

<i>SERFF Tracking Number:</i>	<i>HRCN-126014721</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41483</i>
<i>Company Tracking Number:</i>	<i>AR SOVIL-A22000</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Annuity Statements of Variability</i>		
<i>Project Name/Number:</i>	<i>Annuity SOV/</i>		

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Annuity Statements of Variability SERFF Tr Num: HRCN-126014721 State: ArkansasLH

TOI: A10 Annuities - Other

SERFF Status: Closed

State Tr Num: 41483

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: AR SOVIL-A22000

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Dorothy Ruppert

Disposition Date: 02/11/2009

Date Submitted: 02/10/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity SOV

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/11/2009

Explanation for Other Group Market Type:

State Status Changed: 02/11/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Statement of variability for IL-A22000 – Group Enrollment Form (Approved 2/21/2008)

Statement of variability for IL-A13000 – Individual Variable Annuity Application (Approved 9/19/2005)

Statement of variability for IL-A13100 – Individual Fixed Annuity Application (Approved 12/14/2005)

Included with this submission are revised statements of variability for our previously approved group annuity enrollment

<i>SERFF Tracking Number:</i>	<i>HRCN-126014721</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41483</i>
<i>Company Tracking Number:</i>	<i>AR SOVIL-A22000</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Annuity Statements of Variability</i>		
<i>Project Name/Number:</i>	<i>Annuity SOV/</i>		

form, individual variability annuity application and individual fixed annuity application. These statements of variability are being submitted for "Informational Purposes Only" unless formal approval is required by your department.

Upon reviewing our previously approved statements of variability and the bracketing on the original submissions of the above listed forms, we discovered an omission on our part. The second sentence of the "Acknowledgement and authorization" section of each form may vary as our form requirements change.

We have attached each form, reflecting the appropriate bracketing, to the supporting documentation tab to help clarify this revision to the statements of variability.

Company and Contact

Filing Contact Information

Dorothy Ruppert,	rupperd1@horacemann.com
1 Horace Mann Plaza	(217) 788-5303 [Phone]
Springfield, IL 62715-0001	(217) 535-7197[FAX]

Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code:	Company Type: Life, Accident/Health, Annuity, Credit
Springfield, IL 62715-0001	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$0.00	02/10/2009	

SERFF Tracking Number: HRCN-126014721 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 41483
Company Tracking Number: AR SOVIL-A22000
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Annuity Statements of Variability
Project Name/Number: Annuity SOV/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	02/11/2009	02/11/2009

SERFF Tracking Number: *HRCN-126014721* *State:* *Arkansas*
Filing Company: *Horace Mann Life Insurance Company* *State Tracking Number:* *41483*
Company Tracking Number: *AR SOVIL-A22000*
TOI: *A10 Annuities - Other* *Sub-TOI:* *A10.000 Annuities - Other*
Product Name: *Annuity Statements of Variability*
Project Name/Number: *Annuity SOV/*

Disposition

Disposition Date: 02/11/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-126014721 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 41483
 Company Tracking Number: AR SOVIL-A22000
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: Annuity Statements of Variability
 Project Name/Number: Annuity SOV/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Statement of Variability		Yes
Form	Statement of Variability		Yes
Form	Statement of Variability		Yes

SERFF Tracking Number: HRCN-126014721 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 41483
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 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: Annuity Statements of Variability
 Project Name/Number: Annuity SOV/

Form Schedule

Lead Form Number: SOVIL-A22000

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SOVIL-A22000	Other	Statement of Variability	Other	Other Explanation: Substitution	0	Base Statement of Variability IL-A22000 02-09.pdf
	SOVIL-A13000	Other	Statement of Variability	Other	Other Explanation: Substitution	0	Statement of Variability_IL-A13000.pdf
	SOVIL-A13100	Other	Statement of Variability	Other	Other Explanation: Substitution	0	Statement of Variability_IL-A13100.pdf

**HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability
[XYZ School] [403(b)] Group Annuity Enrollment Form
Form IL-A22000
February 2009**

Header Section

This section identifies the group (school name) and contract type applicable to each group. We will customize this header for each group. Also, if an alternate tax type becomes available, we would like the ability to include it in this section.

Section A. Employer Information

“DMC Identification Number (PIN)” and “List Bill Group #” are company identifiers that are unique to each group and will pre-print on the enrollment form.

Section D. Product Information

This section lists the products that are currently available for sale. This section will be customized to only list the products and riders applicable to a specific group. We would also like the ability to remove old or add new products and/or optional riders to this enrollment form as they become available in your state. An updated copy of the enrollment form will be included in any new group product filing, reflecting the product being added.

Additionally, the first M&E/Rider Fee column will appear when there are optional riders available for a product. If no optional riders are available, this column will not appear.

Section E. Lump Sum

This section identifies if lump sum premium deposits are available to be made by participants in a group. If lump sum contributions are not available this section will not print and the remaining sections will be re-lettered.

Section F. Premium Payments

This section reflects the premium and billing options that are available to participants. We will customize this section based on the contract type, contribution type, and billing mode identified for a particular group. If additional options become available, (i.e. different contract types, different contribution types, and different payment frequencies) we would like to include them in this section.

Section G. Investment Instructions

This section identifies the investment options that are available for participant election. We will customize this section based on the investment options available for a particular group. If new investment options become available or if existing investment options become unavailable, we will modify this section to reflect the necessary changes.

Section I. Additional Requirements

This section lists the forms, in addition to the enrollment form, that we require to be completed. If administratively, we determine that additional forms will need to be included with the enrollment form, we would like to include them in this section.

Section J. Conditions and Section K. Spouse’s Consent to Beneficiary Designation

Section J. states:

“If the Participant is married, the Primary Beneficiary must be the Participant’s spouse, unless the Participant’s spouse consents to the designation of another person(s) as the Primary Beneficiary by signing the consent below. If the Participant is not married, the Primary Beneficiary may be any person(s).”

This designation is subject to all the terms and provisions of the plan and shall be effective only if received by or on behalf of the Plan Administrator prior to the Participant’s death.”

Section K. states:

“I am the spouse of the Participant whose name appears on this enrollment form. I understand that I have the right to all of my spouse’s vested account in the plan after my spouse dies. I agree to give up my right to the portion of the vested account for which my spouse has named one or more beneficiaries and to have that amount paid to those beneficiaries.

Further:

I understand that my spouse cannot change the name of any beneficiary in the future unless I agree to the change.

I understand that by signing this consent, I may receive less money than I would have received if I had not signed this consent or I may receive nothing from the plan after my spouse dies if my spouse has named beneficiaries other than me for his/her entire vested account.

I understand that I do not have to sign this consent. I am signing this consent voluntarily.

I understand that I cannot change this consent after I sign it. My decision on this consent is final.

I understand that if I do not sign this consent, then I will receive my spouse’s vested interest under the plan when my spouse dies.

_____	_____
Signature of Participant’s spouse	Date Signed
_____	Official Seal:
Signature of Plan representative or Notary Public]	

These sections will only print if we are required by ERISA to request the spouse’s consent to a beneficiary designation. This is applicable to 401(a) plans and some 403(b) and 457(b) plans if they are identified as “tax-exempt” employers. If these sections are not applicable, they will not print and the remaining sections will be re-lettered.

Section L. Fraud Notice

Only the fraud notice applicable to the state in which the group contract was written will appear in the fraud notice section. If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

Section M. Acknowledgement and authorization

The first paragraph includes: “I acknowledge receipt of the “important notice” applicable to my contract and the current Separate Account and Underlying Fund prospectuses. I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to dollar amount.” This language may vary as our form requirements change.

This section includes the following statement: “I understand the values payable under this contract may be subject to a market value adjustment if they are withdrawn prior to the end of the guarantee period.” This text will only print if guarantee period accounts are available for election by the participants in a group. If guarantee period accounts are not available this section will not print.

In the agent’s name and signature section, we may have multiple agents that will need to sign this enrollment form. In this case, we would like the ability to print the agent’s signature information multiple times. Additionally, the (1) following the Agent’s name and Agent’s signature may not appear if multiple agents are not involved with the enrollment.

Footer

The footer may include text that would identify the group in which the application is being used. Also, as we make changes to sections of the application that have been filed as variable text, we will revise the date in this field.

**HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability
Individual Deferred Variable Annuity Application
Form IL-A13000**

Section E. Product Information

This section lists the variable products that are currently available for sale. They are identified by their marketing name and key features of the product. We would like the ability to remove old or add new products and/or optional riders to this application as they become available in your state. An updated copy of this application will be included in any new product filing, reflecting the product being added.

Section F. Contract Type

This section identifies the current tax types available for our products. If an alternate tax type would become available, we would like to include it in this section.

Section G. Billing Information

This section reflects the billing options that are currently available to our customers. If in the future additional options would become available, (i.e. different modes of payment, different payment frequencies) we would like to include them in this section.

Section I. Electronic Funds Transfer

This section reflects the options that are currently available to our customers through electronic funds transfer (EFT). If in the future additional options would become available, (i.e. different modes of payment, additional drafts dates) we would like to include them in this section.

Section J. Investment Instructions

This section identifies the investment options that are currently available for our variable products. If in the future new investment options become available or if we will be required to remove investment options that will no longer be available for use we will do so in this section.

Section K. Rebalancing

This section reflects the options that are currently available to our customers through rebalancing. If in the future additional options would become available, (i.e. different modes of rebalancing, the ability to select additional investment options) we would like to include them in this section.

Section L. Transfer between accounts/DCA

This section reflects the options that are currently available to our customers through transfer between accounts/DCA. If in the future additional options would become available, (i.e. additional transfer between accounts/DCA periods, the ability to select additional investment options) we would like to include them in this section.

Section N. Addition Requirements

This section lists the types of forms, in addition to the application, that we may require to be completed. If administratively, we determine that additional forms will need to be included with the application we would like to include them in this section.

Section O. Fraud Notice

If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

Section P. Replacements

If necessary, we will incorporate state regulation changes regarding replacement text in this section.

Section Q. Acknowledgement and authorization

The first paragraph includes: "I acknowledge receipt of the "important notice" applicable to my contract and the current prospectus for the Horace Mann Life Insurance Company Separate Account and the Underlying Fund prospectuses." This section may vary as our form requirements change.

Footer

The text "(Career Agent) (08/01/05)" appears in the middle of the footer as variable text. This text will indicate if our career agent or independent agent sales force is using the form. As we make changes to sections of the application that have been filed as variable text, we will revise the date in this field.

**HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715**

February 9, 2009

**Statement of Variability
Fixed Annuity Application
Form IL-A13100**

Section E. Product information

This section lists the variable products that are currently available for sale. They are identified by their marketing name and key features of the product. We would remove old or add new products and/or optional riders to this application as they become available in your state. An updated copy of this application will be included in any new product filing, reflecting the product being added.

Section F. Contract type

This section identifies the current tax types available for our products. If an alternate tax type would become available, we would include it in this section.

Section G. Billing information

This section reflects the billing options that are currently available to our customers. If in the future additional options would become available, (i.e. different modes of payment, different payment frequencies) we would include them in this section.

Section I. Electronic funds transfer

This section reflects the options that are currently available to our customers through electronic funds transfer (EFT). If in the future additional options would become available, (i.e. different modes of payment, additional draft dates) we would include them in this section.

Section K. Additional Requirements

This section lists the forms, in addition to the application, that we require to be completed. If the list changes, we will reflect the changes in this section.

Section L. Fraud notices

We will incorporate state regulation changes regarding fraud notice text in this section.

Section M. Replacements

We will incorporate state regulation changes regarding replacement text in this section.

Section N. Acknowledgement and authorization

The first paragraph includes: "I acknowledge receipt of the "important notice" applicable to my contract. If the MY Guaranteed Solution II product is selected, I understand that all values payable under this contract are subject to a market value adjustment if they are withdrawn prior to the end of a guarantee period." This section may vary as our form requirements change.

Center section of footer

This section displays the distribution channel (Career Agent or Independent Agent) and the revision date of the application.

SERFF Tracking Number: HRCN-126014721 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 41483
Company Tracking Number: AR SOVIL-A22000
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Annuity Statements of Variability
Project Name/Number: Annuity SOV/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-126014721 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 41483
Company Tracking Number: AR SOVIL-A22000
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Annuity Statements of Variability
Project Name/Number: Annuity SOV/

Supporting Document Schedules

Review Status:

Satisfied -Name: Application

01/30/2009

Comments:

Attached are the applications/enrollment form that the Statements of Variability are used with.

Attachments:

Base IL-A22000 for filing base fraud 02-09.pdf

IL-A13000.pdf

IL-A13100.pdf

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, IL 62715-0001

[XYZ School] [403(b)] Group Annuity
Enrollment Form

A. Employer Information

DMC Identification (PIN) # 123456 List Bill Group # 12-307

B. Participant information

(street address is required)

Participant Name John Doe

Gender: M F Birth date 07/15/1971 Marital status: Married Single

Social Security # 555-55-5555 Occupation/code Teacher/01

Street Address 1234 Main Street

City Anytown State USA Zip Code 62755

Telephone (555) 555-5555

C. Beneficiary information

Primary Beneficiary

(street address is required)

Name Jane Doe

Birth date 10/24/1973 Relationship Wife Social security # 555-55-5556

Street Address 1234 Main Street

City Anytown State USA Zip Code 62755

Telephone (555)555-5555

Comments _____

Contingent Beneficiary

(street address is required)

Name N/A

Birth date / / Relationship _____ Social security # _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Comments _____

<u>Allocation Option</u>	<u>Premiums</u>	<u>Lump sum</u>	<u>Allocation Option</u>	<u>Premiums</u>	<u>Lump sum</u>
Bond Options			Fixed Options		
25 Fidelity VIP High Income SC2	_____ %	_____ %	900 General Fixed Account	100 %	100 %
03 Wilshire VIT Income HM Shares	_____ %	_____ %	905 05-year Guarantee Period Account	_____ %	_____ %
04 Wilshire VIT Short Term HM Share	_____ %	_____ %	907 07-year Guarantee Period Account	_____ %	_____ %
Balanced			910 10-year Guarantee Period Account		
02 Wilshire VIT Balanced HM Shares	_____ %	_____ %	Total	100%	100%]
Money Market					
59 T Rowe Price Prime Reserve	_____ %	_____ %			

H. Special instructions

[I. Additional requirements (if applicable)

- Suitability form
- Transfer/rollover request form
- Loan Request form
- Maximum Allowable Contribution form
- Contract Summary*
 - Form# _____ Revision Date _____
 - Other _____

*If required in your state, this form must be left with the proposed Participant.]

[J. Fraud notice

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

[K.] Acknowledgement and authorization

I agree that the information provided above is full, complete, and true to the best of my knowledge and belief. [I acknowledge receipt of the "important notice" applicable to my contract and the current Separate Account and Underlying Fund prospectuses. I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to dollar amount].

[I understand that values payable under this contract may be subject to a market value adjustment if they are withdrawn prior to the end of a guarantee period.]

I hereby authorize Horace Mann Life Insurance Company and Horace Mann Investors, Inc. to hold any money(ies) received if the enrollment form is not complete until such time as the enrollment form is made complete.

Participant's signature John Doe Date 10/25/2006

Plan representative signature Ms. Plan Administrator Date 10/26/2006
(if required)

[Agent's name (1) Joe Agent

Agent's signature (1) Joe Agent Agent # 1234

State code IL License # _____ Percent _____]
(if applicable)

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, IL 62715

Variable Annuity Application

A. Annuitant information (street address is required)

Name _____

Address _____

Telephone (____) _____

Gender: M F Birth date ____ / ____ / ____

Marital status: Married Single

Occupation/code _____

Social security # _____

B. Owner information (if different than annuitant)

Name _____

Address _____

Telephone (____) _____

Gender: M F Birth date ____ / ____ / ____

Marital status: Married Single

Occupation/code _____

Social security # _____

Federal identification number _____

C. Employer information (list bill only)

Employer name _____

Address _____

Telephone (____) _____

Federal identification number _____

D. Beneficiary Information

Primary Beneficiary

Name _____

Relationship _____

Address _____

Telephone (____) _____

Birth date ____ / ____ / ____

Social security # _____

Comments _____

Contingent Beneficiary

Name _____

Relationship _____

Address _____

Telephone (____) _____

Birth date ____ / ____ / ____

Social security # _____

Comments _____

[E. Product information (check only one product)]

Flexible Premium:

Variable Solutions II – issue ages 0-85

M&E/Rider Fee

Elected Product/Rider Fee

1.25%

Maximum Solutions II – issue ages 0-85

0.95%

Goal Planning Annuity – issue ages 0-85

9-year surrender charge

1.25%

5-year surrender charge

1.25%

Goal Planning Annuity Optional Riders:

Guaranteed Minimum Death Benefit Riders: (check only one box)

5% Accumulation only (Not available in CT, OR, or WA)

0.30%

Annual Step-up only (Not available in CT or OR)

0.20%

5% Accumulation & Annual Step-up (Not available in CT, OR, or WA)

0.40%

***Total** _____

*The total M&E/Rider Fee for the Goal Planning Annuity cannot exceed 2.40%]

[F. Contract type (check only one)]

403(b) IRA Roth Conv. Roth

457(b) Non-Qualified SEP SIMPLE – IRA

Other _____]

H. Lump sum premium (for example – conversions, replacements, rollovers, transfers and exchanges)

\$ _____

[G. Billing information

(for flexible premium contributions)

Month of first payment _____

First _____ payment(s) of _____

Subsequent payment _____

Total first year payment _____

List bill group # _____

Billing mode:

EFT Direct List bill Other _____

(1/12) Annually 1/26
 Semiannually 1/20
 Quarterly 1/12
 Monthly 1/10
 1/9]

[I. Electronic funds transfer

(Please attach a sample check)

Establish a monthly draft from my bank account on the:

5th 10th 15th 20th 25th

Checking Account Savings Account

Amount of Draft _____

Bank Name _____

Bank Address _____

Bank Routing Number _____

Depositor Account Number _____

In order to pay premiums on policies I (we) request and authorize the company to withdraw monthly.]

[J. Investment instructions

Allocation Option	Premiums	Lump sum	Allocation Option	Premiums	Lump sum
Lifecycle			Small Company Value		
63 Wilshire VIT 2015 Moderate Fund	%	%	53 Royce Capital Fund Small Cap	%	%
64 Wilshire VIT 2025 Moderate Fund	%	%	15 Wilshire Small Co Value*	%	%
65 Wilshire VIT 2035 Moderate Fund	%	%	Small Company Core		
Large Company Value			68 Dreyfus Small Cap Stock	%	%
27 Davis Value Portfolio	%	%	32 Neuberger Berman Genesis Fund*	%	%
55 TRowePrice EquityInc Port VIPII	%	%	Small Company Growth		
14 Wilshire Large Co Value*	%	%	57 AllianceBernstein VPS Sm Cap Gro	%	%
Large Company Core			52 Delaware VIP Trend Series	%	%
12 DJ Wilshire 5000 Index Portfolio*	%	%	09 Wilshire VIT Small Cap Growth	%	%
20 Fidelity VIP Growth & Income SC2	%	%	International		
21 Fidelity VIP Index 500 SC2	%	%	24 Fidelity VIP Overseas SC2	%	%
01 Wilshire VIT Equity Fund	%	%	08 Wilshire VIT Intl Equity	%	%
Large Company Growth			Specialty		
33 AllianceBernstein Lrg Cap Growth	%	%	07 Wilshire VIT Soc Resp	%	%
23 Fidelity VIP Growth SC2	%	%	Real Estate		
13 Wilshire Large Co Growth*	%	%	67 Delaware VIP Reit Series	%	%
Mid-size Company Value			Bond Options		
56 AllianceBernstein Small/Mid Cap	%	%	25 Fidelity VIP High Income SC2	%	%
36 Ariel Fund* **	%	%	26 Fidelity VIP Inv Grade Bond SC2	%	%
Mid-size Company Core			03 Wilshire VIT Income Fund	%	%
22 Fidelity VIP Mid Cap SC2	%	%	Balanced		
31 Rainier Small/Mid Cap Equity*	%	%	02 Wilshire VIT Balanced Fund	%	%
Mid-size Company Growth			Money Market		
48 Delaware Growth Opportunities	%	%	59 T Rowe Price Prime Reserve	%	%
34 Putnam VT Vista Fund	%	%	Fixed Only Option		
54 Wells Fargo Advantage Discovery	%	%	00 Fixed Account	%	%
			Total	100%	100%

* These investment options are not available for non-qualified products.

** The Ariel investment options are not available for 457(b) products.]

Florida – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia, Kansas, Nebraska, Texas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Minnesota, Washington – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

[P. Replacements *(this section must be completed and signed for all applications)*

Do you currently have any existing or pending policies or contracts? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If yes, complete chart below:

Company name	Contract # (if applicable)	Will value be transferred to Horace Mann? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Client signature _____

To the best of your knowledge, does the application for this annuity involve replacement of life insurance or annuities currently in force?

Yes, as indicated above No

Agent's signature _____]

Q. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge and belief. [I acknowledge receipt of the "important notice" applicable to my contract and the current prospectus for the Horace Mann Life Insurance Company Separate Account and the Underlying Fund prospectuses.] I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to dollar amount.

I hereby authorize Horace Mann Life Insurance Company and Horace Mann Investors, Inc. to hold any money (ies) received if the application is not complete until such time as the application is made complete.

Signed at _____ on _____
(city/state) (date)

Annuitant's signature _____

Contract owner's signature _____

Agent's name (1) _____

Agent's signature (1) _____ Agent # _____

State code _____ License # _____ Percent _____
(if applicable)

Agent's name (2) _____

Agent's signature (2) _____ Agent # _____

State code _____ License # _____ Percent _____
(if applicable)

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, IL 62715

Fixed Annuity Application

A. Annuitant information (street address is required)

Name _____

Address _____

Telephone (____) _____

Gender: M F Birth date ____ / ____ / ____

Marital status: Married Single

Occupation/code _____

Social security # _____

B. Owner information (if different than annuitant)

Name _____

Address _____

Telephone (____) _____

Gender: M F Birth date ____ / ____ / ____

Marital status: Married Single

Occupation/code _____

Social security # _____

Federal identification number _____

C. Employer information (list bill only)

Employer name _____

Address _____

Telephone (____) _____

Federal identification number _____

D. Beneficiary Information Primary Beneficiary

Name _____

Relationship _____

Address _____

Telephone (____) _____

Birth date ____ / ____ / ____

Social security # _____

Comments _____

Contingent Beneficiary

Name _____

Relationship _____

Address _____

Telephone (____) _____

Birth date ____ / ____ / ____

Social security # _____

Comments _____

Minnesota and Washington - Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

Pennsylvania - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto

commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

[M. Replacements (this section must be completed and signed for all applications)

Do you currently have existing or pending policies or contracts? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If yes, complete chart below:

Company name	Contract # (if applicable)	Will value be transferred to Horace Mann? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposed Contract owner's signature _____

To the best of your knowledge, does the application for this annuity involve replacement of life insurance or annuities currently in force?

Yes, as indicated above No

Agent's signature _____]

N. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge. [I acknowledge receipt of the "important notice" applicable to my contract. If the MY Guaranteed Solution II product is selected, I understand that all values payable under this contract are subject to a market value adjustment if they are withdrawn prior to the end of a guarantee period.]

I hereby authorize Horace Mann Life Insurance Company to hold any money (ies) received if the application is not complete until such time as the application is made complete.

Signed at _____ on _____
(city/state) (date)

Proposed Annuitant's signature _____

Proposed Contract owner's signature _____

Agent's name (1) _____

Agent's signature (1) _____ Agent # _____

State code _____ License # _____ Percent _____
(if applicable)

Agent's name (2) _____

Agent's signature (2) _____ Agent # _____

State code _____ License # _____ Percent _____
(if applicable)