

SERFF Tracking Number: HRCN-126529043 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 45164
 Company Tracking Number: IC-459000
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
 Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Individual Flexible Premium SERFF Tr Num: HRCN-126529043 State: Arkansas
 Deferred Fixed Annuity Contract with a
 Premium Bonus

TOI: A02I Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 45164
 Variable Closed

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: IC-459000 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Wes Romanotto, Rita
 Rowe, Dorothy Ruppert, Marcetia
 Neal

Date Submitted: 03/11/2010 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Review & Approval 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: 03/16/2010 Explanation for Other Group Market Type:

State Status Changed: 03/16/2010

Deemer Date: Created By: Wes Romanotto

Submitted By: Marcetia Neal Corresponding Filing Tracking Number:

Filing Description:

IC-459000 – Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus

Form IC-459000, being submitted for review and approval, is new and is not intended to revise or replace any form previously filed or approved in your state.

SERFF Tracking Number: HRCN-126529043 State: Arkansas
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Variable
Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
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No part of this contract contains any unusual or controversial items from normal company or industry standards.

Form IC-459000 is an Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus. The minimum contribution is \$300.00 annually. The issues ages for this contract are 0-55. This contract has a fourteen-year rolling surrender charge scale. Surrender charges cease on the 14th contract anniversary. There is no annual maintenance fee.

The guaranteed interest rate will be determined at contract issue and will not be re-determined throughout the life of the contract. The methodology used to determine the guaranteed interest rate at issue is described in the actuarial memorandum. The guaranteed interest rate in effect through June 30, 2010 is 1.50%.

We have included a statement of variability for the Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus that outlines the items that are bracketed. Such items are subject to change for new issues as business conditions warrant and we reserve the right to make such changes without re-filing.

Previously approved application form IL-A13100 "Fixed Annuity Application" is the application that will be used with this contract. Form IL-A13100 was approved in your state on 12/14/2005.

This policy form will be produced through our outside printing company. For filing purposes, it has been submitted as printed on a laser printer. However, margin setting, spacing, line spacing, page ending, page numbers, etc., may differ.

The proposed date of release for sale of this contract is upon approval.

Company and Contact

Filing Contact Information

Marcetia Neal, Product Development and Compliance Coordinator
1 Horace Mann Plaza
Springfield, IL 62715-0001
marcetia.neal@horacemann.com
217-788-5304 [Phone]
217-535-7197 [FAX]

Filing Company Information

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

SERFF Tracking Number: HRCN-126529043 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 45164
Company Tracking Number: IC-459000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form x \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	03/11/2010	34785606

SERFF Tracking Number: HRCN-126529043 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 45164
Company Tracking Number: IC-459000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/16/2010	03/16/2010

SERFF Tracking Number: HRCN-126529043 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 45164
Company Tracking Number: IC-459000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
Project Name/Number: /

Disposition

Disposition Date: 03/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-126529043 State: Arkansas
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 Variable
 Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
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Form Schedule

Lead Form Number: IC-459000

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IC-459000	Policy/Contract	Individual Flexible Premium Deferred Fixed Annuity Certificate: Contract Amendment, Insert Page, Endorsement or Rider	Initial		51.000	IC-459000_Filed Contract_Base.pdf

Horace Mann Life Insurance Company

A Stock Company
[1 Horace Mann Plaza
Springfield, Illinois 62715
800-999-1030]

Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus

Details of the surrender charge are located on page 8.
Surrender charges may be waived under certain conditions.

The benefits of this contract may fluctuate based on interest we may pay in excess of the guaranteed interest rate.

This is a nonparticipating policy under which no dividends are paid.

Executed for the company at its home office in Springfield, Illinois on its issue date.

Right to Examine Your Contract

If **you** are not satisfied with this contract for any reason, **you** may return it to Horace Mann Life Insurance Company, P.O. Box 4657, Springfield, Illinois 62708-4657, or to the agent from whom **you** purchased it within 30 days after **you** receive it. Return of this contract by mail is effective on being postmarked, properly addressed and postage prepaid. **We** will return the **premium payments** made for this contract, less any **withdrawals** and any outstanding loan balance, within 10 days after **we** receive the returned contract. Upon return of the contract, it shall be void as if none had been issued. **Read Your Contract Carefully.**

[ ]

President

Corporate Secretary

THIS IS A LEGAL CONTRACT – READ IT CAREFULLY

This is a legal contract between **you** and Horace Mann Life Insurance Company. It sets forth, in detail, the rights and obligations of both **you** and the **company**.

Horace Mann Life Insurance Company promises to pay **you** an annuity starting on the **annuity date**. If **you** die prior to the **annuity date**, **we** will pay the **death benefit** to the **beneficiary(ies)**, upon receipt of due proof of death.

Please examine the application. We issued this contract based upon the answers in the application. If all answers are not complete and true, **your** contract may be affected.

Summary of contract

This individual flexible premium deferred fixed annuity provides annuity payments, which will be paid to **you** starting on the **annuity date**. **Withdrawal** and surrender rights and a **death benefit** are provided prior to the **annuity date**. A premium bonus is available under this contract, as stated on the annuity data page.

Prior to the **annuity date** and subject to any restrictions detailed in the contract, **you** may:

- make additional **premium payments** at any time;
- withdraw any portion of the **account value** (a surrender charge will apply);
- change the **beneficiary(ies)**;
- change the anticipated **annuity date**;
- exercise the other rights provided to the owner of this contract.

This is only a summary of the contract terms. More detailed provisions of this contract will control. The provisions are set forth in the following sections:

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Owner	[John Doe]	Issue state	[xx]
Annuitant	[John Doe]	Issue age	[35]
Contract number	[SPECIMEN2]	Issue date	[02/01/2010]
Anticipated annuity date	[02/01/2060]	Tax type	[403(b)]

Premium payments

Proposed premium payment(s)	[\$2,400.00]	Per year, payable in [(24)] installment(s)
Lump sum premium	[\$0.00]	

Premium limits

Minimum premium	[\$300.00]	Annually]
Maximum annual premium	—	As permitted by IRS regulations
Maximum cumulative premium	\$1,000,000.00	Without our prior approval
Minimum premium increase	[\$120.00]	Annually]
Maximum premium increase	—	As permitted by IRS regulations
Minimum withdrawal	[\$100.00]	
Minimum remaining balance after withdrawal	[\$100.00]	
Minimum amount required to establish an annuity option	\$2,000.00	
Loan provision available	—	[Yes]

Guaranteed interest rate

Prior to the annuity date :	[1.50%]
After the annuity date :	1.50%

Premium bonus:

During the first four **contract years**, we will increase the **account value** with an amount equal to 4.00 percent of the **net premium** on the date we receive the **net premium** at **our home office**.

Contract charges:

Surrender charges	<u>During premium year</u>	<u>Surrender charge*</u>
	1	14.0%
	2	13.0%
	3	12.0%
	4	11.0%
	5	10.0%
	6	9.0%
	7	8.0%
	8	7.0%
	9	6.0%
	10	5.0%
	11	4.0%
	12	3.0%
	13	2.0%
	14	1.0%
	thereafter	0.0%

* The surrender charge is a percentage of each **premium payment** surrendered or withdrawn. Surrender charges cease on the 14th **contract anniversary**.

Accumulation table

*Guaranteed values are based on an annual premium of \$1,000

Contract anniversary date	Minimum guaranteed account value	Minimum guaranteed surrender value
1	[\$1,055]	[\$931]
2	[\$2,127]	[\$1,886]
3	[\$3,214]	[\$2,865]
4	[\$4,318]	[\$3,868]
5	[\$5,398]	[\$4,861]
6	[\$6,494]	[\$5,877]
7	[\$7,606]	[\$6,918]
8	[\$8,735]	[\$7,983]
9	[\$9,881]	[\$9,074]
10	[\$11,044]	[\$10,194]
11	[\$12,225]	[\$11,345]
12	[\$13,423]	[\$12,523]
13	[\$14,640]	[\$13,730]
14	[\$15,874]	[\$15,874]
15	[\$17,128]	[\$17,128]
16	[\$18,399]	[\$18,399]
17	[\$19,690]	[\$19,690]
18	[\$21,001]	[\$21,001]
19	[\$22,331]	[\$22,331]
20	[\$23,681]	[\$23,681]
21	[\$25,051]	[\$25,051]
22	[\$26,442]	[\$26,442]
23	[\$27,853]	[\$27,853]
24	[\$29,286]	[\$29,286]
25	[\$30,741]	[\$30,741]
26	[\$32,217]	[\$32,217]
27	[\$33,715]	[\$33,715]
28	[\$35,236]	[\$35,236]
29	[\$36,779]	[\$36,779]
30	[\$38,346]	[\$38,346]
35	[\$46,539]	[\$46,539]
40	[\$55,365]	[\$55,365]

*This table assumes an annual premium of \$1,000.00 after any applicable state premium taxes are applied, a guaranteed interest rate of [1.50]% for all applicable years, and that no withdrawals or loans have been taken.

Per \$1,000.00 of **annuitized value** used to purchase an annuity option

Option A and B tables

Attained age	Life Annuity with Payments Guaranteed for Life Only, 10, 15 or 20 Years								Payments for a Specified Period of 10 to 30 Years	
	Life only		10 years		15 years		20 years		Number of years in fixed period	Fixed period income
	Male	Female	Male	Female	Male	Female	Male	Female		
50	3.28	3.03	3.26	3.02	3.22	3.00	3.17	2.98	10	8.96
51	3.35	3.09	3.33	3.08	3.29	3.06	3.23	3.03	11	8.21
52	3.43	3.16	3.40	3.14	3.36	3.12	3.29	3.09	12	7.58
53	3.51	3.23	3.47	3.21	3.43	3.19	3.35	3.15	13	7.05
54	3.59	3.30	3.55	3.28	3.50	3.25	3.42	3.21	14	6.59
55	3.68	3.38	3.64	3.35	3.58	3.32	3.48	3.27	15	6.20
56	3.77	3.46	3.73	3.43	3.66	3.40	3.55	3.34	16	5.85
57	3.87	3.54	3.82	3.51	3.74	3.47	3.62	3.40	17	5.55
58	3.98	3.63	3.92	3.60	3.83	3.55	3.69	3.47	18	5.27
59	4.09	3.73	4.02	3.69	3.92	3.63	3.76	3.54	19	5.03
60	4.21	3.83	4.13	3.78	4.01	3.72	3.83	3.62	20	4.81
61	4.34	3.93	4.24	3.89	4.11	3.81	3.90	3.69	21	4.62
62	4.47	4.05	4.36	3.99	4.20	3.91	3.97	3.77	22	4.44
63	4.62	4.17	4.49	4.10	4.30	4.00	4.04	3.84	23	4.28
64	4.77	4.30	4.62	4.22	4.41	4.11	4.10	3.92	24	4.13
65	4.93	4.44	4.76	4.35	4.51	4.21	4.17	4.00	25	3.99
66	5.11	4.58	4.90	4.48	4.62	4.32	4.24	4.07	26	3.86
67	5.30	4.74	5.05	4.62	4.73	4.43	4.30	4.15	27	3.75
68	5.49	4.91	5.20	4.76	4.83	4.55	4.36	4.22	28	3.64
69	5.71	5.09	5.36	4.92	4.94	4.66	4.41	4.29	29	3.54
70	5.93	5.29	5.53	5.08	5.04	4.78	4.47	4.36	30	3.44
71	6.17	5.50	5.70	5.25	5.15	4.90	4.51	4.42		
72	6.43	5.73	5.87	5.43	5.25	5.02	4.56	4.48		
73	6.70	5.98	6.05	5.62	5.35	5.14	4.60	4.53		
74	6.99	6.24	6.23	5.81	5.44	5.25	4.63	4.58		
75	7.31	6.53	6.41	6.01	5.53	5.36	4.67	4.62		

Minimum quarterly, semi-annual, and annual annuity options payments are available upon request.

Per \$1,000.00 of **annuitized value** used to purchase an annuity option

Option C table

Joint and Survivor Annuity with 50 Percent to Survivor

Attained age of payees	Male age 55	Male age 60	Male age 65	Male age 70	Male age 75
Female age 55	3.52	3.75	4.01	4.30	4.62
Female age 60	3.75	4.01	4.31	4.65	5.02
Female age 65	4.02	4.32	4.67	5.08	5.52
Female age 70	4.34	4.69	5.11	5.59	6.14
Female age 75	4.71	5.12	5.62	6.22	6.90

Joint and Survivor Annuity with Two-thirds to Survivor

Attained age of payees	Male age 55	Male age 60	Male age 65	Male age 70	Male age 75
Female age 55	3.33	3.51	3.70	3.89	4.08
Female age 60	3.54	3.77	4.01	4.25	4.49
Female age 65	3.76	4.04	4.35	4.67	4.99
Female age 70	4.00	4.34	4.73	5.16	5.59
Female age 75	4.24	4.66	5.15	5.70	6.29

Joint and Survivor Annuity with 100 Percent to Survivor

Attained age of payees	Male age 55	Male age 60	Male age 65	Male age 70	Male age 75
Female age 55	3.01	3.12	3.21	3.27	3.32
Female age 60	3.18	3.36	3.51	3.63	3.70
Female age 65	3.33	3.59	3.83	4.03	4.18
Female age 70	3.45	3.78	4.13	4.46	4.74
Female age 75	3.54	3.94	4.40	4.89	5.35

Minimum quarterly, semi-annual, and annual annuity options payments are available upon request.

General definitions

When these words are used in this contract, they have the meaning stated:

“**Account value**” **Net premium** plus any premium bonus and the interest credited less any **withdrawals** and any outstanding loan balance if applicable.

“**Annuitant**” The **natural person** whose life determines the annuity payment(s) made under this contract.

“**Annuitized value**” The amount applied to purchase annuity payments under this contract, equal to the **account value** on the **annuity date**, less any applicable premium tax.

“**Annuity date**” The date on which annuity payments begin.

“**Beneficiary(ies)**” The person(s) designated to receive the **death benefit** upon **your** death or under certain circumstances any remaining guaranteed annuity payments.

“**Contract anniversary**” The same day and month as the **issue date** for each succeeding year of this contract.

“**Contract date**”, “**Issue date**” The date when this contract becomes effective if the **annuitant** is then living and the premium has been paid. The **issue date** is shown on the annuity data page.

“**Contract year**” A period of twelve months beginning on the **issue date** or any **contract anniversary**.

“**Death benefit**” The amount paid to the **beneficiary(ies)** if **you** die prior to the **annuity date**.

“**Home office**” The mailing address and telephone number of **our home office** are: 1 Horace Mann Plaza, Springfield, Illinois 62715; 800-999-1030.

“**Irrevocable beneficiary**” A **beneficiary** whose rights cannot be revoked without such **beneficiary’s** written approval.

“**Issue age**” The age of the **annuitant** at the time this contract was issued (**issue date**) determined by the **annuitant’s** last birthday.

“**Natural person**” A living individual or trust entity that is treated as an individual for Federal Income Tax purposes under the Internal Revenue Code.

“**Net premium**” The premium(s) paid to **us** under this contract less any applicable premium tax.

“**Premium payment**” The premium(s) paid to **us** under this contract.

“**Premium year**” A period of twelve months beginning on the date a **premium payment** is received in **our home office** and on any annual anniversary of that date.

“**Proof of disability**” (1) A completed waiver of disability form as provided by **us**; or (2) any other proof satisfactory to **us**.

“**Surrender value**” The amount **you** would receive upon surrender of this contract. It is equal to the **account value** less any applicable surrender charges.

“**We**”, “**Us**”, “**Our**”, “**Company**” Horace Mann Life Insurance Company.

“**Withdrawal**” A reduction in the **account value**, not including surrender or loans, as requested by **you**. It is equal to the amount **we** distribute, per **your** request, and any applicable surrender charge.

“**You**”, “**Your**” The owner(s) of the contract.

General contract information

Ownership

The **annuitant** is the owner if no other person is named in the application as owner. Unless **you** provide otherwise, **you** may exercise all rights granted by this contract, subject to the rights of any **irrevocable beneficiary** or assignee.

You may assign this contract or the interest therein to another, unless prohibited by the Internal Revenue Code or any **irrevocable beneficiary** designation has been made. **You** must do so in writing in a form satisfactory to **us** and file the assignment with **us**. No assignment is binding on **us** until **we** receive it at **our home office**. When **we** receive an assignment, **your** rights and those of the **beneficiary(ies)** will be subject to the assignment. **We** are not responsible for the validity of the assignment.

Annuitant

The **annuitant** is the person named on the annuity data page on whose life annuity payments are based. The **annuitant** must be a **natural person**. If the sole **annuitant** dies prior to the **annuity date** and the **death benefit** is not payable, the new **annuitant** will be the youngest owner.

You may name a new **annuitant** before the **annuity date** by submitting to **us** a signed request in a form satisfactory to **us**. Upon receipt at **our home office**, **your** request is effective as of the date **you** signed it. **We** are not liable for any action **we** take before receiving **your** request.

Beneficiary(ies)

The **beneficiary(ies)** will receive their portion of the **death benefit** or under certain circumstances, their portion of any remaining annuity payments when **you** die. The

beneficiary(ies) will be the person(s) named as such in the application, unless later changed.

You may name new **beneficiary(ies)**, subject to the rights of any **irrevocable beneficiary** or assignee, by submitting to **us** a signed request in a form satisfactory to **us**. Upon receipt at **our home office**, **your** request is effective as of the date **you** signed it, subject to any action **we** took before we received **your** request.

If **you** do not name a **beneficiary** or if the **beneficiary** named is no longer living the **beneficiary(ies)** will be:

- **your** spouse if living, otherwise;
- **your** children equally if living, otherwise;
- **your** estate.

We will pay multiple **beneficiaries** according to the most recent written instructions **we** have received from **you** at **our home office**. If **we** do not have any written instructions, **we** will pay the **death benefit** or any remaining annuity payments in equal shares to the **beneficiaries**. If there is more than one **beneficiary** in a class and one of the **beneficiaries** predeceases **you**, **we** will pay the **death benefit** or any remaining annuity payments in equal shares to the surviving **beneficiaries** in that class.

Accumulation phase

Premium payments

This is a flexible premium contract. **Your** proposed **premium payments** and any lump sum premium(s) are shown on the annuity data page. Additional **premium payments** can be made at any time prior to the **annuity date**. The minimum premium(s) are shown on the annuity data page. The maximum premium limits shown on the annuity data page will be governed by the laws of **your** state and IRS regulations. All **premium payments** are payable to **us** at **our home office**. A receipt will be provided if requested.

You may stop or resume **premium payments** before the **annuity date**, if the contract has not been surrendered or terminated.

If **you** surrender the contract, **you** may receive an amount less than the **account value** because a surrender charge will apply.

If any premium of this contract is not paid, the contract shall be considered paid-up. The paid-up value is the **account value** of the contract. If no **premium payment** has been received for two years and the **account value** to be applied under any annuity option is less than \$2,000 or not enough to provide an initial annuity payment of at

least \$20, and federal tax law and state law permit, **we** reserve the right to:

- change the payment frequency to make the initial payment at least \$20; or
- terminate the contract and pay **you** the **account value** in a lump sum. Thereafter, **we** will be free of any liability for this terminated contract.

Account value

The **account value** is increased by the **net premium**, plus any premium bonus, and the interest credited. The **account value** is decreased by any **withdrawals**, and any outstanding loan balance if applicable.

Interest

Guaranteed interest is credited daily. **We** may pay interest in excess of the guaranteed amount. This interest may vary from time to time and is not guaranteed. **We** begin crediting interest to the **net premium** received and any premium bonus from the date **we** receive the **net premium** in **our home office**.

Surrender and withdrawal

Surrender

You may surrender the contract before the **annuity date** and **we** will pay **you** the **surrender value**. All requests must be received at **our home office** in a form satisfactory to **us**.

A surrender terminates this contract. Thereafter, **we** will be free of any liability for this terminated contract.

The **surrender value** of this contract is not less than the minimum required by the state in which this contract was delivered. The **surrender value** is equal to the **account value**, less any applicable surrender charges.

Payment of the **surrender value** usually occurs within 30 calendar days after the date **we** receive **your** request. If payment is deferred after 30 calendar days, **we** will continue to credit the applicable interest rate or the rate required by law, whichever is higher. **We** reserve the right to defer payment of the **surrender value** for a period not to exceed six months, but only after **we** have made written request and received written approval of the insurance department of the state in which this contract was delivered.

Withdrawal

You have the right to withdraw part of **your account value** before the **annuity date**. All requests must be received in **our home office** in a form satisfactory to **us**.

The **account value** will be reduced by the amount **we** distribute, per **your** request, and any applicable surrender charge. Any one **withdrawal** must be an amount not less than the minimum **withdrawal** amount, as shown on the annuity data page. Also, the **withdrawal** must not reduce **your account value** below the minimum remaining balance after **withdrawal**, as shown on the annuity data page.

Surrender charges

A surrender charge may be imposed on certain surrenders and **withdrawals**. The surrender charges are shown on the annuity data page. The surrender charges are expressed as a percentage of **premium payment(s)** that are surrendered or withdrawn. The charges are based on the **premium year** of each **premium payment** surrendered or withdrawn. For the purpose of determining the surrender charge, it will be assumed that **withdrawals** will be deducted in the following way:

1. from the **premium payments** paid on a first in first out basis; then
2. from any premium bonus and interest.

When a **withdrawal** occurs for which surrender charges are waived, no **premium payments** will be assumed to have been withdrawn. Once a **premium payment** is assumed to be withdrawn for surrender charge purposes, it will not be assumed to be withdrawn for any subsequent **withdrawal** or surrender. Surrender charges on all **premium payments** cease on the 14th **contract anniversary**, as shown on the annuity data page.

Any applicable surrender charges will be waived under certain conditions, as described below:

10 percent penalty free

In any given **contract year**, **we** will waive surrender charges on **withdrawal(s)** in a cumulative amount up to 10 percent of the **premium payments** received and not assumed to have been previously withdrawn.

Disability

Upon **your** continuing total disability and receipt of **your** request for a **withdrawal** or surrender, **we** will waive any applicable surrender charge. **Your** continuing total disability, as defined by Section 72(m)(7) of the Internal Revenue Code, must begin at least three months immediately prior to receipt of the surrender or **withdrawal** request. **Proof of disability** is required.

Internal Revenue Code Section 72(m)(7) defines disabled as unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long continued and indefinite duration. An

individual shall not be considered to be disabled unless he furnishes proof of the existence thereof in such form and manner as required by Internal Revenue Code rules and regulations.

Required minimum distributions

We will waive any applicable surrender charge on **withdrawals** taken to satisfy minimum distributions based on the **account value** of this contract that are required by the Internal Revenue Code.

Death benefit

The **death benefit** is equal to the **account value**. **We** will calculate the **death benefit** as of the date **we** receive due proof of death at **our home office**. The **death benefit** will include interest accrued from the date **we** receive due proof of death to the date of payment.

We will pay the **death benefit** when **we** receive due proof of death while this contract is in force and before the **annuity date**, if:

- any owner dies; or
- the sole **annuitant** dies and the sole owner is not a **natural person**.

If the **beneficiary** is **your** spouse, **your** spouse may elect to:

1. receive the **death benefit** in a lump sum; or
2. apply the **death benefit** to an annuity option; or
3. be treated as the owner of this contract and the contract can continue.

If the contract is continued, **your** spouse may make a single **withdrawal** of any amount within one year of the date **we** receive due proof of death. No surrender charge will apply.

If the **beneficiary** is not **your** spouse, **your beneficiary** may elect to:

1. receive the **death benefit** in a lump sum; or
2. apply the **death benefit** to an annuity option.

The **death benefit** proceeds under this contract must be distributed within five years after the date of death if the **beneficiary(ies)** choose to receive the **death benefit** in a lump sum.

If an annuity option is elected, payments from the annuity option must begin within one year of the date of death. Guaranteed annuity payments cannot extend beyond the life expectancy of the **beneficiary(ies)**, as defined by the Internal Revenue Code.

The decision to receive the **death benefit** in a lump sum or apply the **death benefit** value to an annuity option must be made within 60 days of when the **death benefit** became payable.

Income phase

Annuity date

The annuity payments made to **you** will begin on the **annuity date**. The **annuity date** is the date the **annuitized value** is applied to an annuity option. The anticipated **annuity date** is the **contract anniversary** following the **annuitant's** 85th birthday and is shown on the annuity data page. **You** may change the anticipated **annuity date** to be as early as the first **contract anniversary** or as late as the **contract anniversary** following the **annuitant's** 115th birthday by notifying **us**.

Annuity payment terms and conditions

The initial monthly annuity payment purchased by each \$1,000 of **annuitized value** depends on the annuity option selected. The minimum annuity payments are based upon the Annuity 2000 Mortality Table and 1.5 percent interest. The annuity payments under this contract may be increased by **us**.

If **we** do not receive written election of an annuity option from **you** at **our home office** at least 30 days before the **annuity date**, the annuity option will be Life Annuity with Payments Guaranteed for 10 Years.

Annuity payments may also be available in quarterly, semi-annual, and annual installments. The minimum amount required to establish an annuity option is shown on the annuity data page.

If **you** choose an annuity option payable over the lifetime of an **annuitant we** may require:

- proof of both the **annuitant's** and any joint **annuitant's** age and sex before annuity payments begin; and
- proof that the **annuitant** and any joint **annuitant** are still living before **we** make each payment.

A lump sum settlement option is available under this contract. A lump sum settlement payment is equal to the **surrender value**.

If any owner dies on or after the **annuity date** and before the entire interest in this contract has been distributed, the remaining portion of such interest will be distributed at least as rapidly as under the original method of distribution being used as of the date of such owner's death.

Annuity options

Prior to **your annuity date**, **you** may select any of the following options. **We** reserve the right to make available other annuity options.

Option A, Life Annuity with Payments Guaranteed for Life Only, 10, 15, or 20 Years

Annuity payments are made to **you** beginning on the **annuity date**. The annuity payments will be based upon the number of guaranteed payments selected, and the age and sex of the **annuitant** on the **annuity date**. Annuity payments for this annuity option will continue as long as the **annuitant** lives, or until all guaranteed payments have been made, whichever is later.

Guaranteed annuity payments cannot extend beyond the life expectancy of the **annuitant**, as defined by the Internal Revenue Code.

If **you** die before all annuity payments have been made, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

If the **annuitant** dies before all guaranteed annuity payments have been made, the remaining guaranteed annuity payments will be paid to **you**, if living, otherwise to **your beneficiary(ies)** as scheduled.

After the **annuity date**, this annuity option cannot be changed and **withdrawals** cannot be made.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables.

Option B, Payments for a Specified Period

Annuity payments are made to **you** beginning on the **annuity date** and continue for the specified period of time as elected. The specified period can be as short as ten years or as long as 30 years, so long as the payments extend beyond the 14th **contract anniversary**.

Annuity payments cannot extend beyond the life expectancy of the **annuitant**, as defined by the Internal Revenue Code.

If **you** die before all annuity payments have been made, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

If the **annuitant** dies before all annuity payments have been made, the remaining annuity payments will be paid to **you**, if living, otherwise to **your beneficiary(ies)** as scheduled.

After the **annuity date**, **you** may change this annuity option. Any change **you** make may affect the annuity payments **you** receive thereafter.

After the **annuity date**, **you** may withdraw a portion of or the total present value of future benefits (subject to the minimum **withdrawal** amount shown on the annuity data page). Surrender charges may apply to the amount withdrawn. If **you** withdraw a portion of the present value of future benefits, the remaining annuity payments will be recalculated. If **you** withdraw the total present value of future benefits, **your** annuity payments will cease and the contract will terminate. Thereafter, **we** will be free of any liability for this terminated contract.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables.

Option C, Joint and Survivor Annuity

Annuity payments are made to **you** beginning on the **annuity date**. The annuity payments will be based upon the specific survivor option selected, and the age and sex of the two **annuitants** on the **annuity date**.

The available survivor options are to pay during the lifetime of the survivor: (1) 50 percent; (2) two-thirds; or (3) 100 percent of the annuity payments paid while both **annuitants** were living.

Upon the death of one **annuitant**, the selected survivor option percentage will be applied to determine the remaining payments during the lifetime of the survivor. Upon the death of the survivor, annuity payments cease.

If **you** die while at least one **annuitant** is living, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

After the **annuity date**, this annuity option cannot be changed and **withdrawals** cannot be made.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables. Additional information is available upon **your** request.

Taxes

Any premium taxes relating to this contract may be deducted from the **premium payments** or deducted from **your annuitized value**, when applicable. Such premium taxes and the time of deduction of those taxes will be determined by **your** current place of residence. Any income tax withholdings relating to this contract may be deducted from any distribution.

Other terms of your contract

Our contract with you

These pages, including a copy of the application and any attached endorsements, are **your** entire contract with **us**. **We** issued it based upon **your** application and receipt by **us** of the initial **premium payment**.

The statements made in the application, in the absence of fraud, will be treated as representations and not as warranties.

Only **our** president, vice president, or the corporate secretary has the authority to change this contract. No agent may do this. Any change or alteration made to this contract must be in writing and approved by an authorized officer of the **company**.

Incontestability

This contract will be incontestable after its **issue date**. This means that **we** will not use any misstatements by the owner in the application to challenge any claim or to avoid liability under this contract after this time.

Misstatement of age or sex

If any age or sex has been misstated, **we** will pay annuity payments in the amount which would have been paid at the correct age and sex. Any overpayments **we** have made, including interest, will be deducted from future payments. Any under payments, including interest, will be paid in a lump sum to the owner if living, otherwise the **beneficiary(ies)**. The interest rate in both instances described above will be equal to the guaranteed interest rate after the **annuity date** as indicated on the annuity data page. **We** may pay interest in excess of the guaranteed amount. This interest may vary from time to time and is not guaranteed.

Conformity with state law

This contract is subject to the laws of the state in which it was delivered. If any part of the contract does not comply with the law, it will be interpreted by **us** as if it did.

This contract may be changed by **us** to maintain compliance with applicable state and federal law. Any such change will not, without **your** consent, reduce or eliminate benefits or impair or invalidate any right given to **you** under this contract, except for changes to conform to changes in any applicable provisions or requirements of the Internal Revenue Code.

Exchange

You may exchange this contract for another annuity contract **we** issue if **we** approve the exchange.

Proof of age and survival

We reserve the right to require proof of the **annuitant(s)** age prior to the **annuity date**. In addition, for life contingent annuity options, we may require evidence of survival of any **annuitant(s)** before we make each payment.

Settlements

We may require that a contract be returned to us prior to any settlement. We must receive due proof of death before the settlement of a death claim. Any paid-up annuity value, **surrender value** or **death benefit** under a contract will be no less than the minimum benefits required by the statutes of the state in which the contract was delivered.

Payment of the **surrender value** or **death benefit** will terminate this contract. Thereafter, we will be free of any liability for this terminated contract.

Periodic reports

Prior to the **annuity date**, we will send a statement containing the status of **your account value**, **surrender value**, **premium payments**, credited interest and other contract information as of a date not more than four months prior to the date of mailing at least once a year. We will provide you with **account value** information at any time upon request.

SERFF Tracking Number: HRCN-126529043 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 45164
 Company Tracking Number: IC-459000
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification_Base.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: IL-A13100 approved 12/14/2005		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment: IC-459000 Statement of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Arkansas State Disclosure Document		
Comments:		
Attachment: Arkansas State Disclosure.pdf		

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus	IC-459000	51

B. Test option selected

1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.


John Leitermann, ASA, MAAA

Vice President
Officer's Title

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

March 4, 2010

**Statement of Variability
Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
Form IC-459000**

Annuity data

The following fields are identified as variable text. We would like the ability to modify these fields when changes are required.

Owner, Annuitant, Contract number, Anticipated annuity date, Issue state, Issue age, Issue date, Tax type, Proposed premium payment(s) and Lump sum premium.

These fields represent items that are specific for each owner's contract. As such, these fields will vary for each contract issued.

Minimum premium

This field is variable so that we may make administrative changes as economic conditions and/or business requirements warrant. The minimum premium in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum premium will be fixed for that contract. We anticipate changes to the minimum premium to occur infrequently.

Minimum premium \$[300.00 annually]

Range: Minimum – None Maximum – \$1,000.00 annually

Minimum premium increase

This field is variable so that we may make administrative changes as economic conditions warrant. The minimum premium increase in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum premium increase will be fixed for that contract. We anticipate changes to the minimum premium increase to occur infrequently.

Minimum premium increase [\$120.00 annually]

Range: Minimum – \$50 annually Maximum – \$250.00 annually

Minimum remaining balance after withdrawal

This field is variable so that we may make administrative changes as economic conditions warrant. The minimum remaining balance after withdrawal in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum remaining balance after withdrawal will be fixed for that contract. We anticipate changes to the minimum remaining balance after withdrawal to occur infrequently.

Minimum remaining balance after withdrawal \$[100.00]

Range: Minimum – None Maximum – \$250.00

Loan provision available

This field is variable so we may reflect whether or not a loan provision is available under the contract. If the contract is issued as a tax type that permits loans, "Yes" will appear in this field. If the contract is issued as a tax type that does not permit loans, "No" will appear in this field.

Loan provision available [Yes]

Range: Yes or No

Guaranteed interest rate

This field is variable because the guaranteed interest rate may change depending upon when the contract is issued. The guaranteed interest rate in effect at the time the contract is sold will print on the contract. Once a contract is issued, the guaranteed interest rate will be fixed for that contract. The guaranteed interest rate could change every six months.

Guaranteed interest rate
Prior to the annuity date: [1.50%]

Range: Minimum – 1.00% Maximum – 5.00%

Accumulation table

The minimum guaranteed account values and minimum guaranteed surrender values will reflect the correct values for the guaranteed interest rate in effect at the time the contract is sold.

The guaranteed interest rate in effect at the time the contract is sold will print in the bracketed section of the footnote at the bottom of the accumulation table.

Required State Disclosure

Horace Mann Life Insurance Company

Home Office: 1 Horace Mann Plaza
Springfield, Illinois 62715-0001

If you have a question on your insurance

If **you** have any questions about **your** Horace Mann contract, just ask **your** Horace Mann agent. He or she is a professionally trained, licensed insurance representative who is always ready to answer **your** insurance questions.

If **you** need additional assistance, please contact the office of Consumer Services, The Horace Mann Companies, P.O. Box 4657, Springfield, Illinois 62708-4657, 800-999-1030.

Also, the Arkansas Insurance Department maintains a Consumer Service Division at 1200 West Third Street, Little Rock, Arkansas 72201-1904, 501-371-2640 or 800-852-5494.