031,500.00)
99ZB7V2R4	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	16,531,925.000	16,531,925.00	(16,531,925.00)
99ZB7V2S2	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	18,276,500.000	18,276,500.00	(18,276,500.00)
99ZB7V2T0	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	16,981,250.000	16,981,250.00	(16,981,250.00)
99ZB7V2U7	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	8,917,500.000	8,917,500.00	(8,917,500.00)
99ZB7V2V5	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	14,245,000.000	14,245,000.00	(14,245,000.00)
99ZB7V7D0	BANK OF AMERICA REPO 4.450% 04/16/2025 DD 01/16/25	5,675,125.000	5,675,125.00	(5,675,125.00)
99ZB8S0B7	MORGAN STANLEY REPO 4.440% 04/16/2025 DD 03/05/25	9,922,500.000	9,922,500.00	(9,922,500.00)
99ZB97X42	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	17,487,287.500	17,487,287.50	(17,487,287.50)
99ZB97X59	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	9,425,000.000	9,425,000.00	(9,425,000.00)
99ZB97X67	JP MORGAN CP REP REPO 4.480% 07/21/2025 DD 05/20/25	2,218,500.000	2,218,500.00	(2,218,500.00)
99ZB97X75	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	19,398,012.500	19,398,012.50	(19,398,012.50)
99ZB97X83	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	7,444,062.500	7,444,062.50	(7,444,062.50)
99ZB97X91	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	15,070,000.000	15,070,000.00	(15,070,000.00)
99ZB97YA7	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	24,299,500.000	24,299,500.00	(24,299,500.00)
99ZB97YB5	BANK OF AMERICA REPO 4.480% 07/21/2025 DD 05/20/25	17,919,687.500	17,919,687.50	(17,919,687.50)
99ZB97YC3	JP MORGAN CP REP REPO 4.480% 07/21/2025 DD 05/20/25	19,169,100.000	19,169,100.00	(19,169,100.00)
99ZB9KTJ5	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	17,964,375.000	17,964,375.00	(17,964,375.00)
99ZB9KTK2	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	7,444,062.500	7,444,062.50	(7,444,062.50)
99ZB9KTL0	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	19,314,937.500	19,314,937.50	(19,314,937.50)
99ZB9KTM8	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	17,445,750.000	17,445,750.00	(17,445,750.00)
99ZB9KTN6	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	24,246,675.000	24,246,675.00	(24,246,675.00)
99ZB9KTP1	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	14,987,500.000	14,987,500.00	(14,987,500.00)
99ZB9KTQ9	BANK OF AMERICA REPO 4.480% 05/20/2025 DD 04/16/25	9,388,750.000	9,388,750.00	(9,388,750.00)
99ZB9KTR7	JP MORGAN CP REP REPO 4.480% 05/20/2025 DD 04/16/25	19,169,100.000	19,169,100.00	(19,169,100.00)
99ZB9KTS5	JP MORGAN CP REP REPO 4.480% 05/20/2025 DD 04/16/25	2,214,000.000	2,214,000.00	(2,214,000.00)
99ZCA1LS1	JP MORGAN CP REP REPO 4.470% 07/21/2025 DD 07/01/25	11,100,000.000	11,100,000.00	(11,100,000.00)
99ZCBC9F8	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	7,462,000.000	7,462,000.00	(7,462,000.00)

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
99ZCBC9G6	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	17,964,375.000	17,964,375.00	(17,964,375.00)
99ZCBD347	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	19,439,550.000	19,439,550.00	(19,439,550.00)
99ZCBD354	JP MORGAN CP REP REPO 4.492% 09/25/2025 DD 07/21/25	19,057,000.000	19,057,000.00	(19,057,000.00)
99ZCBD362	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	9,479,375.000	9,479,375.00	(9,479,375.00)
99ZCBD370	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	15,180,000.000	15,180,000.00	(15,180,000.00)
99ZCBD396	JP MORGAN CP REP REPO 4.492% 09/25/2025 DD 07/21/25	2,227,500.000	2,227,500.00	(2,227,500.00)
99ZCBD4D6	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	24,352,325.000	24,352,325.00	(24,352,325.00)
99ZCBD4E4	BANK OF AMERICA REPO 4.500% 09/25/2025 DD 07/21/25	17,528,825.000	17,528,825.00	(17,528,825.00)
99ZCBD4U8	JP MORGAN CP REP REPO 4.492% 09/25/2025 DD 07/21/25	11,880,000.000	11,880,000.00	(11,880,000.00)
99ZCCPN47	JP MORGAN CP REP REPO 4.315% 10/29/2025 DD 09/25/25	2,322,000.000	2,322,000.00	(2,322,000.00)
99ZCCPN54	JP MORGAN CP REP REPO 4.315% 10/29/2025 DD 09/25/25	6,276,875.000	6,276,875.00	(6,276,875.00)
99ZCCPN62	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	18,484,187.500	18,484,187.50	(18,484,187.50)
99ZCCPN70	JP MORGAN CP REP REPO 4.315% 10/29/2025 DD 09/25/25	20,290,100.000	20,290,100.00	(20,290,100.00)
99ZCCPN88	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	9,878,125.000	9,878,125.00	(9,878,125.00)
99ZCCPN96	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	19,036,875.000	19,036,875.00	(19,036,875.00)
99ZCCPPA1	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	15,757,500.000	15,757,500.00	(15,757,500.00)
99ZCCPPB9	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	20,353,375.000	20,353,375.00	(20,353,375.00)
99ZCCPPC7	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	7,856,625.000	7,856,625.00	(7,856,625.00)
99ZCCPPD5	BANK OF AMERICA REPO 4.320% 10/29/2025 DD 09/25/25	25,514,475.000	25,514,475.00	(25,514,475.00)
99ZCDCN11	JP MORGAN CP REP REPO 4.160% 12/03/2025 DD 10/29/25	6,442,875.000	6,442,875.00	(6,442,875.00)

	Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**62,079,821.87**								
UUMF80010002	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	B	315,400,000.000	0.00	315,400,000.00	0.00	0.00	0.00
UUMF30010202	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	S	66,690,810.880	0.00	0.00	66,690,810.88	66,690,810.88	0.00
UUMF80010002	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	S	364,618,705.330	0.00	0.00	364,618,705.33	364,618,705.33	0.00
UUMF10011402	99VVC7EG2	MSCI UNITED STATES INDEX SECURITIES LENDING CTF (CM902)	S	248,324.664	0.00	0.00	98,466,000.00	51,852,422.51	46,613,577.49
UUMF18241402	99VVCPHU8	UUMF WTW REAL ASSETS ACCOUNT	S	10,779,617.862	0.00	0.00	172,053,857.98	157,000,000.00	15,053,857.98
UUMF18241402	99VVDB3Q2	WTW REAL ASSETS FUND L.P. SERIES Z	B	172,053,857.980	0.00	172,053,857.98	0.00	0.00	0.00

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	**62,079,821.87**						
182	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	611,319,269.130	611,319,269.13	0.00	0.00	0.00
149	999J00325	COLLECTIVE US GOV'T STIF 15 BPS	594,689,063.020	0.00	594,689,063.02	594,689,063.02	0.00
28	99QAAM3X8	SWAP COLLATERAL WITH JP MORGAN	50,499,000.000	50,499,000.00	0.00	0.00	0.00
29	99QAAM3X8	SWAP COLLATERAL WITH JP MORGAN	50,499,000.000	0.00	50,499,000.00	50,499,000.00	0.00
1	99VVC7EG2	MSCI UNITED STATES INDEX SECURITIES LENDING CTF (CM902)	46,685.960	18,360,000.00	0.00	0.00	0.00
10	99VVC7EG2	MSCI UNITED STATES INDEX SECURITIES LENDING CTF (CM902)	60,497.670	20,533,185.42	0.00	0.00	0.00
8	99VVC7EG2	MSCI UNITED STATES INDEX SECURITIES LENDING CTF (CM902)	339,877.880	0.00	129,554,980.71	70,818,288.55	58,736,692.16
1	99VVCPHU8	UUMF WTW REAL ASSETS ACCOUNT	10,779,617.860	0.00	172,053,857.98	157,000,000.00	15,053,857.98
4	99VVCT7C1	UUMF PINEBRIDGE GLB OPP CRE	7,032,398.530	7,032,398.53	0.00	0.00	0.00
2	99VVCT7C1	UUMF PINEBRIDGE GLB OPP CRE	57,100,000.000	0.00	57,100,000.00	56,018,464.97	1,081,535.03
1	99VVDB3Q2	WTW REAL ASSETS FUND L.P. SERIES Z	172,053,857.980	172,053,857.98	0.00	0.00	0.00
7	99ZB6TZS2	BANK OF AMERICA REPO 4.840% 01/16/2025 DD 11/15/24	109,382,325.000	109,382,325.00	0.00	0.00	0.00
7	99ZCDCN29	BANK OF AMERICA REPO 4.050% 01/29/2026 DD 10/29/25	118,719,512.500	0.00	118,719,512.50	118,719,512.50	0.00

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025
Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	29	0	0	0	0	0	0	0	0	29
	-	2,397	-	-	-	-	-	-	-	-	2,397
35-39	0	179	61	0	0	0	0	0	0	0	240
	-	4,748	16,785	-	-	-	-	-	-	-	7,807
40-44	1	103	155	68	1	0	0	0	0	0	328
	-	6,341	21,216	42,400	-	-	-	-	-	-	20,953
45-49	1	57	110	230	44	0	0	0	0	0	442
	-	6,802	29,532	58,353	110,680	-	-	-	-	-	49,705
50-54	2	61	72	215	149	40	1	0	0	0	540
	-	11,005	29,681	63,274	136,038	206,992	-	-	-	-	84,197
55-59	1	31	60	144	127	101	72	4	0	0	540
	-	16,531	39,750	90,213	149,141	246,508	237,884	-	-	-	143,699
60-64	1	29	47	93	81	57	84	37	4	0	433
	-	11,122	49,537	90,673	147,243	177,444	304,902	255,100	-	-	161,210
65-69	0	11	15	17	20	9	10	14	10	0	106
	-	-	-	-	131,724	-	-	-	-	-	166,800
70 & over	0	4	2	5	4	3	0	2	1	1	22
	-	-	-	-	-	-	-	-	-	-	167,826
Total	6	504	522	772	426	210	167	57	15	1	2,680
	-	7,348	28,861	70,409	139,219	216,963	273,115	281,327	-	-	91,428

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Pension equity plan interest rate: 3.50%

Annual rates of increase

- Compensation: N/A
- Statutory limits on compensation/benefits: N/A
- National Average Wage Index: N/A
- Assumed cost of living increase: N/A

Plan-related expenses: Plan-related expenses are assumed to be the amount of the administrative expenses paid during the prior year adjusted for expected changes in expenses during the current year. The amount included this year for plan-related expenses is $9,359,650.

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee enters the plan.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	For all participants: separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination rates not due to disability, retirement, or mortality

- Home office participants

Age	Rate
<41	0.0800
41	0.0760
42	0.0720
43	0.0680
44	0.0640
45+	0.0600

- Sales participants

Age	Rate
<41	0.0800
41	0.0700
42	0.0700
43+	0.0600

Disability

The rates at which participants are assumed to become disabled by age and gender are shown below:

Age	Males	Females
25	0.09%	0.09%
35	0.13%	0.13%
45	0.33%	0.33%
55	1.02%	1.02%

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below:

From active employment:

Home Office Participants	
Age	**Retirement Rate**
55-58	7%
59-60	10%
61-62	15%
63	20%
64-69	25%
70+	100%

Sales Participants	
Age	**Retirement Rate**
55-58	7%
59-60	10%
61-62	15%
63	20%
64	25%
65	30%
66-69	33%
70+	100%

Benefit commencement date:

- Preretirement death benefit — If eligible for a lump sum, upon death, otherwise the later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — The later of age 65 (age 62 for former Provident and Paul Revere participants who are eligible for an unreduced benefit at age 62) or termination of employment.
- Disability benefit — If eligible for a lump sum, upon disability, otherwise the later of age 65 or age at disability.
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	For male participants not eligible for a lump sum, 40% are assumed to elect a single life annuity and 60% are assumed to elect a 100% J&S. For female participants not eligible for a lump sum, 55% are assumed to elect a single life annuity and 45% are assumed to elect a 100% J&S. For participants under age 55 who are eligible for a lump sum, 33% are assumed to elect an immediate lump sum and 67% are assumed to defer election to age 65. For participants over age 55 who are eligible for a lump sum, 50% are assumed to elect an immediate lump sum and 50% are assumed to elect an immediate annuity based on the allocation described above. For deferred vested participants who are eligible for a lump sum, 90% are assumed to receive a lump sum at age 65 and 10% are assumed to elect an annuity. Lump sum benefits reflect the valuation segment rates and the 2025 PPA lump sum mortality table.
Plan compensation	Not applicable.
Percent married	80% of eligible participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Male participants are assumed to be three years older than female beneficiaries. Female participants are assumed to be one year younger than male beneficiaries.
Cash flow timing of benefit payments	Annuity payments are payable monthly at the beginning of the month, and lump sums are payable on the date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.50% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Unum Group and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**Unum Group Pension Plan**
Plan Sponsor EIN	**62-1598430**
ERISA Plan #	**001**
Plan Year Ending	**12/31/202**5

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
UNUM GROUP PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNUM GROUP

D Employer Identification Number (EIN)
62-1598430

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	1,241,596,437
b Actuarial value	**2b**	1,245,892,599

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,428	802,139,864	802,139,864
b For terminated vested participants	3,949	338,456,031	338,456,031
c For active participants	2,680	278,621,566	283,092,938
d Total	10,057	1,419,217,461	1,423,688,833

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	9,359,650
c Target normal cost	**6c**	9,359,650

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jennifer S. Collier JSC
Signature of actuary

9/28/2026
Date

Jennifer S. Collier
Type or print name of actuary

2605680
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

617-638-3700
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	46,594,868	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	16,442,977	0
9	Amount remaining (line 7 minus line 8)	30,151,891	0
10	Interest on line 9 using prior year's actual return of 2.16%	651,281	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	30,803,172	0

Part III Funding Percentages

14	Funding target attainment percentage	14	85.34 %
15	Adjusted funding target attainment percentage	15	86.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/02/2026	15,010,000	0			
			Totals ► 18(b)	15,010,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	13,873,313

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	9,359,650
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	208,599,406	20,386,900
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	29,746,550

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	15,882,472	0	15,882,472

36 Additional cash requirement (line 34 minus line 35)	**36**	13,864,078
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13,873,313
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	9,235
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	9,235
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 used assets and liabilities adjusted to reflect an annuity purchase for non-highly compensated employees in 2023 of $72,091,014.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Pension equity plan interest rate: 3.50%

Annual rates of increase

- Compensation: N/A
- Statutory limits on compensation/benefits: N/A
- National Average Wage Index: N/A
- Assumed cost of living increase: N/A

Plan-related expenses: Plan-related expenses are assumed to be the amount of the administrative expenses paid during the prior year adjusted for expected changes in expenses during the current year. The amount included this year for plan-related expenses is $9,359,650.

SCHEDULE SB ATTACHMENTS

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee enters the plan.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	For all participants: separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

SCHEDULE SB ATTACHMENTS

Termination rates not due to disability, retirement, or mortality

- Home office participants

Age	Rate
<41	0.0800
41	0.0760
42	0.0720
43	0.0680
44	0.0640
45+	0.0600

- Sales participants

Age	Rate
<41	0.0800
41	0.0700
42	0.0700
43+	0.0600

Disability

The rates at which participants are assumed to become disabled by age and gender are shown below:

Age	Males	Females
25	0.09%	0.09%
35	0.13%	0.13%
45	0.33%	0.33%
55	1.02%	1.02%

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants are assumed to retire by age are shown below:

From active employment:

Home Office Participants	
Age	**Retirement Rate**
55-58	7%
59-60	10%
61-62	15%
63	20%
64-69	25%
70+	100%

Sales Participants	
Age	**Retirement Rate**
55-58	7%
59-60	10%
61-62	15%
63	20%
64	25%
65	30%
66-69	33%
70+	100%

Benefit commencement date:

- Preretirement death benefit — If eligible for a lump sum, upon death, otherwise the later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit — The later of age 65 (age 62 for former Provident and Paul Revere participants who are eligible for an unreduced benefit at age 62) or termination of employment.
- Disability benefit — If eligible for a lump sum, upon disability, otherwise the later of age 65 or age at disability.
- Retirement benefit — Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	For male participants not eligible for a lump sum, 40% are assumed to elect a single life annuity and 60% are assumed to elect a 100% J&S. For female participants not eligible for a lump sum, 55% are assumed to elect a single life annuity and 45% are assumed to elect a 100% J&S. For participants under age 55 who are eligible for a lump sum, 33% are assumed to elect an immediate lump sum and 67% are assumed to defer election to age 65. For participants over age 55 who are eligible for a lump sum, 50% are assumed to elect an immediate lump sum and 50% are assumed to elect an immediate annuity based on the allocation described above. For deferred vested participants who are eligible for a lump sum, 90% are assumed to receive a lump sum at age 65 and 10% are assumed to elect an annuity. Lump sum benefits reflect the valuation segment rates and the 2025 PPA lump sum mortality table.
Plan compensation	Not applicable.
Percent married	80% of eligible participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Male participants are assumed to be three years older than female beneficiaries. Female participants are assumed to be one year younger than male beneficiaries.
Cash flow timing of benefit payments	Annuity payments are payable monthly at the beginning of the month, and lump sums are payable on the date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.50% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Unum Group and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor through its third-party administrator furnished participant data as of January 1, 2025 and information on plan provisions. Information on assets and contributions was provided by the plan trustee. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. In consultation with the plan sponsor, there were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan sponsor

Unum Group

Plan

Unum Group Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 2000. The last restatement reflected herein is effective January 1, 2015. The plan was amended to freeze benefit accruals and participation effective December 31, 2013. In addition, all active participants on December 31, 2013 are fully vested. Effective January 1, 2016, the plan was amended to increase the limit on lump sum distributions from $10,000 to $100,000. Effective January 1, 2018, the preretirement death benefit was changed to a qualified 100% contingent survivor annuity in the event a participant dies prior to reaching commencement eligibility and affirmatively electing a form of benefit.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees except those covered by a collective bargaining agreement, independent contractors, on-call enrollers or interns, participants in a Canadian pension plan sponsored by Unum Group, employees of Colonial Companies, Inc. who are entitled to receive vested commissions (except regional directors), nonresident aliens who receive no income from sources within the U.S., leased employees, and individuals compensated solely by commission are covered.

Covered employees will participate as soon as they complete 1 year of eligibility service. An employee shall accrue 1 year of eligibility service if he or she completes at least 1,000 hours of service during the 12-month period beginning on his or her date of employment. If the employee does not complete 1,000 hours of service as of the first anniversary of his or her date of employment, the computation period for determining eligibility service shall be the plan year, beginning with the plan year in which the employee's first anniversary of employment occurs.

Participation is closed effective December 31, 2013.

SCHEDULE SB ATTACHMENTS

Benefit Service

Effective January 1, 2000, an eligible employee earns 1 year of benefit service for each plan year in which he completes 1,000 hours of service. Prior to January 1, 2000, the eligible employee is credited with benefit service earned under the prior plan on December 31, 1999 (March 31, 2000 for former Provident Plan participants).

No benefit service is earned after December 31, 2013.

Vesting Service

Effective January 1, 2000, an employee earns 1 year of vesting service for each plan year in which he completes 1,000 hours of service. Prior to January 1, 2000, the employee is credited with vesting service earned under the prior plan on December 31, 1999 (March 31, 2000 for former Provident Plan participants).

Earnings

Effective January 1, 2000, earnings are base pay received in each plan year during which the employee accrues Benefit Service. Earnings also include payments received from a field or sales compensation plan, remuneration paid by a foreign affiliate to an individual who is treated as an employee, extended time and overtime payments, and earnings paid under a recognized annual incentive program. Earnings do not include other bonuses, commissions, prizes, awards or allowances for incidentals.

Earnings after December 31, 2013 are not considered.

Final Average Earnings

The average of the highest 5 year of compensation (whether or not consecutive) during the 10 years prior to termination.

Interest Adjustment

National Average Wage rate of increase published by the Social Security Administration in the preceding year (minimum 2.75%; maximum 5.00%).

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: Age 65

Monthly Benefit: The greater of the Benefit Value of the Basic Benefit plus Transition Benefit, or the applicable minimum benefit.

Normal Form of Retirement Income: Life annuity for unmarried and 66-2/3% contingent annuity for married participants.

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 66-2/3%, 75%, or 100% contingent survivor annuities.
- 5, 10, or 15-year term certain and life.
- Life annuity option with 3.00% per year cost of living increases.
- Lump sum option (if less than $100,000).

Late Retirement Benefit

Eligibility: Retirement after age 65.

Monthly Benefit: The greater of the Benefit Value of the Basic Benefit plus Transition Benefit, or the applicable minimum benefit.

Early Retirement Benefit

Eligibility: Age 55 with 5 years of Vesting Service.

Monthly Benefit: The greater of the Benefit Value, measured at benefit commencement, of the Basic Benefit plus Transition Benefit or the applicable minimum benefit reduced for early retirement.

Disability Benefit

Eligibility: 5 years of vesting service and cessation of active employment due to total disability.

Monthly Benefit: Benefit determined as of the participant's benefit commencement date, with participant continuing to receive Benefit Service and Vesting service while disabled. During period of disability, participant is credited with earnings equal to earnings (excluding overtime and inactive compensation) immediately prior to disability period. This provision was modified effective January 1, 2005 for future disabled participants to discontinue service accruals upon termination from employment 12 months after date of disability.

Benefit Commencement: Payable at age 65 or at an age not earlier than age 55.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Vesting: 100% vested after 5 years (3 years effective January 1, 2008) of vesting service, or age 65. All active participants on December 31, 2013 are fully vested.

Termination Benefit: Benefit Value equals the Basic Benefit plus Transition Benefit determined as of the date of termination, increased on the first day of each Plan Year following the participant's date of termination using the Interest Adjustment, and then divided by the Benefit Value Factor based on the participant's age as of the Benefit Commencement Date.

Participant receives the greater of the Benefit Value measured at benefit commencement or the applicable minimum benefit.

Preretirement Death Benefit

Eligibility: Death of a married participant who has earned the right to a vested benefit.

Benefit: The amount that would be payable to the spouse if the participant terminated on his or her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified 100% contingent survivor annuity (or actual form affirmatively elected by participant prior to death), and died prior to the first payment.

SCHEDULE SB ATTACHMENTS

Benefit Formulas

Basic Benefit

Former UNUM Plan participants on December 31, 1999—Basic Benefit is Y% of Final Average Earnings for Benefit Service prior to January 1, 2000, plus X% of Final Average Earnings for Benefit Service on and after January 1, 2000; plus 3.50% of Final Average Earnings in excess of covered compensation at termination, times years of Benefit Service.

All Others—Basic Benefit is X% of Final Average Earnings plus 3.50% of Final Average Earnings in excess of covered compensation at termination, times year of Benefit Service.

Age Plus Vesting Service	Y%	X%
<30	3.50%	3.00%
30-39	4.00%	3.50%
40-49	5.00%	4.00%
50-54	6.00%	5.00%
55-59	7.00%	6.00%
60-64	7.50%	6.50%
65-69	7.80%	6.80%
70-74	8.00%	7.00%
75-79	8.20%	7.20%
80-84	8.40%	7.40%
85-89	8.60%	7.60%
90-94	8.80%	7.80%
95 and above	9.00%	8.00%

SCHEDULE SB ATTACHMENTS

Transition Benefit

All (a) UNUM or Colonial participants as of December 31, 1996 who attained age 45 by June 30, 1997 or (b) Paul Revere participants as of March 31, 2000 who attained age 45 and completed 20 years of Vesting Service as of March 31, 2000 are entitled to the Transition Benefit, as follows: A% of the participant's Final Average Earnings plus B% of the participant's Final Average Earnings in excess of covered compensation, times years of Benefit Service up to 30 years (15 years for Colonial participants).

Age Nearest Birthday on Transition Date	A%	B%
>60	2.50%	2.00%
55-59	2.00%	2.00%
50-54	1.25%	1.25%
45-49	0.50%	0.50%

Transition date is June 30, 1997 for former UNUM and Colonial participants, and March 31, 2000 for former Paul Revere participants.

Minimum Value Basic Benefit Plus Transition Benefit

The Basic Benefit plus Transition Benefit as of the valuation date, multiplied by the Interest Adjustment effective for the Plan year for the period from the valuation date to the assumed date of decrement. This minimum is calculated and compared with the accrued benefit as of the assumed date of decrement.

Benefit Value

The Benefit Value of the Basic Benefit and Transition Benefit is determined by dividing such Basic Benefit and Transition Benefit by a factor from the following table:

Age at Benefit Commencement	Factor
65	9.00
64	9.20
63	9.40
62	9.60
61	9.80
60	10.00
59	10.20
58	10.40

SCHEDULE SB ATTACHMENTS

57	10.60
56	10.80
55	11.00

For ages older than 65, the factor is determined by reducing the age 65 factor by 0.2 for each whole year over 65, but not less than 5.0. For ages younger than age 55, the factor is determined by increasing the age 55 factor by 0.2 for each whole year under 55.

SCHEDULE SB ATTACHMENTS

Minimum Benefit Formulas

Grandfathered Minimum Benefit UNUM

For pre-1997 UNUM Plan participants on December 31, 1996 who were at least age 50, the minimum Normal Retirement Benefit equals the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit on December 31, 1996 under pre-1997 UNUM plan.

(b) A fraction, the numerator of which is the Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings as defined under the pre-1997 UNUM Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2001 (maximum 25 years) and the denominator of which is credited service as of December 31, 1996 (maximum 25 years).

(ii) 1.00% of Final Average Earnings through the earlier of December 31, 2001 and termination of employment times years of Benefit Service in excess of 25 earned after December 31, 1996 and before January 1, 2002.

For early retirement, the benefit is reduced 5.00% per year prior to age 65.

Grandfathered Minimum Benefit Provident

For Provident Plan participants on March 31, 2000 who were at least age 50 with 5 years of Benefit Service, the minimum Normal Retirement Benefit equals the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of March 31, 2000 under the Provident Plan.

(b) A fraction, the numerator of which is final average pay through the earlier of termination of employment and December 31, 2004, and the denominator of which is final average pay as of March 31, 2000.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2004 (maximum 20 years) and the denominator of which is Benefit Service as of March 31, 2000 (maximum 20 years).

(ii) 1.00% of final average pay through the earlier of December 31, 2004 and termination of employment, times years of Benefit Service in excess of 20, up to 30 years, earned after March 31, 2000 through the earlier of December 31, 2004 and termination of employment

For early retirement and vested terminated participants, the benefit is reduced 4.00% per year prior to age 62.

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Grandfathered Minimum Benefit Colonial

For pre-1997 Colonial Plan participants on December 31, 1996 who were at least age 50, the minimum Normal Retirement Benefit equals sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of December 31, 1996 under pre-1997 Colonial Plan.

(b) A fraction, the numerator of which is Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings under the pre-1997 Colonial Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2001 (maximum 20 years) and the denominator of which is credited service as of December 31, 1996 (maximum 20 years).

(ii) The sum of 0.75% of Final Average Earnings through the earlier of December 31, 2001 and termination of employment plus 0.75% of Final Average Earnings in excess of covered compensation, times years of Benefit Service in excess of 20 but not in excess of 35 earned after December 31, 1996 and before January 1, 2002.

For early retirement, the benefit is reduced 6.67% per year for the first 5 years prior to age 65, and 3.33% per year for the next 5 years.

SCHEDULE SB ATTACHMENTS

Grandfathered Minimum Benefit Paul Revere

For Paul Revere Plan participants on March 31, 2000 who were at least age 50 with 5 years of Benefit Service, the product of (a), (b) and (c) as follows:

(a) Accrued benefit as of March 31, 2000 under the Paul Revere Plan.

(b) A fraction, the numerator of which is final average earnings through the earlier of termination of employment and December 31, 2004 and the denominator of which is final average earnings as of March 31, 2000.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2004 (maximum 35 years), and the denominator of which is Benefit Service as of March 31, 2000 (maximum 35 years).

For early commencement, the benefit is reduced as follows:

Age	Early Retirement Reduction Factor	Vested Terminated Reduction Factor
65	1.000	1.000
64	1.000	0.933
63	1.000	0.867
62	1.000	0.800
61	0.950	0.733
60	0.900	0.667
59	0.850	0.633
58	0.800	0.600
57	0.750	0.567
56	0.688	0.533
55	0.632	0.500

SCHEDULE SB ATTACHMENTS

Minimum Rule of 85 Benefit

All employees who were participants in the pre-1997 UNUM plan, whose sum of age and all Benefit Services equaled at least 65 as of December 31, 1996, and who will be eligible for early retirement before January 1, 2007 will have a minimum Rule 85 benefit payable at Normal Retirement Date calculated as the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of December 31, 1996 under pre-1997 UNUM Plan.

(b) A fraction, the numerator of which is Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings under the pre-1997 UNUM Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2006 (maximum 25 years) and the denominator of which is Benefit Service as of December 31, 1996 (maximum 25 years).

(ii) The product of (a), (b) and (c) as follows: % of Final Average Earnings through the earlier of December 31, 2001 and termination of employment times years of Benefit Service in excess of 25 earned after December 31, 1996 through the earlier of December 31, 2004 and termination of employment.

If the participant's age in years and completed months plus Benefit Service at Early Retirement Date equals or exceeds 85, the Rule of 85 Benefit described above is reduced by the following factors:

Age at Early Retirement	Factor
60-64	1.00
59	0.95
58	0.90
57	0.85
56	0.80
55	0.75

If the participant has fewer than 85 points at benefit commencement, but satisfies all other conditions for the Rule of 85 benefit, the benefit is reduced 5.00% per year for each year before age 65.

SCHEDULE SB ATTACHMENTS

Minimum Benefit All Participants

The benefit payable shall not be less than the prior plan accrued benefit under the UNUM Plan on December 31, 1999 or the Provident Plan or Paul Revere Plan on March 31, 2000. The prior plan accrued benefit includes any early retirement benefit or retirement-type subsidiary available under such prior plan.

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in the plan provisions since the prior valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Retirement rates, termination rates, form of payment and spousal age assumptions were updated as a result of an experience study performed during 2025 to better reflect anticipated future experience.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025
Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	29	0	0	0	0	0	0	0	0	29
	-	2,397	-	-	-	-	-	-	-	-	2,397
35-39	0	179	61	0	0	0	0	0	0	0	240
	-	4,748	16,785	-	-	-	-	-	-	-	7,807
40-44	1	103	155	68	1	0	0	0	0	0	328
	-	6,341	21,216	42,400	-	-	-	-	-	-	20,953
45-49	1	57	110	230	44	0	0	0	0	0	442
	-	6,802	29,532	58,353	110,680	-	-	-	-	-	49,705
50-54	2	61	72	215	149	40	1	0	0	0	540
	-	11,005	29,681	63,274	136,038	206,992	-	-	-	-	84,197
55-59	1	31	60	144	127	101	72	4	0	0	540
	-	16,531	39,750	90,213	149,141	246,508	237,884	-	-	-	143,699
60-64	1	29	47	93	81	57	84	37	4	0	433
	-	11,122	49,537	90,673	147,243	177,444	304,902	255,100	-	-	161,210
65-69	0	11	15	17	20	9	10	14	10	0	106
	-	-	-	-	131,724	-	-	-	-	-	166,800
70 & over	0	4	2	5	4	3	0	2	1	1	22
	-	-	-	-	-	-	-	-	-	-	167,826
Total	6	504	522	772	426	210	167	57	15	1	2,680
	-	7,348	28,861	70,409	139,219	216,963	273,115	281,327	-	-	91,428

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,221,652	2,230,473	72,057,673	78,509,798
2026	6,685,272	4,422,294	70,575,316	81,682,882
2027	8,897,111	7,283,074	69,276,415	85,456,600
2028	10,925,512	9,385,386	67,921,807	88,232,705
2029	12,972,917	11,437,866	66,400,239	90,811,022
2030	14,762,811	13,199,567	64,797,421	92,759,799
2031	16,465,351	15,470,375	63,223,237	95,158,963
2032	17,918,041	17,713,466	61,631,066	97,262,573
2033	19,230,556	19,624,134	59,930,437	98,785,127
2034	20,357,696	21,900,394	58,157,643	100,415,733
2035	21,321,461	23,889,820	56,292,725	101,504,006
2036	22,159,857	25,871,739	54,316,456	102,348,052
2037	22,926,867	27,876,454	52,216,840	103,020,161
2038	23,432,755	29,510,959	49,984,049	102,927,763
2039	24,165,470	30,280,200	47,623,658	102,069,328
2040	24,349,302	30,960,768	45,154,987	100,465,057
2041	24,588,891	31,877,952	42,597,530	99,064,373
2042	24,659,587	32,510,064	39,956,345	97,125,996
2043	24,391,947	32,067,706	37,250,887	93,710,540
2044	24,067,563	32,648,068	34,503,157	91,218,788
2045	23,659,947	32,774,750	31,737,128	88,171,825
2046	23,086,073	32,222,125	28,978,118	84,286,316
2047	22,285,762	31,675,146	26,252,260	80,213,168
2048	21,645,523	31,347,979	23,586,037	76,579,539
2049	20,992,550	30,277,775	21,005,777	72,276,102
2050	20,223,397	29,366,900	18,536,875	68,127,172
2051	19,320,822	28,177,338	16,202,624	63,700,784
2052	18,437,266	27,129,260	14,023,081	59,589,607
2053	17,420,913	25,801,058	12,014,162	55,236,133

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	16,417,632	24,607,885	10,186,961	51,212,478
2055	15,394,844	23,137,401	8,547,421	47,079,666
2056	14,352,990	21,819,434	7,096,479	43,268,903
2057	13,294,064	20,447,583	5,830,257	39,571,904
2058	12,259,515	19,058,877	4,740,688	36,059,080
2059	11,231,734	17,658,703	3,816,344	32,706,781
2060	10,220,005	16,260,705	3,043,241	29,523,951
2061	9,234,452	14,878,552	2,405,774	26,518,778
2062	8,283,678	13,525,408	1,887,536	23,696,622
2063	7,376,548	12,213,677	1,472,037	21,062,262
2064	6,519,430	10,954,792	1,143,369	18,617,591
2065	5,717,730	9,758,636	886,719	16,363,085
2066	4,975,379	8,633,298	688,711	14,297,388
2067	4,294,807	7,584,841	537,609	12,417,257
2068	3,677,071	6,617,367	423,387	10,717,825
2069	3,121,915	5,733,011	337,669	9,192,595
2070	2,627,919	4,932,001	273,607	7,833,527
2071	2,192,782	4,213,038	225,730	6,631,550
2072	1,813,408	3,573,412	189,766	5,576,586
2073	1,486,026	3,009,340	162,445	4,657,811
2074	1,206,457	2,516,307	141,314	3,864,078

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	140,749,571	15.00000	140,749,571	13,123,552
2. Shortfall	01/01/2024	(60,774,445)	14.00000	(56,621,511)	(5,529,277)
3. Shortfall	01/01/2023	139,686,893	13.00000	124,471,346	12,792,625
Total				208,599,406	20,386,900

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the final certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 used assets and liabilities adjusted to reflect an annuity purchase for non-highly compensated employees in 2023 of $72,091,014.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,221,652	2,230,473	72,057,673	78,509,798
2026	6,685,272	4,422,294	70,575,316	81,682,882
2027	8,897,111	7,283,074	69,276,415	85,456,600
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2040	24,349,302	30,960,768	45,154,987	100,465,057
2041	24,588,891	31,877,952	42,597,530	99,064,373
2042	24,659,587	32,510,064	39,956,345	97,125,996
2043	24,391,947	32,067,706	37,250,887	93,710,540
2044	24,067,563	32,648,068	34,503,157	91,218,788
2045	23,659,947	32,774,750	31,737,128	88,171,825
2046	23,086,073	32,222,125	28,978,118	84,286,316
2047	22,285,762	31,675,146	26,252,260	80,213,168
2048	21,645,523	31,347,979	23,586,037	76,579,539
2049	20,992,550	30,277,775	21,005,777	72,276,102
2050	20,223,397	29,366,900	18,536,875	68,127,172
2051	19,320,822	28,177,338	16,202,624	63,700,784
2052	18,437,266	27,129,260	14,023,081	59,589,607
2053	17,420,913	25,801,058	12,014,162	55,236,133

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	16,417,632	24,607,885	10,186,961	51,212,478
2055	15,394,844	23,137,401	8,547,421	47,079,666
2056	14,352,990	21,819,434	7,096,479	43,268,903
2057	13,294,064	20,447,583	5,830,257	39,571,904
2058	12,259,515	19,058,877	4,740,688	36,059,080
2059	11,231,734	17,658,703	3,816,344	32,706,781
2060	10,220,005	16,260,705	3,043,241	29,523,951
2061	9,234,452	14,878,552	2,405,774	26,518,778
2062	8,283,678	13,525,408	1,887,536	23,696,622
2063	7,376,548	12,213,677	1,472,037	21,062,262
2064	6,519,430	10,954,792	1,143,369	18,617,591
2065	5,717,730	9,758,636	886,719	16,363,085
2066	4,975,379	8,633,298	688,711	14,297,388
2067	4,294,807	7,584,841	537,609	12,417,257
2068	3,677,071	6,617,367	423,387	10,717,825
2069	3,121,915	5,733,011	337,669	9,192,595
2070	2,627,919	4,932,001	273,607	7,833,527
2071	2,192,782	4,213,038	225,730	6,631,550
2072	1,813,408	3,573,412	189,766	5,576,586
2073	1,486,026	3,009,340	162,445	4,657,811
2074	1,206,457	2,516,307	141,314	3,864,078

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan sponsor

Unum Group

Plan

Unum Group Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 2000. The last restatement reflected herein is effective January 1, 2015. The plan was amended to freeze benefit accruals and participation effective December 31, 2013. In addition, all active participants on December 31, 2013 are fully vested. Effective January 1, 2016, the plan was amended to increase the limit on lump sum distributions from $10,000 to $100,000. Effective January 1, 2018, the preretirement death benefit was changed to a qualified 100% contingent survivor annuity in the event a participant dies prior to reaching commencement eligibility and affirmatively electing a form of benefit.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees except those covered by a collective bargaining agreement, independent contractors, on-call enrollers or interns, participants in a Canadian pension plan sponsored by Unum Group, employees of Colonial Companies, Inc. who are entitled to receive vested commissions (except regional directors), nonresident aliens who receive no income from sources within the U.S., leased employees, and individuals compensated solely by commission are covered.

Covered employees will participate as soon as they complete 1 year of eligibility service. An employee shall accrue 1 year of eligibility service if he or she completes at least 1,000 hours of service during the 12-month period beginning on his or her date of employment. If the employee does not complete 1,000 hours of service as of the first anniversary of his or her date of employment, the computation period for determining eligibility service shall be the plan year, beginning with the plan year in which the employee's first anniversary of employment occurs.

Participation is closed effective December 31, 2013.

SCHEDULE SB ATTACHMENTS

Benefit Service

Effective January 1, 2000, an eligible employee earns 1 year of benefit service for each plan year in which he completes 1,000 hours of service. Prior to January 1, 2000, the eligible employee is credited with benefit service earned under the prior plan on December 31, 1999 (March 31, 2000 for former Provident Plan participants).

No benefit service is earned after December 31, 2013.

Vesting Service

Effective January 1, 2000, an employee earns 1 year of vesting service for each plan year in which he completes 1,000 hours of service. Prior to January 1, 2000, the employee is credited with vesting service earned under the prior plan on December 31, 1999 (March 31, 2000 for former Provident Plan participants).

Earnings

Effective January 1, 2000, earnings are base pay received in each plan year during which the employee accrues Benefit Service. Earnings also include payments received from a field or sales compensation plan, remuneration paid by a foreign affiliate to an individual who is treated as an employee, extended time and overtime payments, and earnings paid under a recognized annual incentive program. Earnings do not include other bonuses, commissions, prizes, awards or allowances for incidentals.

Earnings after December 31, 2013 are not considered.

Final Average Earnings

The average of the highest 5 year of compensation (whether or not consecutive) during the 10 years prior to termination.

Interest Adjustment

National Average Wage rate of increase published by the Social Security Administration in the preceding year (minimum 2.75%; maximum 5.00%).

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: Age 65

Monthly Benefit: The greater of the Benefit Value of the Basic Benefit plus Transition Benefit, or the applicable minimum benefit.

Normal Form of Retirement Income: Life annuity for unmarried and 66-2/3% contingent annuity for married participants.

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 66-2/3%, 75%, or 100% contingent survivor annuities.
- 5, 10, or 15-year term certain and life.
- Life annuity option with 3.00% per year cost of living increases.
- Lump sum option (if less than $100,000).

Late Retirement Benefit

Eligibility: Retirement after age 65.

Monthly Benefit: The greater of the Benefit Value of the Basic Benefit plus Transition Benefit, or the applicable minimum benefit.

Early Retirement Benefit

Eligibility: Age 55 with 5 years of Vesting Service.

Monthly Benefit: The greater of the Benefit Value, measured at benefit commencement, of the Basic Benefit plus Transition Benefit or the applicable minimum benefit reduced for early retirement.

Disability Benefit

Eligibility: 5 years of vesting service and cessation of active employment due to total disability.

Monthly Benefit: Benefit determined as of the participant's benefit commencement date, with participant continuing to receive Benefit Service and Vesting service while disabled. During period of disability, participant is credited with earnings equal to earnings (excluding overtime and inactive compensation) immediately prior to disability period. This provision was modified effective January 1, 2005 for future disabled participants to discontinue service accruals upon termination from employment 12 months after date of disability.

Benefit Commencement: Payable at age 65 or at an age not earlier than age 55.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Vesting: 100% vested after 5 years (3 years effective January 1, 2008) of vesting service, or age 65. All active participants on December 31, 2013 are fully vested.

Termination Benefit: Benefit Value equals the Basic Benefit plus Transition Benefit determined as of the date of termination, increased on the first day of each Plan Year following the participant's date of termination using the Interest Adjustment, and then divided by the Benefit Value Factor based on the participant's age as of the Benefit Commencement Date.

Participant receives the greater of the Benefit Value measured at benefit commencement or the applicable minimum benefit.

Preretirement Death Benefit

Eligibility: Death of a married participant who has earned the right to a vested benefit.

Benefit: The amount that would be payable to the spouse if the participant terminated on his or her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified 100% contingent survivor annuity (or actual form affirmatively elected by participant prior to death), and died prior to the first payment.

SCHEDULE SB ATTACHMENTS

Benefit Formulas

Basic Benefit

Former UNUM Plan participants on December 31, 1999—Basic Benefit is Y% of Final Average Earnings for Benefit Service prior to January 1, 2000, plus X% of Final Average Earnings for Benefit Service on and after January 1, 2000; plus 3.50% of Final Average Earnings in excess of covered compensation at termination, times years of Benefit Service.

All Others—Basic Benefit is X% of Final Average Earnings plus 3.50% of Final Average Earnings in excess of covered compensation at termination, times year of Benefit Service.

Age Plus Vesting Service	Y%	X%
<30	3.50%	3.00%
30-39	4.00%	3.50%
40-49	5.00%	4.00%
50-54	6.00%	5.00%
55-59	7.00%	6.00%
60-64	7.50%	6.50%
65-69	7.80%	6.80%
70-74	8.00%	7.00%
75-79	8.20%	7.20%
80-84	8.40%	7.40%
85-89	8.60%	7.60%
90-94	8.80%	7.80%
95 and above	9.00%	8.00%

SCHEDULE SB ATTACHMENTS

Transition Benefit

All (a) UNUM or Colonial participants as of December 31, 1996 who attained age 45 by June 30, 1997 or (b) Paul Revere participants as of March 31, 2000 who attained age 45 and completed 20 years of Vesting Service as of March 31, 2000 are entitled to the Transition Benefit, as follows: A% of the participant's Final Average Earnings plus B% of the participant's Final Average Earnings in excess of covered compensation, times years of Benefit Service up to 30 years (15 years for Colonial participants).

Age Nearest Birthday on Transition Date	A%	B%
>60	2.50%	2.00%
55-59	2.00%	2.00%
50-54	1.25%	1.25%
45-49	0.50%	0.50%

Transition date is June 30, 1997 for former UNUM and Colonial participants, and March 31, 2000 for former Paul Revere participants.

Minimum Value Basic Benefit Plus Transition Benefit

The Basic Benefit plus Transition Benefit as of the valuation date, multiplied by the Interest Adjustment effective for the Plan year for the period from the valuation date to the assumed date of decrement. This minimum is calculated and compared with the accrued benefit as of the assumed date of decrement.

Benefit Value

The Benefit Value of the Basic Benefit and Transition Benefit is determined by dividing such Basic Benefit and Transition Benefit by a factor from the following table:

Age at Benefit Commencement	Factor
65	9.00
64	9.20
63	9.40
62	9.60
61	9.80
60	10.00
59	10.20
58	10.40

SCHEDULE SB ATTACHMENTS

57	10.60
56	10.80
55	11.00

For ages older than 65, the factor is determined by reducing the age 65 factor by 0.2 for each whole year over 65, but not less than 5.0. For ages younger than age 55, the factor is determined by increasing the age 55 factor by 0.2 for each whole year under 55.

SCHEDULE SB ATTACHMENTS

Minimum Benefit Formulas

Grandfathered Minimum Benefit UNUM

For pre-1997 UNUM Plan participants on December 31, 1996 who were at least age 50, the minimum Normal Retirement Benefit equals the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit on December 31, 1996 under pre-1997 UNUM plan.

(b) A fraction, the numerator of which is the Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings as defined under the pre-1997 UNUM Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2001 (maximum 25 years) and the denominator of which is credited service as of December 31, 1996 (maximum 25 years).

(ii) 1.00% of Final Average Earnings through the earlier of December 31, 2001 and termination of employment times years of Benefit Service in excess of 25 earned after December 31, 1996 and before January 1, 2002.

For early retirement, the benefit is reduced 5.00% per year prior to age 65.

Grandfathered Minimum Benefit Provident

For Provident Plan participants on March 31, 2000 who were at least age 50 with 5 years of Benefit Service, the minimum Normal Retirement Benefit equals the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of March 31, 2000 under the Provident Plan.

(b) A fraction, the numerator of which is final average pay through the earlier of termination of employment and December 31, 2004, and the denominator of which is final average pay as of March 31, 2000.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2004 (maximum 20 years) and the denominator of which is Benefit Service as of March 31, 2000 (maximum 20 years).

(ii) 1.00% of final average pay through the earlier of December 31, 2004 and termination of employment, times years of Benefit Service in excess of 20, up to 30 years, earned after March 31, 2000 through the earlier of December 31, 2004 and termination of employment

For early retirement and vested terminated participants, the benefit is reduced 4.00% per year prior to age 62.

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Grandfathered Minimum Benefit Colonial

For pre-1997 Colonial Plan participants on December 31, 1996 who were at least age 50, the minimum Normal Retirement Benefit equals sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of December 31, 1996 under pre-1997 Colonial Plan.

(b) A fraction, the numerator of which is Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings under the pre-1997 Colonial Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2001 (maximum 20 years) and the denominator of which is credited service as of December 31, 1996 (maximum 20 years).

(ii) The sum of 0.75% of Final Average Earnings through the earlier of December 31, 2001 and termination of employment plus 0.75% of Final Average Earnings in excess of covered compensation, times years of Benefit Service in excess of 20 but not in excess of 35 earned after December 31, 1996 and before January 1, 2002.

For early retirement, the benefit is reduced 6.67% per year for the first 5 years prior to age 65, and 3.33% per year for the next 5 years.

SCHEDULE SB ATTACHMENTS

Grandfathered Minimum Benefit Paul Revere

For Paul Revere Plan participants on March 31, 2000 who were at least age 50 with 5 years of Benefit Service, the product of (a), (b) and (c) as follows:

(a) Accrued benefit as of March 31, 2000 under the Paul Revere Plan.

(b) A fraction, the numerator of which is final average earnings through the earlier of termination of employment and December 31, 2004 and the denominator of which is final average earnings as of March 31, 2000.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2004 (maximum 35 years), and the denominator of which is Benefit Service as of March 31, 2000 (maximum 35 years).

For early commencement, the benefit is reduced as follows:

Age	Early Retirement Reduction Factor	Vested Terminated Reduction Factor
65	1.000	1.000
64	1.000	0.933
63	1.000	0.867
62	1.000	0.800
61	0.950	0.733
60	0.900	0.667
59	0.850	0.633
58	0.800	0.600
57	0.750	0.567
56	0.688	0.533
55	0.632	0.500

SCHEDULE SB ATTACHMENTS

Minimum Rule of 85 Benefit

All employees who were participants in the pre-1997 UNUM plan, whose sum of age and all Benefit Services equaled at least 65 as of December 31, 1996, and who will be eligible for early retirement before January 1, 2007 will have a minimum Rule 85 benefit payable at Normal Retirement Date calculated as the sum of (i) and (ii):

(i) The product of (a), (b) and (c) as follows:

(a) Accrued benefit as of December 31, 1996 under pre-1997 UNUM Plan.

(b) A fraction, the numerator of which is Final Average Earnings through the earlier of termination of employment and December 31, 2001, and the denominator of which is Final Average Earnings under the pre-1997 UNUM Plan as of December 31, 1996.

(c) A fraction, the numerator of which is Benefit Service as of the earlier of termination of employment and December 31, 2006 (maximum 25 years) and the denominator of which is Benefit Service as of December 31, 1996 (maximum 25 years).

(ii) The product of (a), (b) and (c) as follows: % of Final Average Earnings through the earlier of December 31, 2001 and termination of employment times years of Benefit Service in excess of 25 earned after December 31, 1996 through the earlier of December 31, 2004 and termination of employment.

If the participant's age in years and completed months plus Benefit Service at Early Retirement Date equals or exceeds 85, the Rule of 85 Benefit described above is reduced by the following factors:

Age at Early Retirement	Factor
60-64	1.00
59	0.95
58	0.90
57	0.85
56	0.80
55	0.75

If the participant has fewer than 85 points at benefit commencement, but satisfies all other conditions for the Rule of 85 benefit, the benefit is reduced 5.00% per year for each year before age 65.

SCHEDULE SB ATTACHMENTS

Minimum Benefit All Participants

The benefit payable shall not be less than the prior plan accrued benefit under the UNUM Plan on December 31, 1999 or the Provident Plan or Paul Revere Plan on March 31, 2000. The prior plan accrued benefit includes any early retirement benefit or retirement-type subsidiary available under such prior plan.

Changes in Plan Provisions since Last Actuarial Valuation

There have been no changes in the plan provisions since the prior valuation.

Plan Name	**Unum Group Pension Plan**
Plan Sponsor EIN	**62-1598430**
ERISA Plan #	**001**
Plan Year Ending	**12/31/202**5

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	140,749,571	15.00000	140,749,571	13,123,552
2. Shortfall	01/01/2024	(60,774,445)	14.00000	(56,621,511)	(5,529,277)
3. Shortfall	01/01/2023	139,686,893	13.00000	124,471,346	12,792,625
Total				208,599,406	20,386,900

Plan Name: Unum Group Pension Plan
EIN / PN: 62-1598430/001
Plan Sponsor: Unum Group
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

Retirement rates, termination rates, form of payment and spousal age assumptions were updated as a result of an experience study performed during 2025 to better reflect anticipated future experience.

Plan Name:	Unum Group Pension Plan
EIN / PN:	62-1598430/001
Plan Sponsor:	Unum Group
Valuation Date:	January 1, 2025