Unum Group Form 3

January 09, 2015

	OMB a		
N	Number:	3235-0104	
INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF	Expires: Ja	anuary 31	
	Estimated aver- burden hours p esponse		
(Print or Type Responses)			
1. Name and Address of Reporting Person *2. Date of Event Requiring Statement (Month/Day/Year)3. Issuer Name and Ticker or Trading Symbol Unum Group [UNM]	ool		
	If Amendment, Date Original iled(Month/Day/Year)		
1 FOUNTAIN SQUARE			
(Street) (Check all applicable) 6. Indivi	6. Individual or Joint/Group		
$\begin{array}{c} \underline{\ } \underline{\ }$	Theck Applicable L n filed by One Rep n filed by More tha g Person	porting	
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficial	lly Owned		
1.Title of Security 2. Amount of Securities 3. 4. Nature of Indiana (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Ownership (I)	direct Beneficial		
Common Stock 0 D Â			
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. SEC 1473 (7-02)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible	le securities)		

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect	
(Instr. 4)	4) Expiration Date (Month/Day/Year)		Securities Underlying		Conversion	Ownership	Beneficial Ownership	
			Derivative Security		or Exercise	Form of	(Instr. 5)	
			(Instr. 4)		Price of	Derivative		
	DateExpirationExercisableDate	Evaluation	T:41-	Amounton	Derivative	Security:		
		The	Amount or	Security	Direct (D)			
			Number of		or Indirect			

Shares

(I)

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
IGLESIAS LISA G 1 FOUNTAIN SQUARE CHATTANOOGA, TN 37402	Â	Â	EVP, General Counsel	Â		
Signatures						
/s/ Jullienne, J. Paul, Attorney-in-Fact	01/09/2015					
**Signature of Reporting Person	Dat	e				

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.