

SERFF Tracking Number: HRCN-127138113 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48847
Company Tracking Number: IC-150000SUB
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life
Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Single Premium Whole Life SERFF Tr Num: HRCN-127138113 State: Arkansas
TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 48847
Closed

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: IC-150000SUB State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 06/02/2011
Authors: Wes Romanotto, Rita
Rowe, Dorothy Ruppert, Marcetia
Neal
Date Submitted: 05/23/2011 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 Individual Market Type:
Overall Rate Impact: Filing Status Changed: 06/02/2011
State Status Changed: 06/02/2011
Deemer Date: Created By: Rita Rowe
Submitted By: Rita Rowe Corresponding Filing Tracking Number:
Filing Description:
SUBSTITUTION FILING
IC-150000 et al (Approved September 22, 2006)

IC-150000 Single Premium Whole Life Insurance to Age 120
RIC-150000 (5/11) Gross Premium Rates

The above captioned previously approved form is being substituted with the form included in this submission. The previously approved version of this policy form has never been issued. The differences between the previously

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approved form and the one included in this submission are: (1) the guaranteed interest rate used for all settlement options has been changed from 2.0 percent per year to 1.5 percent per year; and (2) the new version includes \$100 policy fee.

No part of this policy contains any unusual or controversial items from normal company or industry standards. Our appointed agents will market this policy on an individual basis. This policy was developed based on the 2001 CSO Tables.

Policy form IC-150000 is nonparticipating and provides whole life insurance on an Insured and matures at the age of 120. Also, this policy form has a single premium payable at the time of application.

This whole life policy may be issued on an Educator and Non-educator basis. Preferred, Standard or Rated premium classes will be used. The Standard or Rated premium classes may be either Tobacco usage or Nontobacco; however, the Preferred premium class is Nontobacco only. The single premium will include a \$100 policy fee. The premium rates are based on a gross premium per \$1,000. This policy will also be used for group and individual life term conversions.

Both our standard long-form application and our long-form electronic application will be used with this policy. Your Department approved the long-form preprinted paper application form IL-L241AR on 10/5/1998 and the electronic generated application form IL-L231AR on 3/23/1999.

This policy form will be produced through an electronic publishing system. For filing purposes, it has been submitted as printed on a laser printer. However, margin settings, spacing, line spacing, page endings, page numbers, etc., may differ.

For filing purposes, we have completed Policy Data pages and Policy Summary (Cost Disclosure) in "John Doe" fashion. A similar version of this policy form is being filed concurrently with our domiciliary state. However, the Illinois Department of Insurance does not require a rate filing nor will they accept a rate filing for informational purposes only.

For your records, we will not market this product with life illustrations. Please be assured that if it is determined at a later date that we wish to market this product with life illustrations, the proper certifications, completed by the illustration actuary and the responsible officer, will be submitted to the company's Board of Directors and the Department of Insurance's director or commissioner, whichever is appropriate.

We have included the required Actuarial Memorandums, cash values, and other supporting actuarial materials, necessary checklists, forms or certifications, if any, which may be required by your state.

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Company and Contact

Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator
 1 Horace Mann Plaza
 Springfield, IL 62715-0001
 rower1@horacemann.com
 217-788-5703 [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: 300
 Group Name:
 FEIN Number: 37-0726637
 State of Domicile: Illinois
 Company Type: Life, Accident/Health, Annuity, Credit
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|---------|----------------|---------------|
| Horace Mann Life Insurance Company | \$50.00 | 05/23/2011 | 47896987 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 06/02/2011 | 06/02/2011 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 05/27/2011 | 05/27/2011 | Rita Rowe | 05/31/2011 | 05/31/2011 |

SERFF Tracking Number: *HRCN-127138113* *State:* *Arkansas*
Filing Company: *Horace Mann Life Insurance Company* *State Tracking Number:* *48847*
Company Tracking Number: *IC-150000SUB*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.111 Single Premium - Single Life*
Product Name: *Single Premium Whole Life*
Project Name/Number: */*

Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-127138113 State: Arkansas
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 Product Name: Single Premium Whole Life
 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---------------------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Cost Disclosure | | Yes |
| Supporting Document | Statement of variability | | Yes |
| Supporting Document | Cash Values | | Yes |
| Supporting Document | Guaranty Association Notice | | Yes |
| Supporting Document | Consumer Notice | | Yes |
| Supporting Document | Certification | | Yes |
| Form | Single Premium Whole Life Insurance to Age 120 | | Yes |
| Rate | RIC-150000 (5/11) | | Yes |

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Product Name: Single Premium Whole Life
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/27/2011
Submitted Date 05/27/2011
Respond By Date 06/27/2011

Dear Rita Rowe,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/31/2011
Submitted Date 05/31/2011

Dear Linda Bird,

Comments:

Thank you for your response.

Response 1

Comments: Form IL-M529AR will be used to comply with Ark. Code Ann. 23-79-138. Form IL-M513AR will be used to comply with Regulation 49. Both of these forms have been attached to the Supporting Documentation tab.

Also attached to the Supporting Documentation tab is a certification for compliance with Regulation 19 S 10B.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Guaranty Association Notice

Comment:

Satisfied -Name: Consumer Notice

Comment:

Satisfied -Name: Certification

Comment:

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Product Name: *Single Premium Whole Life*
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No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know you need anything further.

Sincerely,
Dorothy Ruppert, Marcetia Neal, Rita Rowe, Wes Romanotto

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 Product Name: Single Premium Whole Life
 Project Name/Number: /

Form Schedule

Lead Form Number: IC-150000

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|---------------------------------------------------------------------------------------------|---------|----------------------|-------------|---------------|
| | IC-150000 | Policy/Cont ract/Fraternal Certificate Single Premium Whole Life Insurance to Age 120 | Initial | | 52.500 | IC-150000.pdf |

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030

A Stock Company

Single Premium Whole Life Insurance to Age 120

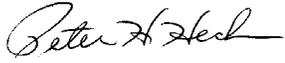
We agree to pay the Insurance Benefit and to provide the other rights and benefits of this policy in accordance with its provisions.

This whole life policy:

- provides level insurance on the life of the Insured to age 120;
- has a single premium payable at the time of application;
- provides a Maturity Benefit if the Insured lives to age 120; and
- has Cash Value.

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

Signed for the Company at Springfield, Illinois on the Date of Issue.


President


Corporate Secretary

Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any premium You have paid. Return of the policy shall void it as if it had never been issued. If this policy was purchased as a replacement of other coverage as defined in the state where it is issued, the right to examine this policy will be extended to 30 days.

Single Premium Whole Life Insurance to Age 120

IC-150000

This policy is a legal contract between the contract owner and Horace Mann Life Insurance Company.

Read Your contract carefully.

We are providing a brief outline of some of the important features of Your contract. This outline is not part of the insurance contract. Only the actual contract provisions will control. The contract sets forth, in detail, the rights and obligations of both You and Horace Mann Life Insurance Company.

It is therefore important that You read Your contract carefully.

While this **whole life insurance** contract is In Force, it provides a level death benefit to the Insured's age 120. However, if the Insured lives to attained age 120, the Maturity Benefit will be paid to the owner. The single premium is payable at the time of application. A copy of the application is attached.

Policy contents

Page number

| | |
|--------------------------------|---|
| Policy Data | 2 |
| Table of Guaranteed Values | 3 |
| Settlement Option Tables | 4 |
| In this policy | 5 |
| Your plan of insurance | 5 |
| Who benefits from this policy? | 5 |
| The Insurance Benefit We pay | 6 |
| The Cash Value of this policy | 6 |
| How a loan can be made | 7 |
| You may surrender Your policy | 7 |
| How benefits are paid | 8 |
| Other important information | 9 |

POLICY DATA

Policy Number: [00 00000000 0]
Policy Date: [08-01-2011]
Date of Issue: [08-01-2011]
Policy Data page prepared as of: [08-01-2011]
Insured: [John Doe]
Age of Insured as of Policy Date: [35]
Gender Class of Insured: [Male]
Benefit: Single Premium Whole Life Insurance to Age 120
Insurance Amount: \$[25,000]
Premium Class: [Standard (Nontobacco), male, age 35]
Single Premium Payment: \$[5,175.25]
The \$100 policy fee [is] [and rated premium charge are] included in the amount shown.
A receipt signed by one of the officers of the Company will be furnished upon request.
Beneficiary: Is as stated in the initial application unless changed later upon request.
Maturity Date: [08-01-2096]
Basis of computation for Table of Guaranteed Values: The basis for the Mortality Table is:
1) age last birthday; and
2) deaths occur at end of year.
The interest rate per year for guaranteed values is [4.50%].
Mortality Table used for Whole Life Insurance - [2001] Commissioners Standard Ordinary Select and Ultimate Mortality Table

TABLE OF GUARANTEED VALUES

Insured: [John Doe]
 Policy Number: [00 00000000 0]
 Date Prepared: [08-01-2011]
 Coverage: Single Premium Whole Life Insurance to Age 120
 Insurance Amount: \$[25,000]
 Coverage effective as of: [08-01-2011]
 Class: [Standard (Nontobacco), male, age 35]
 Single Premium: \$[5,175.25] (Includes \$100 policy fee [and rated premium charge])

| Attained Age | Policy year-end | | Cash or loan values |
|--------------|-----------------|----|---------------------|
| [36 | 1 | \$ | 4,375 |
| 37 | 2 | | 4,550 |
| 38 | 3 | | 4,750 |
| 39 | 4 | | 4,950 |
| 40 | 5 | | 5,150 |
| 41 | 6 | | 5,350 |
| 42 | 7 | | 5,575 |
| 43 | 8 | | 5,800 |
| 44 | 9 | | 6,025 |
| 45 | 10 | | 6,250 |
| 46 | 11 | | 6,500 |
| 47 | 12 | | 6,750 |
| 48 | 13 | | 7,000 |
| 49 | 14 | | 7,275 |
| 50 | 15 | | 7,550 |
| 51 | 16 | | 7,825 |
| 52 | 17 | | 8,125 |
| 53 | 18 | | 8,400 |
| 54 | 19 | | 8,725 |
| 55 | 20 | | 9,025 |
| Age 60 | 25 | | 10,700 |
| Age 62 | 27 | | 11,400 |
| Age 65 | 30 | | 12,475] |

All guaranteed cash values and loan values shown assume that no loan exists against the policy's cash value and that the single premium has been paid. These guaranteed values are based on the [2001] Commissioners Standard Ordinary Select and Ultimate Mortality Table and meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials there a detailed statement of how we computed the values and benefits. You may obtain values for all years after 20 years by writing Our Home Office at Springfield, Illinois 62715-0001.

SETTLEMENT OPTION TABLES

Equal monthly income payments for each \$1,000 of Insurance Benefits or Net Cash Value

| Option A and B Tables | | | | | | | | | | |
|------------------------------|------------------------------------------------------------------------|--------|----------|--------|----------|--------|----------|--------|------------------------------------|---------------------|
| Age of Payee | Life income with payments guaranteed for Life only, 10, 15 or 20 years | | | | | | | | Income payments for a Fixed Period | |
| | 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 | 05 | 17.28 |
| 51 | 3.35 | 3.09 | 3.33 | 3.08 | 3.29 | 3.06 | 3.23 | 3.03 | 06 | 14.51 |
| 52 | 3.43 | 3.16 | 3.40 | 3.14 | 3.36 | 3.12 | 3.29 | 3.09 | 07 | 12.53 |
| 53 | 3.51 | 3.23 | 3.47 | 3.21 | 3.43 | 3.19 | 3.35 | 3.15 | 08 | 11.04 |
| 54 | 3.59 | 3.30 | 3.55 | 3.28 | 3.50 | 3.25 | 3.42 | 3.21 | 09 | 9.89 |
| 55 | 3.68 | 3.38 | 3.64 | 3.35 | 3.58 | 3.32 | 3.48 | 3.27 | 10 | 8.96 |
| 56 | 3.77 | 3.46 | 3.73 | 3.43 | 3.66 | 3.40 | 3.55 | 3.34 | 11 | 8.21 |
| 57 | 3.87 | 3.54 | 3.82 | 3.51 | 3.74 | 3.47 | 3.62 | 3.40 | 12 | 7.58 |
| 58 | 3.98 | 3.63 | 3.92 | 3.60 | 3.83 | 3.55 | 3.69 | 3.47 | 13 | 7.05 |
| 59 | 4.09 | 3.73 | 4.02 | 3.69 | 3.92 | 3.63 | 3.76 | 3.54 | 14 | 6.59 |
| 60 | 4.21 | 3.83 | 4.13 | 3.78 | 4.01 | 3.72 | 3.83 | 3.62 | 15 | 6.20 |
| 61 | 4.34 | 3.93 | 4.24 | 3.89 | 4.11 | 3.81 | 3.90 | 3.69 | 16 | 5.85 |
| 62 | 4.47 | 4.05 | 4.36 | 3.99 | 4.20 | 3.91 | 3.97 | 3.77 | 17 | 5.55 |
| 63 | 4.62 | 4.17 | 4.49 | 4.10 | 4.30 | 4.00 | 4.04 | 3.84 | 18 | 5.27 |
| 64 | 4.77 | 4.30 | 4.62 | 4.22 | 4.41 | 4.11 | 4.10 | 3.92 | 19 | 5.03 |
| 65 | 4.93 | 4.44 | 4.76 | 4.35 | 4.51 | 4.21 | 4.17 | 4.00 | 20 | 4.81 |
| 66 | 5.11 | 4.58 | 4.90 | 4.48 | 4.62 | 4.32 | 4.24 | 4.07 | 21 | 4.62 |
| 67 | 5.30 | 4.74 | 5.05 | 4.62 | 4.73 | 4.43 | 4.30 | 4.15 | 22 | 4.44 |
| 68 | 5.49 | 4.91 | 5.20 | 4.76 | 4.83 | 4.55 | 4.36 | 4.22 | 23 | 4.28 |
| 69 | 5.71 | 5.09 | 5.36 | 4.92 | 4.94 | 4.66 | 4.41 | 4.29 | 24 | 4.13 |
| 70 | 5.93 | 5.29 | 5.53 | 5.08 | 5.04 | 4.78 | 4.47 | 4.36 | 25 | 3.99 |
| 71 | 6.17 | 5.50 | 5.70 | 5.25 | 5.15 | 4.90 | 4.51 | 4.42 | 26 | 3.86 |
| 72 | 6.43 | 5.73 | 5.87 | 5.43 | 5.25 | 5.02 | 4.56 | 4.48 | 27 | 3.75 |
| 73 | 6.70 | 5.98 | 6.05 | 5.62 | 5.35 | 5.14 | 4.60 | 4.53 | 28 | 3.64 |
| 74 | 6.99 | 6.24 | 6.23 | 5.81 | 5.44 | 5.25 | 4.63 | 4.58 | 29 | 3.54 |
| 75 | 7.31 | 6.53 | 6.41 | 6.01 | 5.53 | 5.36 | 4.67 | 4.62 | 30 | 3.44 |

The age shown is the Payee's age last birthday when income payments begin.

SETTLEMENT OPTION TABLES

Equal monthly income payments for each \$1,000 of Insurance Benefits or Net Cash Value

| Option C Table | | | | | |
|-------------------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Joint and Survivor with 50 Percent to Survivor | | | | | |
| 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 with two-thirds to Survivor | | | | | |
| 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 with 100 Percent to Survivor | | | | | |
| 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 |

The age shown is the Payee's age last birthday when income payments begin.

In this policy

“Beneficiary” is the person or persons You choose to receive the Insurance Benefit.

“Cash Value” is the value which accumulates in this policy. The Table of Guaranteed Values on page 3 shows cash value at policy year-end under the assumptions stated.

“Date of Issue” is the date from which the suicide and incontestability periods are measured. This date is shown on Policy Data page 2.

“Home Office” refers to the contact information of Our Home Office. Our mailing address and telephone number are: 1 Horace Mann Plaza, Springfield, Illinois 62715; 800-999-1030.

“In Force” means this policy has a Net Cash Value greater than zero and has not terminated due to surrender for Net Cash Value or maturity.

“Insurance Amount” is the insurance coverage under this policy as stated on Policy Data page 2.

“Insurance Benefit” is the amount We will pay when the Insured dies.

“Insured” is the person whose life is insured under this policy as shown on the Policy Data pages.

“Irrevocable Beneficiary” is a Beneficiary You indicate cannot be changed without such Beneficiary's written consent.

“Maturity Benefit” is the amount We will pay when the Insured attains age 120 and is equal to the Net Cash Value at that time. When the Maturity Benefit is paid, this policy terminates.

“Net Cash Value” is the Cash Value less any unpaid loan and loan interest.

“Payee” is any individual entitled to receive income payments under any settlement option benefit.

“Policy Date” is the date this policy becomes effective. This is the date from which policy anniversaries and policy years are determined. This date is shown on Policy Data page 2.

“Proof of Death” includes: (1) a completed claimant's statement as provided by Us; and (2a) a certified copy of the death certificate; or (2b) any other proof of death satisfactory to Us, including but not limited to a certified copy of a decree of a court of competent jurisdiction certifying death; or a written statement by a medical doctor who attended the deceased at the time of death.

“We,” “Our,” “Us” and “Company” refer only to the Horace Mann Life Insurance Company.

“Written Request” is a request in writing in a form satisfactory to Us and received at Our Home Office.

“You” and “Your” refers to the owner(s) of this policy.

Your plan of insurance

Your plan of insurance provides permanent insurance on the life of the Insured. While this policy is In Force and before the Insured attains age 120, We will pay the Insurance Benefit upon the death of the Insured. If the Insured lives to age 120 and the policy is In Force, We will pay the Maturity Benefit instead of the Insurance Benefit. The Maturity Benefit will be paid to the owner. When the Maturity Benefit is paid, this policy terminates.

This policy has Cash Value. (For details see Table of Guaranteed Values on page 3.)

Who benefits from this policy?

Owner

The owner of this policy is the Insured unless otherwise stated in the application or later changed by Written Request. This policy belongs to You, the owner. Unless You provide otherwise, You may exercise all rights and options of this policy while the Insured is living, subject to the rights of any Irrevocable Beneficiary or assignee.

Beneficiary

The Beneficiary named in the application, unless later changed by Written Request, is entitled to the Insurance Benefit of this policy unless prohibited by state law. If there is no valid Beneficiary designation or if no Beneficiary survives the Insured, the Insurance Benefit will be payable to the Insured's estate. Any reference to a Beneficiary living or surviving means the person must be living on the earlier of:

- the day We receive Proof of Death of the Insured; or
- the 15th day after the Insured's death.

Changing the owner or Beneficiary

While the Insured is living, You may change the owner of this policy subject to the rights of any Irrevocable Beneficiary or assignee. You may also change Your Beneficiary at any time subject to the rights of any Irrevocable Beneficiary. The written consent of each Irrevocable Beneficiary will be required as part of the Written Request. You may contact Our Home Office for a change of ownership or Beneficiary change form.

Requested changes must be in a Written Request. If Your spouse's or ex-spouse's signature is required by law, their signature will also be required on the Written Request.

No change is effective until Your Written Request is received in Our Home Office. However, upon receipt, the change will take effect on the date You signed the request, subject to any payment We make or other action We take before receipt of the request. If You change the Beneficiary, any prior settlement option selected for benefits to be paid is canceled and a new settlement agreement will need to be made.

Assignment

You may assign this policy. We will not be responsible for the validity of an assignment. The assignment must be received in a Written Request, along with the written consent of any Irrevocable Beneficiary. Until the assignment form is received, We will not be considered to

have knowledge of it. When it is filed, Your rights and those of any Beneficiary will be subject to the terms of the assignment. You may contact Our Home Office for an assignment form.

The Insurance Benefit We pay

We will pay the Insurance Benefit in accordance with this policy's provisions upon receipt of due Proof of Death of the Insured. The Insurance Benefit, determined as of the date of death, will be the total of:

- the Insurance Amount
- minus
- any unpaid loan and loan interest on the policy.

We will pay interest on the Insurance Benefit to the extent required by applicable state law.

The Cash Value of this policy

Your policy has Cash Value

The Cash Value of Your policy may be used to secure a loan. We guarantee the Cash Value as shown in the Table of Guaranteed Values, page 3. Cash Value is calculated in accordance with the Standard Nonforfeiture Law.

Upon request, We will calculate the Net Cash Value of this policy on a specified date.

The basis We used for computation

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits. The mortality and interest assumptions are shown on the Policy Data pages.

How a loan can be made

You may contact Us to request a loan while this policy has Net Cash Value. This policy will be the only security for the loan. You may borrow an amount which does not exceed the Net Cash Value.

How We calculate loan interest

The loan interest rate is an annual rate set by Us. We may change the rate on each policy anniversary. The initial interest rate on any loan will be the rate in effect on the date such loan is made. The interest rate on an outstanding loan will be changed only on a policy anniversary and will remain in effect for the following policy year.

At the end of each calendar year, We will determine the loan interest rate We will charge for the next policy year. The rate We charge will not exceed the maximum rate which is the greater of:

- the Published Monthly Average (defined below) for the calendar month ending two months before the date on which the rate is determined; or
- the rate We use to compute the cash surrender values of this policy for the same policy year plus 1 percent.

If the maximum rate that can be charged for a loan is one-half of 1 percent or more lower than the rate charged for the preceding 12-month period, the loan interest rate for the current 12-month period will be decreased to an amount equal to or less than that maximum rate.

If the maximum rate that can be charged for a loan is one-half of 1 percent or more greater than the rate charged for the preceding 12-month period, the loan interest rate for the current 12-month period may be increased but not to exceed the maximum rate.

The loan interest rate will never be greater than permitted by law.

The Published Monthly Average means:

- Moody's Corporate Bond Yield Average — Monthly Average Corporates, as published by Moody's Investors

Service, Inc., or any successor to that service; or

- if that average is no longer published, a substantially similar average, established by the insurance regulator of the state where this policy is delivered.

When You take a loan, We will tell You the initial loan interest rate. If the loan interest rate changes, We will send a notice at least 30 days prior to the effective date of the change. The notice will be mailed to You and any assignee on record at Our Home Office.

We will charge interest daily on any loan. Interest is due on each policy anniversary or when the loan is paid back if earlier. If the interest is not paid when due, it will become part of the loan. We will charge You interest on any unpaid interest at the rate then in effect.

When a loan with loan interest equals or exceeds the Cash Value, We will send a notice that Your policy will terminate within 31 days if We have not received the necessary repayment. The notice will be mailed to You and any assignee on record at Our Home Office.

How to repay a loan

You may repay a loan and unpaid loan interest at any time while the Insured is living if the policy has not been surrendered for its Net Cash Value. We will subtract any existing loan amount and unpaid loan interest when calculating the Insurance Benefit. Any unpaid loan and loan interest are also deducted when calculating the Maturity Benefit payable when the Insured attains age 120.

You may surrender Your policy

As long as this policy has Net Cash Value and while the Insured is living, You may withdraw it and surrender Your policy. In this case, all benefits will end and this policy will terminate.

How benefits are paid

While the Insured is living, You may:

- elect to surrender the policy for its Net Cash Value and have all or part of the Net Cash Value paid in a lump sum or applied to one or more of the settlement options explained below; or
- elect how the Insurance Benefit will be paid upon the Insured's death. You may have all or part of the Insurance Benefit paid in a lump sum or applied to one or more of the settlement options explained below.

If You have made a previous election on how the Insurance Benefit will be paid, You may or may not allow the Beneficiary the right to change the prior election.

If You have not made a previous election, the Beneficiary has the right to elect that all or part of the Insurance Benefit be paid in a lump sum or applied to one or more of the settlement options explained below.

All elections must be made by a Written Request. The election or change will take effect as of the date the Written Request is signed, subject to any payments made or other action taken by Us before receipt of the Written Request. We will issue a supplemental contract for the settlement option chosen, as of the date of settlement.

Any payment of the Insurance Benefit or Net Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Amounts applied under the options will be subject to the claims of creditors or to legal process to the extent permitted by law.

The settlement options are:

Option A. Life income with payments guaranteed for Life only, 10, 15, or 20 years

We will pay income payments based on the number of guaranteed payments selected and the Payee's sex and age last birthday. Income payments for this option will continue as long as the Payee lives, or until all guaranteed payments have been made, whichever is later. Guaranteed income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code.

If the Payee dies before all guaranteed income payments have been made, the remaining income payments will be paid to the Payee's beneficiary(ies) as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefit or Net Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option B. Income payments for a fixed period

We will pay income payments for the fixed period of time as elected. The fixed period can be as short as five years or as long as 30 years. Income payments cannot extend beyond the life expectancy of the Payee, as defined by the Internal Revenue Code. If the Payee dies before all income payments have been made, the remaining income payments will be paid to the Payee's beneficiary(ies) as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefit or Net Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option C. Joint and Survivor

We will pay income payments based upon the specific survivor option selected, and the age and sex of the two Payees.

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 income payments paid while both Payees were living.

Upon the death of one Payee, the selected survivor percentage will be applied to determine the amount of the remaining payments during the lifetime of the survivor. Upon the death of the survivor, income payments cease.

The monthly income payments purchased per \$1,000 of Insurance Benefit or Net Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Other options

We will apply the Insurance Benefit or Net Cash Value under any other option requested that is available. Any other option offered will be based on the interest and mortality described below in the "Basis of settlement option tables" provision.

Basis of settlement option tables

The tables on page 4 show the dollar amount of monthly income payments for each \$1,000 of Insurance Benefit or Net Cash Value. Income payments may also be available in quarterly, semi-annual, and annual installments. The tables use the Payee's age last birthday at the time the first income payment is due.

The amount of each income payment will never be less than shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1.5 percent per year. Where mortality assumptions are involved, the guaranteed factors are based on the Annuity 2000 Mortality Table. The income payments under these options may be increased as determined by Us on an equitable basis to this class of policies.

Other important information

Your contract with Us

We will provide the insurance described in this contract in consideration of payment of the required single premium. This policy, the attached copy of the application, and any attached endorsements and amendments make up the entire contract.

For any changes made in the future, You will be responsible for attaching the endorsements and/or amendments. If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

Only Our president, a vice president, or the corporate secretary can modify this contract or waive any of Our rights or requirements under it. No agent may do this. Any change or waiver We make will be made in writing to You.

When the policy is incontestable

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the Date of Issue shown on Policy Data page 2, except for nonpayment of premium. In the absence of fraud, We will not contest any information on a reinstatement of coverage application after the reinstatement has been in effect for two years during the Insured's lifetime.

No statement shall be used to contest a claim unless contained in a written application or an amendment to the application which is attached to this policy. All statements made in the application, in the absence of fraud, are representations and not warranties.

If age or sex has been misstated

If the Insured's age or sex is misstated, We will adjust any amount payable or benefit accruing under the policy to the amount the premium would have purchased at the correct age and sex. If income payments made under a settlement option were too large because of a misstatement, We will deduct the difference with interest from the payments falling due until totally repaid. If necessary, We reserve the right to demand reimbursement for such overpayment. If such payments were too small, We will add the difference with interest to the next payment due. The interest will be at the rate of 6 percent per year.

Conformity with state law

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

How the suicide exclusion affects benefits

If the Insured commits suicide, while sane or insane, within two years (one year in Colorado and Missouri) from the Date of Issue, We will limit Our payment to the premium paid minus any loan and unpaid loan interest.

We may defer payment

We may defer payment of any surrender or loan amount for up to six months after We receive Your Written Request.

How We measure policy anniversaries

We measure policy years and policy anniversaries from the Policy Date. Each policy year begins on the same day and month as the Policy Date.

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Single Premium Whole Life Insurance to Age 120

IC-150000

SERFF Tracking Number: HRCN-127138113 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48847
 Company Tracking Number: IC-150000SUB
 TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
 Product Name: Single Premium Whole Life
 Project Name/Number: /

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-----------------------|-------------------|---------------------------------------------------|--------------|--------------------------|------------------------|
| | RIC-150000 (5/11) | IC-150000 | New | | IC-150000 Premiums.pdf |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Whole Life Insurance to Age 120, Guaranteed Cost
 Single Gross Premium per \$1,000

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 18 | 111.07 | 106.64 | 140.58 |
| 19 | 115.43 | 110.82 | 145.53 |
| 20 | 119.79 | 115.00 | 150.48 |
| 21 | 124.15 | 119.18 | 155.43 |
| 22 | 128.50 | 123.36 | 160.38 |
| 23 | 132.86 | 127.55 | 165.33 |
| 24 | 137.21 | 131.73 | 170.28 |
| 25 | 141.57 | 135.91 | 175.23 |
| 26 | 146.92 | 141.04 | 181.76 |
| 27 | 152.26 | 146.17 | 188.30 |
| 28 | 157.61 | 151.31 | 194.83 |
| 29 | 162.95 | 156.44 | 201.37 |
| 30 | 168.30 | 161.57 | 207.90 |
| 31 | 174.44 | 167.46 | 214.83 |
| 32 | 180.58 | 173.35 | 221.76 |
| 33 | 186.71 | 179.25 | 228.69 |
| 34 | 192.85 | 185.14 | 235.62 |
| 35 | 198.99 | 191.03 | 242.55 |
| 36 | 206.12 | 197.87 | 251.46 |
| 37 | 213.25 | 204.71 | 260.37 |
| 38 | 220.37 | 211.56 | 269.28 |
| 39 | 227.50 | 218.40 | 278.19 |
| 40 | 234.63 | 225.24 | 287.10 |
| 41 | 242.95 | 233.22 | 297.40 |
| 42 | 251.26 | 241.21 | 307.69 |
| 43 | 259.58 | 249.19 | 317.99 |
| 44 | 267.89 | 257.18 | 328.28 |
| 45 | 276.21 | 265.16 | 338.58 |
| 46 | 285.52 | 274.09 | 349.07 |
| 47 | 294.82 | 283.03 | 359.57 |
| 48 | 304.13 | 291.96 | 370.06 |
| 49 | 313.43 | 300.90 | 380.56 |
| 50 | 322.74 | 309.83 | 391.05 |

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 51 | 333.04 | 319.71 | 403.72 |
| 52 | 343.33 | 329.60 | 416.39 |
| 53 | 353.63 | 339.48 | 429.07 |
| 54 | 363.92 | 349.37 | 441.74 |
| 55 | 374.22 | 359.25 | 454.41 |
| 56 | 386.30 | 370.85 | 467.68 |
| 57 | 398.38 | 382.44 | 480.94 |
| 58 | 410.45 | 394.04 | 494.21 |
| 59 | 422.53 | 405.63 | 507.47 |
| 60 | 434.61 | 417.23 | 520.74 |
| 61 | 446.49 | 428.63 | 534.60 |
| 62 | 458.37 | 440.04 | 548.46 |
| 63 | 470.25 | 451.44 | 562.32 |
| 64 | 482.13 | 462.85 | 576.18 |
| 65 | 494.01 | 474.25 | 590.04 |
| 66 | 507.47 | 487.18 | 603.90 |
| 67 | 520.94 | 500.10 | 617.76 |
| 68 | 534.40 | 513.03 | 631.62 |
| 69 | 547.87 | 525.95 | 645.48 |
| 70 | 561.33 | 538.88 | 659.34 |
| 71 | 574.60 | | 673.40 |
| 72 | 587.86 | | 687.46 |
| 73 | 601.13 | | 701.51 |
| 74 | 614.39 | | 715.57 |
| 75 | 627.66 | | 729.63 |
| 76 | 645.08 | | 748.44 |
| 77 | 662.51 | | 767.25 |
| 78 | 679.93 | | 786.06 |
| 79 | 697.36 | | 804.87 |
| 80 | 714.78 | | 823.68 |

Horace Mann Life Insurance Company
One Horace Mann Plaza
Springfield, Illinois 62715

Whole Life Insurance to Age 120, Guaranteed Cost
Single Gross Premium per \$1,000

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 18 | 97.02 | 93.14 | 122.76 |
| 19 | 100.98 | 96.94 | 127.71 |
| 20 | 104.94 | 100.74 | 132.66 |
| 21 | 108.90 | 104.54 | 137.61 |
| 22 | 112.86 | 108.34 | 142.56 |
| 23 | 116.82 | 112.15 | 147.51 |
| 24 | 120.78 | 115.95 | 152.46 |
| 25 | 124.74 | 119.75 | 157.41 |
| 26 | 129.49 | 124.31 | 163.15 |
| 27 | 134.24 | 128.87 | 168.89 |
| 28 | 139.00 | 133.44 | 174.64 |
| 29 | 143.75 | 138.00 | 180.38 |
| 30 | 148.50 | 142.56 | 186.12 |
| 31 | 154.04 | 147.88 | 193.25 |
| 32 | 159.59 | 153.20 | 200.38 |
| 33 | 165.13 | 158.53 | 207.50 |
| 34 | 170.68 | 163.85 | 214.63 |
| 35 | 176.22 | 169.17 | 221.76 |
| 36 | 182.95 | 175.63 | 229.48 |
| 37 | 189.68 | 182.09 | 237.20 |
| 38 | 196.42 | 188.56 | 244.93 |
| 39 | 203.15 | 195.02 | 252.65 |
| 40 | 209.88 | 201.48 | 260.37 |
| 41 | 217.40 | 208.70 | 269.48 |
| 42 | 224.93 | 215.93 | 278.59 |
| 43 | 232.45 | 223.15 | 287.69 |
| 44 | 239.98 | 230.38 | 296.80 |
| 45 | 247.50 | 237.60 | 305.91 |
| 46 | 256.01 | 245.77 | 315.02 |
| 47 | 264.53 | 253.95 | 324.13 |
| 48 | 273.04 | 262.12 | 333.23 |
| 49 | 281.56 | 270.30 | 342.34 |
| 50 | 290.07 | 278.47 | 351.45 |

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 51 | 298.98 | 287.02 | 360.76 |
| 52 | 307.89 | 295.58 | 370.06 |
| 53 | 316.80 | 304.13 | 379.37 |
| 54 | 325.71 | 312.69 | 388.67 |
| 55 | 334.62 | 321.24 | 397.98 |
| 56 | 344.52 | 330.74 | 407.88 |
| 57 | 354.42 | 340.25 | 417.78 |
| 58 | 364.32 | 349.75 | 427.68 |
| 59 | 374.22 | 359.26 | 437.58 |
| 60 | 384.12 | 368.76 | 447.48 |
| 61 | 394.61 | 378.83 | 457.18 |
| 62 | 405.11 | 388.91 | 466.88 |
| 63 | 415.60 | 398.98 | 476.59 |
| 64 | 426.10 | 409.06 | 486.29 |
| 65 | 436.59 | 419.13 | 495.99 |
| 66 | 449.26 | 431.29 | 505.69 |
| 67 | 461.93 | 443.46 | 515.39 |
| 68 | 474.61 | 455.62 | 525.10 |
| 69 | 487.28 | 467.79 | 534.80 |
| 70 | 499.95 | 479.95 | 544.50 |
| 71 | 513.61 | | 557.17 |
| 72 | 527.27 | | 569.84 |
| 73 | 540.94 | | 582.52 |
| 74 | 554.60 | | 595.19 |
| 75 | 568.26 | | 607.86 |
| 76 | 584.30 | | 624.69 |
| 77 | 600.34 | | 641.52 |
| 78 | 616.37 | | 658.35 |
| 79 | 632.41 | | 675.18 |
| 80 | 648.45 | | 692.01 |

Horace Mann Life Insurance Company
One Horace Mann Plaza
Springfield, Illinois 62715

Whole Life Insurance to Age 120, Guaranteed Cost
Single Gross Premium per \$1,000

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 0 | 62.62 | | |
| 1 | 64.64 | | |
| 2 | 66.66 | | |
| 3 | 68.68 | | |
| 4 | 70.70 | | |
| 5 | 72.72 | | |
| 6 | 75.75 | | |
| 7 | 78.78 | | |
| 8 | 81.81 | | |
| 9 | 84.84 | | |
| 10 | 87.87 | | |
| 11 | 91.30 | | |
| 12 | 94.74 | | |
| 13 | 98.17 | | |
| 14 | 101.61 | | |
| 15 | 105.04 | | |
| 16 | 108.47 | | |
| 17 | 111.91 | | |
| 18 | 115.34 | 108.78 | 143.42 |
| 19 | 118.78 | 113.05 | 148.47 |
| 20 | 122.21 | 117.32 | 153.52 |
| 21 | 126.65 | 121.59 | 158.57 |
| 22 | 131.10 | 125.85 | 163.62 |
| 23 | 135.54 | 130.12 | 168.67 |
| 24 | 139.99 | 134.38 | 173.72 |
| 25 | 144.43 | 138.65 | 178.77 |
| 26 | 149.88 | 143.89 | 185.44 |
| 27 | 155.34 | 149.12 | 192.10 |
| 28 | 160.79 | 154.36 | 198.77 |
| 29 | 166.25 | 159.59 | 205.43 |
| 30 | 171.70 | 164.83 | 212.10 |
| 31 | 177.96 | 170.84 | 219.17 |
| 32 | 184.22 | 176.85 | 226.24 |
| 33 | 190.49 | 182.87 | 233.31 |
| 34 | 196.75 | 188.88 | 240.38 |
| 35 | 203.01 | 194.89 | 247.45 |
| 36 | 210.28 | 201.87 | 256.54 |
| 37 | 217.55 | 208.85 | 265.63 |
| 38 | 224.83 | 215.84 | 274.72 |
| 39 | 232.10 | 222.82 | 283.81 |
| 40 | 239.37 | 229.80 | 292.90 |

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 41 | 247.85 | 237.94 | 303.40 |
| 42 | 256.34 | 246.09 | 313.91 |
| 43 | 264.82 | 254.23 | 324.41 |
| 44 | 273.31 | 262.38 | 334.92 |
| 45 | 281.79 | 270.52 | 345.42 |
| 46 | 291.28 | 279.63 | 356.13 |
| 47 | 300.78 | 288.75 | 366.83 |
| 48 | 310.27 | 297.86 | 377.54 |
| 49 | 319.77 | 306.98 | 388.24 |
| 50 | 329.26 | 316.09 | 398.95 |
| 51 | 339.76 | 326.17 | 411.88 |
| 52 | 350.27 | 336.26 | 424.81 |
| 53 | 360.77 | 346.34 | 437.73 |
| 54 | 371.28 | 356.43 | 450.66 |
| 55 | 381.78 | 366.51 | 463.59 |
| 56 | 394.10 | 378.34 | 477.12 |
| 57 | 406.42 | 390.17 | 490.66 |
| 58 | 418.75 | 401.99 | 504.19 |
| 59 | 431.07 | 413.82 | 517.73 |
| 60 | 443.39 | 425.65 | 531.26 |
| 61 | 455.51 | 437.29 | 545.40 |
| 62 | 467.63 | 448.92 | 559.54 |
| 63 | 479.75 | 460.56 | 573.68 |
| 64 | 491.87 | 472.19 | 587.82 |
| 65 | 503.99 | 483.83 | 601.96 |
| 66 | 517.73 | 497.02 | 616.10 |
| 67 | 531.46 | 510.20 | 630.24 |
| 68 | 545.20 | 523.39 | 644.38 |
| 69 | 558.93 | 536.57 | 658.52 |
| 70 | 572.67 | 549.76 | 672.66 |
| 71 | 586.20 | | 687.00 |
| 72 | 599.74 | | 701.34 |
| 73 | 613.27 | | 715.69 |
| 74 | 626.81 | | 730.03 |
| 75 | 640.34 | | 744.37 |
| 76 | 658.12 | | 763.56 |
| 77 | 675.89 | | 782.75 |
| 78 | 693.67 | | 801.94 |
| 79 | 711.44 | | 821.13 |
| 80 | 729.22 | | 840.32 |

Horace Mann Life Insurance Company
One Horace Mann Plaza
Springfield, Illinois 62715

Whole Life Insurance to Age 120, Guaranteed Cost
Single Gross Premium per \$1,000

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 0 | 52.52 | | |
| 1 | 54.54 | | |
| 2 | 56.56 | | |
| 3 | 58.58 | | |
| 4 | 60.60 | | |
| 5 | 62.62 | | |
| 6 | 65.04 | | |
| 7 | 67.47 | | |
| 8 | 69.89 | | |
| 9 | 72.32 | | |
| 10 | 74.74 | | |
| 11 | 77.77 | | |
| 12 | 80.80 | | |
| 13 | 83.83 | | |
| 14 | 86.86 | | |
| 15 | 89.89 | | |
| 16 | 93.32 | | |
| 17 | 96.76 | | |
| 18 | 100.19 | 95.02 | 125.24 |
| 19 | 103.63 | 98.90 | 130.29 |
| 20 | 107.06 | 102.78 | 135.34 |
| 21 | 111.10 | 106.66 | 140.39 |
| 22 | 115.14 | 110.54 | 145.44 |
| 23 | 119.18 | 114.41 | 150.49 |
| 24 | 123.22 | 118.29 | 155.54 |
| 25 | 127.26 | 122.17 | 160.59 |
| 26 | 132.11 | 126.82 | 166.45 |
| 27 | 136.96 | 131.48 | 172.31 |
| 28 | 141.80 | 136.13 | 178.16 |
| 29 | 146.65 | 140.79 | 184.02 |
| 30 | 151.50 | 145.44 | 189.88 |
| 31 | 157.16 | 150.87 | 197.15 |
| 32 | 162.81 | 156.30 | 204.42 |
| 33 | 168.47 | 161.73 | 211.70 |
| 34 | 174.12 | 167.16 | 218.97 |
| 35 | 179.78 | 172.59 | 226.24 |
| 36 | 186.65 | 179.18 | 234.12 |
| 37 | 193.52 | 185.78 | 242.00 |
| 38 | 200.38 | 192.37 | 249.87 |
| 39 | 207.25 | 198.97 | 257.75 |
| 40 | 214.12 | 205.56 | 265.63 |

| Issue Age | Guaranteed Premiums | | |
|-----------|---------------------|-----------|---------|
| | Non-tobacco | Preferred | Tobacco |
| 41 | 221.80 | 212.93 | 274.92 |
| 42 | 229.47 | 220.30 | 284.21 |
| 43 | 237.15 | 227.66 | 293.51 |
| 44 | 244.82 | 235.03 | 302.80 |
| 45 | 252.50 | 242.40 | 312.09 |
| 46 | 261.19 | 250.74 | 321.38 |
| 47 | 269.87 | 259.08 | 330.67 |
| 48 | 278.56 | 267.41 | 339.97 |
| 49 | 287.24 | 275.75 | 349.26 |
| 50 | 295.93 | 284.09 | 358.55 |
| 51 | 305.02 | 292.82 | 368.04 |
| 52 | 314.11 | 301.54 | 377.54 |
| 53 | 323.20 | 310.27 | 387.03 |
| 54 | 332.29 | 318.99 | 396.53 |
| 55 | 341.38 | 327.72 | 406.02 |
| 56 | 351.48 | 337.42 | 416.12 |
| 57 | 361.58 | 347.11 | 426.22 |
| 58 | 371.68 | 356.81 | 436.32 |
| 59 | 381.78 | 366.50 | 446.42 |
| 60 | 391.88 | 376.20 | 456.52 |
| 61 | 402.59 | 386.48 | 466.42 |
| 62 | 413.29 | 396.76 | 476.32 |
| 63 | 424.00 | 407.03 | 486.21 |
| 64 | 434.70 | 417.31 | 496.11 |
| 65 | 445.41 | 427.59 | 506.01 |
| 66 | 458.34 | 440.00 | 515.91 |
| 67 | 471.27 | 452.41 | 525.81 |
| 68 | 484.19 | 464.83 | 535.70 |
| 69 | 497.12 | 477.24 | 545.60 |
| 70 | 510.05 | 489.65 | 555.50 |
| 71 | 523.99 | | 568.43 |
| 72 | 537.93 | | 581.36 |
| 73 | 551.86 | | 594.28 |
| 74 | 565.80 | | 607.21 |
| 75 | 579.74 | | 620.14 |
| 76 | 596.10 | | 637.31 |
| 77 | 612.46 | | 654.48 |
| 78 | 628.83 | | 671.65 |
| 79 | 645.19 | | 688.82 |
| 80 | 661.55 | | 705.99 |

SERFF Tracking Number: HRCN-127138113

State: Arkansas

Filing Company: Horace Mann Life Insurance Company

State Tracking Number: 48847

Company Tracking Number: IC-150000SUB

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Single Premium Whole Life

Project Name/Number: /

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Item Status:

Status

Date:

Satisfied - Item: Application

Comments:

Attachments:

IL-L241AR.pdf

IL-L231AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Cost Disclosure

Comments:

Attachment:

SPWL Filing Copy Cost Disclosure.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of variability

Comments:

Attachment:

Statement of variability.pdf

Item Status:

Status

Date:

Satisfied - Item: Cash Values

SERFF Tracking Number: HRCN-127138113

State: Arkansas

Filing Company: Horace Mann Life Insurance Company

State Tracking Number: 48847

Company Tracking Number: IC-150000SUB

TOI: L071 Individual Life - Whole

Sub-TOI: L071.111 Single Premium - Single Life

Product Name: Single Premium Whole Life

Project Name/Number: /

Comments:

Attachment:

IC-150 CashValues.pdf

Item Status:

Status

Date:

Satisfied - Item: Guaranty Association Notice

Comments:

Attachment:

IL-M513AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Consumer Notice

Comments:

Attachment:

ILM529AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification

Comments:

Attachment:

Arkansas Certification.pdf

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
Certification for Flesch Readability Test Score

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 52.5.
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> |
|-------------|--------------------|---------------------|
|-------------|--------------------|---------------------|

Test option selected

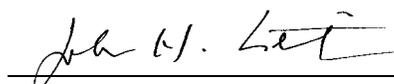
- B. 1. Test was applied to entire forms(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

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

Vice President
Officer's Title

Date: May 16, 2011

6. Nonparticipating life insurance applied for: Individual Joint Joint Equal Age (JEA) _____
 Rates applied for: Nontobacco Tobacco usage _____

Experience Life plans
 (Flexible Premium-Adjustable/Combination Life with Indeterminate Premiums)
 Experience Life **Maximizer to age 100**
 To age 100 To JEA 100

| | |
|--------------------------------------------------------|-------------------|
| | Face am't. |
| <input type="checkbox"/> Whole Life (WL) | \$ _____ |
| <input type="checkbox"/> Level Term | \$ _____ |
| <input type="checkbox"/> Decreasing Term | \$ _____ |
| <input type="checkbox"/> Paid-up Whole Life | |
| <input type="checkbox"/> Lump sum premium \$ _____ | |
| <input type="checkbox"/> Prescheduled premium \$ _____ | |

Experience Credits, if awarded on coverage, apply to:
 Policy Account (or) Paid-up additions

Optional Premium Waiver of Premium elected

| | |
|-----------------------------------------------|----------|
| <input type="checkbox"/> Lump sum premium | \$ _____ |
| <input type="checkbox"/> Prescheduled premium | \$ _____ |

| | |
|--------------------------------------------------------------------------------------------|-------------------|
| Riders/Benefits | Face am't. |
| <input type="checkbox"/> Additional Insured <input type="checkbox"/> Named Insured Insured | \$ _____ |
| <input type="checkbox"/> Nontobacco (or) <input type="checkbox"/> Tobacco usage | |
| <input type="checkbox"/> Level Term (or) <input type="checkbox"/> Decreasing Term | |
| <input type="checkbox"/> Waiver of Premium Benefit (WP) | |
| <input type="checkbox"/> Accidental Death Benefit (ADB) | \$ _____ |
| <input type="checkbox"/> Children's Term Rider (CTR) | \$ _____ |
| <input type="checkbox"/> Guaranteed Insurability Benefit (GIB) | \$ _____ |
| <input type="checkbox"/> Cost of Living Benefit (COLB) | |
| <input type="checkbox"/> _____ | \$ _____ |
| <input type="checkbox"/> _____ | \$ _____ |
| <input type="checkbox"/> _____ | |

Annual Policy Fee Variable Fixed
 If variable Policy Fee is elected, check one option:

After first policy year, apply the Policy Fee difference to purchase WL insurance. Include WP benefit if on other coverage under this policy.

After first policy year, apply the Policy Fee difference to the Policy Account.

Decrease Policy Fee after first year as stated in contract.

Level billing amount \$ _____

LifeTIME plans (Fixed Annual Policy and Rider Fee)

| | |
|-------------------------------------------------------------------------|-------------------|
| Guaranteed premium plans | Face am't. |
| Whole Life (Guaranteed Life) | \$ _____ |
| <input type="checkbox"/> To age 100 <input type="checkbox"/> To JEA 100 | |
| <input type="checkbox"/> _____ | |

| | |
|-------------------------------------------------------------------------|-------------------|
| Indeterminate premium plans | Face am't. |
| Whole Life (Combination Life) | \$ _____ |
| <input type="checkbox"/> To age 100 <input type="checkbox"/> To JEA 100 | |
| <input type="checkbox"/> _____ | |

| | |
|------------------------------------------------------|----------------------------------------------------------------|
| | Face am't. |
| Level Term | \$ _____ |
| <input type="checkbox"/> 20-Yr. Nonrenewable | <input type="checkbox"/> Rider <input type="checkbox"/> Policy |
| <input type="checkbox"/> 15-Yr. Nonrenewable | <input type="checkbox"/> Rider <input type="checkbox"/> Policy |
| <input type="checkbox"/> 10-Yr. Renewable one time | <input type="checkbox"/> Rider <input type="checkbox"/> Policy |
| <input type="checkbox"/> 5-Yr. Renewable three times | <input type="checkbox"/> Rider <input type="checkbox"/> Policy |
| <input type="checkbox"/> 5-Yr. Nonrenewable | |
| <input type="checkbox"/> _____ | |

Traditional Term plans (Fixed Annual Policy Fee)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Indeterminate premium plans | Face am't. |
| | \$ _____ |
| <input type="checkbox"/> Anew - 10-Yr. Level Term coverage, Level premium - Automatic Conversion to Whole Life at End of Term Period | |
| <input type="checkbox"/> TYLT - 10-Yr. Level Term coverage, Level premium | |
| <input type="checkbox"/> Exclusive - 15-Yr. Annual Renewable Term, Level coverage, Premium level 3 yrs. and increasing thereafter | |
| <input type="checkbox"/> Mortgage Term - Annual Decreasing coverage, Level premium | |
| <input type="checkbox"/> 10-Yr. <input type="checkbox"/> 15-Yr. <input type="checkbox"/> 20-Yr. <input type="checkbox"/> 25-Yr. <input type="checkbox"/> 30-Yr. Amortization rate <input type="checkbox"/> 8% <input type="checkbox"/> 10% <input type="checkbox"/> Other _____% | |
| <input type="checkbox"/> _____ | |

| | |
|----------------------------------------------------------------|-------------------|
| Riders/Benefits | Face am't. |
| <input type="checkbox"/> Waiver of Premium Benefit (WP) | |
| <input type="checkbox"/> Accidental Death Benefit (ADB) | \$ _____ |
| <input type="checkbox"/> Children's Term Rider (CTR) | \$ _____ |
| <input type="checkbox"/> Guaranteed Insurability Benefit (GIB) | \$ _____ |
| <input type="checkbox"/> _____ | \$ _____ |
| <input type="checkbox"/> _____ | |

| <p>7. Proposed Insured 1 Height ____ft. ____in. Weight ____lbs. Have you lost weight in the last year? <input type="checkbox"/> <input type="checkbox"/> If yes, give amount: _____</p> | Proposed 1 yes no | Insured(s) 2 yes no | <p>Proposed Insured 2 Height ____ft. ____in. Weight ____lbs. Have you lost weight in the last year? <input type="checkbox"/> <input type="checkbox"/> If yes, give amount: _____</p> | Proposed 1 yes no | Insured(s) 2 yes no | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|--------------------|---------------------------------------------------|--|--|----------------------------------------------------|--|--|--------------------------------------------------------|--|--|-----------------------------------------------------------|--|--|----------------------------------------------|--|--|--|--|
| <p>8. Have you ever had or been treated for: (If yes, explain on #20.)</p> <p>a. paralysis, epilepsy, seizures, mental or nervous disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. asthma, bronchitis, emphysema, tuberculosis or respiratory disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. blood, blood pressure or circulatory disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. heart disorder, murmur or chest pain? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. tumor, cancer or skin disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. diabetes, thyroid or glandular disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>g. arthritis, back, bone or joint disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>h. hepatitis, cirrhosis or other liver disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>i. ulcerative colitis, Crohn's disease or other digestive disorders? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>j. kidney, urinary tract or sexually transmitted diseases? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>k. impairment of sight, hearing, loss of limb, or other deformity? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | <p>12. Have you used tobacco or any other nicotine products within last 3 years? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (If yes, check type and give date last used below)</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">Proposed Insured 1</th> <th style="width:10%; text-align: center;">Proposed Insured 2</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Cigarettes (mo/yr) _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cigars/Pipe (mo/yr) _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chewing tobacco (mo/yr) _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nicotine gum/patch (mo/yr) _____</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (mo/yr) _____</td> <td></td> <td></td> </tr> </tbody> </table> | | Proposed Insured 1 | Proposed Insured 2 | <input type="checkbox"/> Cigarettes (mo/yr) _____ | | | <input type="checkbox"/> Cigars/Pipe (mo/yr) _____ | | | <input type="checkbox"/> Chewing tobacco (mo/yr) _____ | | | <input type="checkbox"/> Nicotine gum/patch (mo/yr) _____ | | | <input type="checkbox"/> Other (mo/yr) _____ | | | | |
| | Proposed Insured 1 | Proposed Insured 2 | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cigarettes (mo/yr) _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cigars/Pipe (mo/yr) _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Chewing tobacco (mo/yr) _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Nicotine gum/patch (mo/yr) _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (mo/yr) _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Are you now or have you in the last 5 years:</p> <p>a. received advice or treatment, joined a group, or been counseled for the use of alcohol? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. received advice or treatment for any disease, illness, condition or impairment related to or caused by the use of alcohol or drug dependency? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. used heroin, cocaine, barbiturates or other controlled substance, except as prescribed by a physician or licensed practitioner? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. been arrested for, indicted for, convicted of, or pled guilty to or no contest to the use or possession of any illegal narcotic, stimulant, depressant, hallucinogenic drug or other controlled substance or drug paraphernalia? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | <p>13. Within the last 5 years have you:</p> <p>a. had your driver's license suspended or revoked, had 2 or more moving violations, or been convicted of or pled guilty to 1 or more DUI/DWI violations? (If yes, furnish details on #20.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. flown as a pilot, crew member, or student pilot? Or, is such flight planned in the next 6 months? (If yes, complete aviation questionnaire.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. engaged in ballooning, parachuting, hang gliding, vehicle racing, skin or scuba diving, or any similar sport or avocation? Or, is such activity planned in the next 6 months? (If yes, complete avocation questionnaire.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | |
| <p>10. a. Have you in the last 5 years, for any reason not previously explained, had treatment or advice from any doctor, hospital, emergency service, private clinic or health professional? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. On #20, name any health care provider that holds records relative to any medical treatment or diagnostic testing that you have received or taken in the past 5 years. Indicate the name, number or other identification code under which these records are or have been held.</p> | | | <p>14. Are you now receiving treatment of any kind or are you scheduled for any surgery or medical tests? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>15. Are you currently taking any prescription medications? (If yes, provide names of drugs and dosages on #20.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>16. In the last 10 years have you:</p> <p>a. had or been told you had Acquired Immune Deficiency Syndrome ("AIDS") or AIDS related complex ("ARC")? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. had a positive result of a human immunodeficiency virus (HIV) test? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. received treatment for AIDS or ARC from a medical professional? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | |
| <p>11. a. Do you have personal and/or business life insurance? (If yes, give amounts.) Insured 1. Total amount _____ Total ADB _____ Insured 2. Total amount _____ Total ADB _____</p> <p>b. Are you now applying for life insurance to any other company? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Will this policy replace life insurance or annuities you now have? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Have you ever been unable to obtain insurance at the plan, amount or rate applied for? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | <p>17. In the last 10 years have you been convicted of, or pled guilty to or no contest to a criminal offense? (If yes, provide information on #20.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | |

18. Children proposed for CTR

(List all unmarried children age 15 days and under age 18 who reside with the Proposed Insured's household.)

| | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------|-----|--------------------------|-------|---------|--|--|--|------------|--|--|--|
| Name | Relationship to Proposed Insured(s) | Birth date(MMDDYYR) | | | | | | | | | | | | |
| <p>Have any of the children named (If yes, explain on #20.):</p> <p>a. been a patient in a hospital, clinic or emergency room within the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. had treatment or advice from a doctor within the last 3 years? <input type="checkbox"/> <input type="checkbox"/></p> <p>c. had rheumatic fever, heart murmur or asthma? <input type="checkbox"/> <input type="checkbox"/></p> <p>d. had a birth defect, mental disorder, impairment of sight, hearing or speech? <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | |
| <p>Beneficiary for CTR (Owner(s) will be beneficiary(ies) unless otherwise designated below. Give full name, address and relationship.)</p> <table border="1"> <tr> <td></td> <td>Age</td> <td>Relationship to children</td> <td>S.S.#</td> </tr> <tr> <td>Primary</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contingent</td> <td></td> <td></td> <td></td> </tr> </table> | | | | Age | Relationship to children | S.S.# | Primary | | | | Contingent | | | |
| | Age | Relationship to children | S.S.# | | | | | | | | | | | |
| Primary | | | | | | | | | | | | | | |
| Contingent | | | | | | | | | | | | | | |

19. Family History

| Name of Proposed Insured 1 | Living | | Deceased | |
|-----------------------------------|--------|-----------------|--------------|-------|
| | Age | State of health | Age at death | Cause |
| Father | | | | |
| Mother | | | | |
| Brother(s) | | | | |
| Sister(s) | | | | |
| Name of Proposed Insured 2 | | | | |
| Father | | | | |
| Mother | | | | |
| Brother(s) | | | | |
| Sister(s) | | | | |

20. Explanation for any question answered 'yes.' Instructions for completion of item #20.

For each question answered yes, provide detailed information below, such as:

- identify question number and name of proposed insured
- the condition
- activity occurred
- the date diagnosed
- the date of most recent occurrence
- the recovery date
- medicines and dosages
- completed or ongoing treatment
- the activity
- description of the activity
- the date the activity occurred
- where the activity occurred
- the result of the activity
- full name, address, and phone number of the physician and/or health care facility

Please indicate the best time to contact the proposed insured in the event additional information is needed.

| Question number | Name of proposed insured | Explanation |
|-----------------|--------------------------|-------------|
| | | |
| | | |
| | | |

21. Agreements

All Proposed Insureds and the owner(s) state that the information in this application and any medical history is true and complete to the best of their knowledge and belief and will be relied on to determine insurability.

If a receipt has been given and is in effect, its terms will apply. All Proposed Insureds and the owner(s) agree that if the required premium deposit was not submitted with the application, no insurance is in force until a policy is delivered and accepted and the premium paid and all answers in the application are still true and complete to the best of their knowledge and belief.

By accepting the policy, the owner(s) agrees to the beneficiaries named and the method of payment. No change in coverage may be made on the application unless the owner(s) agrees in writing. Only an authorized company officer may change policy provisions. Neither the agent nor a medical examiner may pass judgment on insurability.

All Proposed Insureds and owner(s) agree that they have received a copy of the following: (1) "Consumer privacy notice" which includes information about consumer reports and the Medical Information Bureau; and (2) "Acknowledgement and authorization."

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) and any minor children proposed to be insured to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician, (2) medical practitioner, (3) hospital, clinic, Veterans Administration, or other health care provider, (4) insurance company, (5) consumer reporting agency, and (6) the Medical Information Bureau. This includes all information as to any medical history; consultations; diagnosis; prognosis; prescriptions or treatments and tests; and any information regarding alcohol or drug abuse. Information obtained will be used to determine if the proposed insureds are insurable. Horace Mann Life Insurance Company may release any such information to its reinsurers and the Medical Information Bureau. This authorization is valid for 2 1/2 years from the date signed. A photocopy is as valid as the original.

To facilitate rapid submission, all such sources are authorized, except the Medical Information Bureau, to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information.

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.

I have read the above Agreements and read and approved the answers to the questions in this application as recorded. \$_____ required premium deposit is paid with this application.

Dated at _____ (city, state) on _____ (date) which is the same date the application was written, signatures received and, if applicable, the required premium deposit collected.

Signature of Proposed Insured 1 (Age 15 and over)

Signature of Proposed Insured 2 (Age 15 and over)

Signature of Parent (Required if Proposed Insured is under age 15 and a parent is not owner)

Signature of Spouse (Required in community property states if spouse is not a Proposed Insured or owner)

Signature of Owner(s) (Give title if signed on behalf of business)

Witness: _____ Agent # % _____ Agent # %
Primary agent Secondary agent

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

Life
 Application

Application for: NEW BUSINESS

Amount submitted
 with application: \$250.00

1. Proposed Insured:

JOHN DOE
 123 MAIN STREET
 ANYTOWN
 AR 12345

SS#: 123-45-6789
 DOB: 01/01/1976
 Sex: M Age: 35
 Marital Status: MARRIED

Previous Name(if changed within
 last 5 years): PRIOR
 State of Birth: IL
 Driver's License #: 0000000000000000 AR

Occupation: TEACHER
 Employer:
 ABC SCHOOL DISTRICT
 STREET ADDRESS
 CITY, ST & ZIP

2. Beneficiary(ies) for Proposed Insured(s): All insurance benefits payable under this **entire contract** will be paid to the person(s) named below as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies). The beneficiary(ies) for Children's Term Rider will be the owner(s) unless otherwise designated.

Beneficiary for Proposed Insured:

Primary:

JANE DOE
 SPOUSE AGE 32
 123 MAIN STREET
 ANYTOWN
 AR 12345 SS#: 234-56-7890

Contingent:

N/A

3. Owner(s): THE OWNER(S) OF THE ENTIRE CONTRACT, UNLESS LATER CHANGED BY THE OWNER(S), IS JOHN DOE.

4. Payor(s): JOHN DOE

5. Billing Information: EFT/COM (MONTHLY)
 School/Employer: N/A

GRP#: N/A

Is your employer paying any part of the premium for this insurance? NO

Automatic Premium Loan: NO

Annual Policy Fee: FIXED POLICY FEE

Optional Premium:
 N/A

Level Billing: N/A

6. Nonparticipating insurance plan applied for:**LIFE BY DESIGN SERIES**

SINGLE, NONTOBACCO

SINGLE PREMIUM WHOLE LIFE INSURANCE TO AGE 120.....

\$25,000

7. Rider(s)/Benefit(s) :

N/A

Information on Proposed Insured:**8. Proposed Insured:** HEIGHT 6FT 3IN, WEIGHT 195LBS

Have you lost weight in the last year? NO

9. Have you ever had or been treated for:

- a) paralysis, epilepsy, seizures, mental or nervous disorders? NO
- b) asthma, bronchitis, emphysema, tuberculosis or respiratory disorders? NO
- c) blood, blood pressure or circulatory disorders? NO
- d) heart disorder, murmur or chest pain? NO
- e) tumor, cancer or skin disorders? NO
- f) diabetes, thyroid or glandular disorders? NO
- g) arthritis, back, bone or joint disorders? NO
- h) hepatitis, cirrhosis or other liver disorders? NO
- i) ulcerative colitis, Crohn's disease or other digestive disorders? NO
- j) kidney, urinary tract or sexually transmitted diseases? NO
- k) impairment of sight, hearing, loss of limb or other deformity? NO

10. Are you now or have you in the last 5 years:

- a) received advice or treatment, joined a group, or been counseled for the use of alcohol? NO
- b) received advice or treatment for any disease, illness, condition or impairment related to or caused by the use of alcohol or drug dependency? ... NO
- c) used heroin, cocaine, barbiturates or other controlled substance, except as prescribed by a physician or licensed practitioner? NO
- d) been arrested for, indicted for, convicted of, or pled guilty to or no contest to the use or possession of any illegal narcotic, stimulant, depressant, hallucinogenic drug or other controlled substance or drug paraphernalia? NO

11. Have you in the last 5 years, for any reason not previously explained, had treatment or advice from any doctor, hospital, emergency service, private clinic or health professional? NO

12. Have you used tobacco or any other nicotine products (cigarettes, cigars, or pipe) within the last 3 years? . NO

13. Within the last 5 years have you:

- a) had your driver's license suspended or revoked, had 2 or more moving violations, or been convicted of or pled guilty to 1 or more DUI/DWI violations? NO
- b) flown as a pilot, crew member, or student pilot? Or, is such flight planned in the next 6 months? NO

- c) engaged in ballooning, parachuting, hang gliding, vehicle racing, skin or scuba diving, or any similar sport or avocation? Or, is such activity planned in the next 6 months? NO
- 14. Are you now receiving treatment of any kind or are you scheduled for any surgery or medical tests? NO
- 15. Are you currently taking any prescription medications? . NO
- 16. **In the last 10 years have you:**
 - a) had or been told you had Acquired Immune Deficiency Syndrome ("AIDS") or AIDS related complex ("ARC")? . NO
 - b) had a positive result of a human immunodeficiency virus (HIV) test? NO
 - c) received treatment for AIDS or ARC from a medical professional? NO
- 17. In the last 10 years have you been convicted of, or pled guilty to or no contest to a criminal offense? NO
- 18. a) Do you have personal and/or business life insurance? NO

| | | | |
|--------------|-----|-----------|-----|
| Total Amount | \$0 | Total ADB | \$0 |
|--------------|-----|-----------|-----|

 - b) Are you now applying for life insurance to any other company? NO
 - c) Will this policy replace life insurance or annuities you now have? NO
 - d) Have you ever been unable to obtain life insurance at the plan, amount or rate applied for? NO

19. **Explanation for any questions answered yes.**

N/A

20. **Family History:**

| | | | | |
|--------|--------|------------|----|------|
| FATHER | FATHER | LIVING AGE | 63 | GOOD |
| MOTHER | MOTHER | LIVING AGE | 65 | GOOD |

Special Request:

N/A

Agreements:

The Proposed Insured and the owner(s) state that the information in this application and any medical history is true and complete to the best of their knowledge and belief and will be relied on to determine insurability.

If a receipt has been given and is in effect, its terms will apply. The Proposed Insured and the owner(s) agree that if the required premium deposit was not submitted with the application, no insurance is in force until a policy is delivered and accepted and the premium paid and all answers in the application are still true and complete to the best of their knowledge and belief.

By accepting the policy, the owner(s) agrees to the beneficiary(ies) named and method of payment. No change in coverage may be made on the application unless the owner(s) agrees in writing. Only an authorized company officer may change policy provisions. Neither the agent nor a medical examiner may pass judgement on insurability.

The Proposed Insured and owner(s) agree that they have received a copy of the following: (1) "Consumer privacy notice" which includes information about consumer reports and the Medical Information Bureau; (2) Acknowledgement; and (3) Authorization.

The following sources are authorized to disclose medical and non-medical information about the proposed insured(s) and any minor children proposed to be insured to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) medical practitioner; (3) hospital, clinic, Veterans Administration, or other health care provider; (4) insurance company; (5) consumer reporting agency; and (6) the Medical Information Bureau. This includes all information as to any medical history; consultations; diagnosis; prognosis; prescriptions or treatments and tests; and any information regarding alcohol or drug abuse. Information obtained will be used to determine if the proposed insureds are insurable. Horace Mann Life Insurance Company may release any such information to its reinsurers and the Medical Information Bureau. This authorization is valid for 2 1/2 years from the date signed. A photocopy is as valid as the original.

To facilitate rapid submission, all such sources are authorized, except the Medical Information Bureau, to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information.

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.

I have read the Agreements and read and approved the answers to the questions in this application as recorded. \$_____ required premium deposit is paid with this application.

Dated at: _____(city, state) on _____(date) which is the same date the application was written, signatures received and, if applicable, the required premium deposit collected.

Signature of Proposed Insured
(Age 15 and over)

Signature of parent
(If Proposed Insured under age 15 and parent is not owner)

Signature of owner(s)

Signature of spouse
(Required in community property states if spouse is not an owner)

Witness: _____
Signature of agent

AGT#: 1234



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

**COST DISCLOSURE
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION**

Insured: [John Doe]
 Policy Number: [00 00000000 0]
 Date Prepared: [08-01-2011]
 Coverage: Single Premium Whole Life Insurance to Age 120
 Effective Date: [08-01-2011]
 Class: [Standard (Nontobacco), male, age 35]
 Single Premium: \$[5,175.25] (Includes \$100 policy fee [and rated premium charge])
 Loan Interest Rate: [6.00]% during first policy year*

| Policy Year | Guaranteed Death Benefit | Guaranteed Surrender Value |
|-------------|--------------------------|----------------------------|
| 1 | [\$ 25,000.00 | \$ 4,375.00 |
| 2 | 25,000.00 | 4,550.00 |
| 3 | 25,000.00 | 4,750.00 |
| 4 | 25,000.00 | 4,950.00 |
| 5 | 25,000.00 | 5,150.00 |
| 10 | 25,000.00 | 6,250.00 |
| 15 | 25,000.00 | 7,550.00 |
| 20 | 25,000.00 | 9,025.00] |
| [AGE | | |
| 60 | 25,000.00 | 10,700.00 |
| 62 | 25,000.00 | 11,400.00 |
| 65 | 25,000.00 | 12,475.00] |

Matures: [08-01-2096]

| Policy Year | Based on Single Premium | |
|-------------|-------------------------|------------------------|
| | Surrender Cost Index | Net Payment Cost Index |
| 10 | [\$ 6.60*1*] | [\$ 25.53*1*] |
| 20 | [5.42*1*] | [15.82*1*] |

NOTE: An explanation of the intended uses of these indexes is provided in the Life Insurance Buyer's Guide. These indexes include the policy fee. These indexes are useful only for the comparison of the relative costs of two or more similar policies.

* The variable loan interest rate is paid in arrears and will never be greater than that permitted by law. When a policy loan is requested, the policyowner will be notified of the initial rate of interest on the loan. The current maximum loan rate is [6.00] percent.

[*1* This amount includes extra premium charged as a result of a substandard rating.]

Agent: [Joe Agent]
 [123 Main Street]
 [Anytown, US 12345]

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

**Statement of Variability
Single Premium Whole Life Insurance to Age 120**

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

Policy Data page 2

Policy Number, Policy Date, Date of Issue, Policy Data page prepared as of, Insured, Age of Insured as of Policy Date, Gender Class of Insured, Single Premium Payment, and Maturity Date

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

Insurance Amount

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$500 and the maximum is unlimited.

Premium Class

This field is variable according to the insured's health status, sex and age.

Paragraph Following Single Premium Payment

The word "is" will be used in the first sentence when the premium class is not rated. The phrase "and rated premium charge are" will only print when the policy is issued on a rated premium class basis.

Guaranteed Values Interest Rate

The interest rate for the guaranteed values is being filed variable; however, the interest rate will not change once the policy is issued.

Year of Mortality Table

The year of the mortality table is variable in order to accommodate changes in this table in the future. Please note, we understand a rate filing would be required if we were to change the mortality table.

Table of Guaranteed Values

Insured, Policy Number, Date Prepared, Coverage effective as of, Single Premium, Attained Age, Policy year-end and Cash or loan values

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

Insurance Amount

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$500 and the maximum is unlimited.

Statement of Variability
Single Premium Whole Life Insurance to Age 120

Class

This field is variable according to the insured's health status, sex and age.

Parenthetical Following Single Premium Payment

The phrase "and rated premium charge" will only print when the policy is issued on a rated premium class basis.

Year of Mortality Table

The year of the mortality table is variable in order to accommodate changes in this table in the future. Please note, we understand a rate filing would be required if we were to change the mortality table.

Cost Disclosure

Insured, Policy Number, Date Prepared, Effective Date, Single Premium, Guaranteed Surrender Value, Matures date, Surrender Cost Index, Net Payment Cost Index and Agent.

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

Class

This field is variable according to the insured's health status, sex and age.

Parenthetical Following Single Premium Payment

The phrase "and rated premium charge" will only print when the policy is issued on a rated premium class basis.

Loan Interest Rate

The current policy loan interest rate is 6.00 percent. However, this rate will vary according to the How We calculate loan interest provision of the policy.

Guaranteed Death Benefit

This field will vary according to the insurance amount chosen by the owner. The range for this field is a minimum of \$500 and the maximum is unlimited.

Footnote *1*

This variable will only appear when the insured's coverage is issued as rated. The insurability of the insured will determine if ratings are applicable.

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 1 | 47 | 49 | 51 | 53 | 55 | 57 | 59 | 62 | 64 | 67 | 69 | 72 | 75 | 78 | 82 | 85 | 88 | 91 | 94 | 97 |
| 2 | 49 | 51 | 53 | 55 | 57 | 59 | 62 | 64 | 67 | 70 | 72 | 75 | 78 | 82 | 85 | 88 | 91 | 94 | 97 | 101 |
| 3 | 51 | 53 | 55 | 57 | 59 | 62 | 64 | 67 | 70 | 72 | 75 | 78 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 104 |
| 4 | 53 | 55 | 57 | 59 | 62 | 64 | 67 | 70 | 73 | 75 | 79 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 105 | 108 |
| 5 | 55 | 57 | 60 | 62 | 64 | 67 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 105 | 109 | 113 |
| 6 | 58 | 60 | 62 | 64 | 67 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 105 | 109 | 113 | 117 |
| 7 | 60 | 62 | 65 | 67 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 105 | 109 | 113 | 117 | 121 |
| 8 | 62 | 65 | 67 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 98 | 101 | 105 | 109 | 113 | 117 | 122 | 126 |
| 9 | 65 | 67 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 95 | 98 | 101 | 105 | 109 | 113 | 117 | 122 | 126 | 131 |
| 10 | 68 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 95 | 98 | 102 | 105 | 109 | 113 | 117 | 122 | 126 | 131 | 136 |
| 11 | 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 141 |
| 12 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 |
| 13 | 76 | 79 | 82 | 85 | 88 | 92 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 |
| 14 | 79 | 82 | 85 | 88 | 92 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 |
| 15 | 82 | 85 | 88 | 92 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 |
| 16 | 85 | 88 | 92 | 95 | 98 | 102 | 105 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 | 172 |
| 17 | 89 | 92 | 95 | 98 | 102 | 106 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 | 172 | 179 |
| 18 | 92 | 95 | 98 | 102 | 106 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 | 172 | 179 | 186 |
| 19 | 95 | 98 | 102 | 106 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 | 172 | 179 | 186 | 193 |
| 20 | 98 | 102 | 106 | 109 | 113 | 118 | 122 | 127 | 131 | 136 | 142 | 147 | 153 | 159 | 165 | 172 | 179 | 186 | 193 | 201 |
| Age 60 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 |
| Age 62 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Age 65 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 1 | 100 | 104 | 107 | 111 | 115 | 120 | 125 | 129 | 135 | 140 | 145 | 151 | 157 | 163 | 169 | 175 | 182 | 189 | 196 | 203 |
| 2 | 104 | 108 | 112 | 116 | 120 | 125 | 130 | 135 | 140 | 146 | 151 | 157 | 163 | 169 | 176 | 182 | 189 | 196 | 204 | 212 |
| 3 | 108 | 112 | 116 | 120 | 125 | 130 | 135 | 140 | 146 | 152 | 158 | 164 | 170 | 176 | 183 | 190 | 197 | 205 | 212 | 220 |
| 4 | 112 | 116 | 121 | 125 | 130 | 135 | 140 | 146 | 152 | 158 | 164 | 170 | 177 | 184 | 191 | 198 | 205 | 213 | 221 | 229 |
| 5 | 117 | 121 | 125 | 130 | 135 | 141 | 146 | 152 | 158 | 164 | 171 | 177 | 184 | 191 | 198 | 206 | 214 | 222 | 230 | 239 |
| 6 | 121 | 126 | 130 | 135 | 141 | 146 | 152 | 158 | 164 | 171 | 178 | 184 | 191 | 199 | 206 | 214 | 222 | 231 | 239 | 248 |
| 7 | 126 | 131 | 136 | 141 | 146 | 152 | 158 | 164 | 171 | 178 | 185 | 192 | 199 | 207 | 215 | 223 | 231 | 240 | 249 | 258 |
| 8 | 131 | 136 | 141 | 146 | 152 | 158 | 165 | 171 | 178 | 185 | 192 | 200 | 207 | 215 | 223 | 232 | 240 | 249 | 259 | 268 |
| 9 | 136 | 141 | 147 | 152 | 158 | 165 | 171 | 178 | 185 | 192 | 200 | 208 | 215 | 224 | 232 | 241 | 250 | 259 | 269 | 278 |
| 10 | 141 | 147 | 153 | 159 | 165 | 171 | 178 | 185 | 193 | 200 | 208 | 216 | 224 | 233 | 241 | 250 | 260 | 269 | 279 | 289 |
| 11 | 147 | 153 | 159 | 165 | 171 | 178 | 185 | 193 | 200 | 208 | 216 | 224 | 233 | 242 | 251 | 260 | 270 | 280 | 290 | 300 |
| 12 | 153 | 159 | 165 | 172 | 178 | 185 | 193 | 200 | 208 | 216 | 225 | 233 | 242 | 251 | 261 | 270 | 280 | 290 | 301 | 311 |
| 13 | 159 | 165 | 172 | 178 | 186 | 193 | 200 | 208 | 216 | 225 | 233 | 242 | 251 | 261 | 270 | 280 | 291 | 301 | 312 | 323 |
| 14 | 165 | 172 | 179 | 186 | 193 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 261 | 271 | 281 | 291 | 302 | 312 | 324 | 335 |
| 15 | 172 | 179 | 186 | 193 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 261 | 271 | 281 | 291 | 302 | 313 | 324 | 335 | 347 |
| 16 | 179 | 186 | 193 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 261 | 271 | 281 | 292 | 302 | 313 | 324 | 336 | 348 | 360 |
| 17 | 186 | 193 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 261 | 271 | 281 | 292 | 302 | 313 | 325 | 336 | 348 | 360 | 373 |
| 18 | 193 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 262 | 271 | 281 | 292 | 303 | 314 | 325 | 336 | 348 | 360 | 373 | 386 |
| 19 | 201 | 208 | 217 | 225 | 234 | 243 | 252 | 262 | 271 | 281 | 292 | 303 | 314 | 325 | 337 | 349 | 361 | 373 | 386 | 399 |
| 20 | 208 | 217 | 225 | 234 | 243 | 252 | 262 | 271 | 281 | 292 | 303 | 314 | 325 | 337 | 349 | 361 | 374 | 386 | 399 | 413 |
| Age 60 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 428 | 427 | 427 | 427 |
| Age 62 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 | 456 |
| Age 65 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 | 499 |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Non-tobacco)

| Issue Age | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| End of Policy Year | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | |
| 1 | 211 | 219 | 227 | 235 | 243 | 252 | 261 | 270 | 280 | 290 | 299 | 310 | 320 | 331 | 342 | 353 | 364 | 376 | 388 | 399 | |
| 2 | 220 | 228 | 236 | 245 | 253 | 262 | 272 | 281 | 291 | 301 | 312 | 322 | 333 | 344 | 356 | 367 | 379 | 391 | 403 | 415 | |
| 3 | 229 | 237 | 246 | 255 | 264 | 273 | 283 | 293 | 303 | 313 | 324 | 335 | 346 | 358 | 369 | 381 | 394 | 406 | 419 | 431 | |
| 4 | 238 | 247 | 256 | 265 | 274 | 284 | 294 | 305 | 315 | 326 | 337 | 348 | 360 | 372 | 384 | 396 | 409 | 422 | 435 | 447 | |
| 5 | 247 | 257 | 266 | 275 | 285 | 295 | 306 | 317 | 327 | 339 | 350 | 362 | 373 | 386 | 398 | 411 | 424 | 438 | 451 | 464 | |
| 6 | 257 | 267 | 276 | 286 | 296 | 307 | 318 | 329 | 340 | 352 | 363 | 375 | 388 | 400 | 413 | 426 | 440 | 453 | 467 | 480 | |
| 7 | 267 | 277 | 287 | 297 | 308 | 319 | 330 | 341 | 353 | 365 | 377 | 389 | 402 | 415 | 429 | 442 | 456 | 469 | 483 | 497 | |
| 8 | 278 | 288 | 298 | 309 | 320 | 331 | 342 | 354 | 366 | 378 | 391 | 404 | 417 | 430 | 444 | 457 | 471 | 486 | 499 | 513 | |
| 9 | 288 | 299 | 310 | 320 | 332 | 343 | 355 | 367 | 380 | 392 | 405 | 418 | 432 | 445 | 459 | 473 | 487 | 502 | 516 | 530 | |
| 10 | 300 | 310 | 321 | 332 | 344 | 356 | 368 | 380 | 393 | 406 | 420 | 433 | 447 | 461 | 475 | 489 | 503 | 518 | 533 | 547 | |
| 11 | 311 | 322 | 333 | 345 | 357 | 369 | 381 | 394 | 407 | 420 | 434 | 448 | 462 | 476 | 490 | 504 | 519 | 534 | 549 | 564 | |
| 12 | 323 | 334 | 346 | 357 | 369 | 382 | 395 | 408 | 421 | 435 | 449 | 463 | 477 | 491 | 505 | 520 | 535 | 550 | 566 | 581 | |
| 13 | 334 | 346 | 358 | 370 | 382 | 395 | 408 | 422 | 436 | 450 | 464 | 478 | 492 | 506 | 521 | 536 | 551 | 567 | 582 | 597 | |
| 14 | 347 | 359 | 371 | 383 | 396 | 409 | 422 | 436 | 450 | 464 | 478 | 493 | 507 | 522 | 537 | 552 | 567 | 583 | 598 | 613 | |
| 15 | 359 | 372 | 384 | 397 | 410 | 423 | 437 | 451 | 465 | 479 | 493 | 508 | 523 | 538 | 553 | 568 | 584 | 599 | 614 | 629 | |
| 16 | 372 | 385 | 397 | 410 | 424 | 437 | 451 | 465 | 480 | 494 | 509 | 523 | 538 | 554 | 569 | 584 | 600 | 615 | 630 | 645 | |
| 17 | 385 | 398 | 411 | 424 | 438 | 452 | 466 | 480 | 494 | 509 | 524 | 539 | 555 | 570 | 585 | 600 | 616 | 631 | 646 | 661 | |
| 18 | 399 | 412 | 425 | 439 | 452 | 466 | 480 | 495 | 510 | 525 | 540 | 555 | 571 | 586 | 601 | 616 | 632 | 647 | 662 | 677 | |
| 19 | 412 | 426 | 439 | 453 | 467 | 481 | 495 | 510 | 525 | 540 | 556 | 571 | 587 | 602 | 617 | 633 | 648 | 663 | 678 | 692 | |
| 20 | 426 | 440 | 454 | 468 | 482 | 496 | 511 | 526 | 541 | 556 | 572 | 587 | 603 | 618 | 633 | 648 | 663 | 678 | 693 | 708 | |
| Age 60 | 426 | 426 | 425 | 424 | 424 | 423 | 422 | 422 | 421 | 420 | 420 | 418 | 417 | 415 | 413 | 411 | 409 | 406 | 403 | 399 | |
| Age 62 | 455 | 455 | 454 | 453 | 452 | 452 | 451 | 451 | 450 | 450 | 449 | 448 | 447 | 445 | 444 | 442 | 440 | 438 | 435 | 431 | |
| Age 65 | 499 | 499 | 498 | 497 | 497 | 496 | 495 | 495 | 494 | 494 | 493 | 493 | 492 | 491 | 490 | 489 | 487 | 486 | 483 | 480 | |

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 1 | 410 | 422 | 433 | 444 | 457 | 469 | 481 | 494 | 507 | 520 | 534 | 545 | 555 | 566 | 579 | 595 | 611 | 627 | 642 | 657 | 673 |
| 2 | 427 | 438 | 450 | 462 | 474 | 487 | 500 | 513 | 526 | 539 | 553 | 564 | 574 | 585 | 599 | 615 | 631 | 647 | 663 | 679 | 695 |
| 3 | 443 | 455 | 467 | 479 | 492 | 505 | 518 | 531 | 544 | 558 | 572 | 584 | 593 | 604 | 618 | 635 | 651 | 668 | 684 | 699 | 715 |
| 4 | 460 | 472 | 484 | 496 | 509 | 523 | 536 | 550 | 563 | 577 | 591 | 603 | 612 | 622 | 637 | 654 | 670 | 687 | 703 | 718 | 734 |
| 5 | 476 | 489 | 501 | 514 | 527 | 541 | 554 | 568 | 582 | 596 | 611 | 622 | 631 | 641 | 656 | 673 | 689 | 706 | 722 | 737 | 752 |
| 6 | 493 | 505 | 518 | 531 | 545 | 558 | 572 | 586 | 600 | 614 | 629 | 641 | 650 | 660 | 674 | 692 | 709 | 726 | 741 | 754 | 768 |
| 7 | 510 | 523 | 536 | 549 | 563 | 577 | 590 | 605 | 618 | 633 | 648 | 660 | 669 | 679 | 693 | 711 | 728 | 744 | 758 | 770 | 784 |
| 8 | 527 | 540 | 553 | 567 | 581 | 595 | 609 | 623 | 637 | 652 | 667 | 678 | 687 | 697 | 712 | 730 | 746 | 761 | 775 | 786 | 799 |
| 9 | 544 | 558 | 571 | 585 | 599 | 613 | 628 | 642 | 656 | 671 | 686 | 697 | 706 | 717 | 731 | 748 | 763 | 778 | 791 | 801 | 814 |
| 10 | 562 | 575 | 589 | 603 | 617 | 632 | 646 | 661 | 675 | 689 | 704 | 715 | 725 | 735 | 749 | 765 | 780 | 794 | 805 | 816 | 827 |
| 11 | 579 | 593 | 607 | 621 | 635 | 650 | 664 | 679 | 693 | 707 | 721 | 733 | 742 | 752 | 766 | 781 | 795 | 808 | 819 | 829 | 840 |
| 12 | 595 | 610 | 624 | 639 | 653 | 668 | 682 | 696 | 710 | 724 | 738 | 749 | 759 | 769 | 782 | 796 | 809 | 820 | 831 | 840 | 851 |
| 13 | 612 | 627 | 641 | 656 | 670 | 685 | 699 | 713 | 726 | 740 | 753 | 764 | 774 | 785 | 797 | 810 | 821 | 832 | 841 | 851 | 859 |
| 14 | 628 | 643 | 658 | 672 | 687 | 701 | 715 | 728 | 742 | 754 | 767 | 779 | 789 | 799 | 810 | 822 | 832 | 842 | 851 | 859 | 866 |
| 15 | 644 | 659 | 673 | 688 | 702 | 716 | 730 | 743 | 756 | 768 | 780 | 791 | 802 | 812 | 822 | 833 | 842 | 851 | 860 | 866 | 872 |
| 16 | 660 | 674 | 689 | 703 | 717 | 731 | 744 | 757 | 769 | 781 | 792 | 803 | 813 | 823 | 833 | 842 | 851 | 860 | 866 | 872 | 878 |
| 17 | 676 | 690 | 705 | 719 | 732 | 745 | 758 | 770 | 782 | 793 | 804 | 814 | 824 | 833 | 842 | 851 | 860 | 866 | 872 | 878 | 883 |
| 18 | 691 | 706 | 720 | 733 | 747 | 759 | 772 | 783 | 795 | 805 | 815 | 825 | 834 | 843 | 852 | 860 | 866 | 872 | 878 | 883 | 889 |
| 19 | 707 | 721 | 735 | 748 | 760 | 773 | 785 | 796 | 807 | 817 | 826 | 835 | 843 | 852 | 860 | 866 | 872 | 878 | 883 | 889 | 893 |
| 20 | 722 | 735 | 749 | 761 | 774 | 786 | 797 | 807 | 817 | 827 | 835 | 844 | 852 | 860 | 866 | 872 | 878 | 883 | 889 | 893 | 898 |
| Age 62 | 427 | 422 | | | | | | | | | | | | | | | | | | | |
| Age 65 | 476 | 472 | 467 | 462 | 457 | | | | | | | | | | | | | | | | |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Tobacco)

| Issue Age | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| End of Policy Year | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | |
| 1 | 120 | 123 | 127 | 131 | 136 | 140 | 145 | 151 | 156 | 162 | 169 | 175 | 181 | 188 | 194 | 201 | 209 | 216 | 224 | 232 | |
| 2 | 124 | 128 | 132 | 136 | 141 | 146 | 151 | 157 | 163 | 169 | 175 | 182 | 189 | 195 | 202 | 210 | 217 | 225 | 233 | 242 | |
| 3 | 128 | 133 | 137 | 142 | 146 | 152 | 157 | 163 | 169 | 176 | 182 | 189 | 196 | 203 | 211 | 218 | 226 | 234 | 243 | 251 | |
| 4 | 133 | 138 | 142 | 147 | 152 | 158 | 163 | 169 | 176 | 183 | 190 | 197 | 204 | 211 | 219 | 227 | 235 | 243 | 252 | 261 | |
| 5 | 138 | 143 | 148 | 153 | 158 | 164 | 170 | 176 | 183 | 190 | 197 | 204 | 212 | 220 | 228 | 236 | 244 | 253 | 262 | 271 | |
| 6 | 143 | 148 | 153 | 158 | 164 | 170 | 176 | 183 | 190 | 197 | 205 | 212 | 220 | 228 | 236 | 245 | 254 | 263 | 272 | 282 | |
| 7 | 148 | 154 | 159 | 164 | 170 | 177 | 183 | 190 | 197 | 205 | 213 | 221 | 229 | 237 | 245 | 254 | 263 | 273 | 282 | 292 | |
| 8 | 154 | 159 | 165 | 171 | 177 | 184 | 190 | 198 | 205 | 213 | 221 | 229 | 238 | 246 | 255 | 264 | 273 | 283 | 293 | 303 | |
| 9 | 160 | 165 | 171 | 177 | 184 | 191 | 198 | 205 | 213 | 221 | 229 | 238 | 247 | 255 | 265 | 274 | 284 | 294 | 304 | 314 | |
| 10 | 166 | 171 | 178 | 184 | 191 | 198 | 205 | 213 | 221 | 230 | 238 | 247 | 256 | 265 | 275 | 284 | 294 | 304 | 315 | 325 | |
| 11 | 172 | 178 | 184 | 191 | 198 | 206 | 213 | 221 | 230 | 238 | 247 | 256 | 266 | 275 | 285 | 295 | 305 | 315 | 326 | 337 | |
| 12 | 178 | 185 | 191 | 199 | 206 | 214 | 222 | 230 | 239 | 247 | 257 | 266 | 275 | 285 | 295 | 305 | 316 | 327 | 337 | 349 | |
| 13 | 185 | 192 | 199 | 206 | 214 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 285 | 295 | 306 | 316 | 327 | 338 | 349 | 360 | |
| 14 | 192 | 199 | 206 | 214 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 316 | 327 | 338 | 349 | 361 | 372 | |
| 15 | 199 | 206 | 214 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 327 | 338 | 349 | 361 | 373 | 385 | |
| 16 | 206 | 214 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 327 | 338 | 350 | 361 | 373 | 385 | 397 | |
| 17 | 214 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 328 | 339 | 350 | 361 | 373 | 385 | 397 | 410 | |
| 18 | 222 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 328 | 339 | 350 | 362 | 373 | 386 | 398 | 410 | 422 | |
| 19 | 230 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 328 | 339 | 350 | 362 | 374 | 386 | 398 | 410 | 423 | 435 | |
| 20 | 239 | 248 | 257 | 266 | 276 | 286 | 296 | 306 | 317 | 328 | 339 | 350 | 362 | 374 | 386 | 398 | 411 | 423 | 436 | 448 | |
| Age 60 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | 489 | |
| Age 62 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | 516 | |
| Age 65 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | 556 | |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Tobacco)

| Issue Age | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| End of Policy Year | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | |
| 1 | 240 | 249 | 258 | 267 | 276 | 286 | 295 | 305 | 315 | 325 | 335 | 345 | 356 | 367 | 378 | 390 | 401 | 413 | 425 | 437 | |
| 2 | 250 | 259 | 268 | 278 | 288 | 297 | 307 | 317 | 327 | 338 | 348 | 359 | 370 | 381 | 392 | 404 | 416 | 428 | 441 | 454 | |
| 3 | 260 | 269 | 279 | 289 | 299 | 309 | 319 | 329 | 340 | 351 | 361 | 372 | 384 | 395 | 407 | 419 | 431 | 444 | 457 | 470 | |
| 4 | 270 | 280 | 290 | 300 | 310 | 320 | 331 | 342 | 353 | 364 | 375 | 386 | 398 | 409 | 421 | 434 | 447 | 459 | 473 | 486 | |
| 5 | 281 | 291 | 301 | 311 | 322 | 332 | 343 | 354 | 366 | 377 | 389 | 400 | 412 | 424 | 436 | 449 | 462 | 475 | 489 | 502 | |
| 6 | 292 | 302 | 312 | 323 | 334 | 345 | 356 | 367 | 379 | 391 | 402 | 414 | 426 | 439 | 451 | 464 | 478 | 491 | 504 | 518 | |
| 7 | 303 | 313 | 324 | 335 | 346 | 357 | 368 | 380 | 392 | 404 | 416 | 428 | 441 | 453 | 466 | 480 | 493 | 506 | 520 | 534 | |
| 8 | 314 | 324 | 335 | 346 | 358 | 369 | 381 | 393 | 405 | 418 | 430 | 442 | 455 | 468 | 481 | 495 | 508 | 521 | 535 | 549 | |
| 9 | 325 | 336 | 347 | 358 | 370 | 382 | 394 | 406 | 418 | 431 | 444 | 456 | 470 | 483 | 496 | 510 | 523 | 536 | 550 | 564 | |
| 10 | 336 | 347 | 359 | 371 | 383 | 394 | 407 | 419 | 432 | 444 | 457 | 471 | 484 | 497 | 511 | 524 | 538 | 551 | 565 | 579 | |
| 11 | 348 | 360 | 371 | 383 | 395 | 407 | 420 | 432 | 445 | 458 | 471 | 485 | 498 | 512 | 525 | 538 | 552 | 566 | 580 | 594 | |
| 12 | 360 | 372 | 384 | 396 | 408 | 420 | 433 | 445 | 458 | 471 | 485 | 498 | 512 | 525 | 539 | 552 | 566 | 580 | 594 | 608 | |
| 13 | 372 | 384 | 396 | 408 | 421 | 433 | 445 | 458 | 471 | 485 | 498 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | |
| 14 | 384 | 397 | 409 | 421 | 433 | 446 | 458 | 471 | 485 | 498 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | |
| 15 | 397 | 409 | 422 | 434 | 446 | 459 | 472 | 485 | 498 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | |
| 16 | 409 | 422 | 434 | 447 | 459 | 472 | 485 | 499 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | 663 | |
| 17 | 422 | 435 | 447 | 460 | 473 | 486 | 499 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | 663 | 676 | |
| 18 | 435 | 448 | 460 | 473 | 486 | 499 | 512 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | 663 | 676 | 690 | |
| 19 | 448 | 461 | 474 | 487 | 500 | 513 | 526 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | 663 | 676 | 690 | 703 | |
| 20 | 461 | 474 | 487 | 501 | 514 | 527 | 539 | 552 | 566 | 580 | 594 | 608 | 622 | 636 | 649 | 663 | 676 | 690 | 703 | 716 | |
| Age 60 | 488 | 488 | 487 | 487 | 486 | 486 | 485 | 485 | 485 | 485 | 485 | 485 | 484 | 483 | 481 | 480 | 478 | 475 | 473 | 470 | |
| Age 62 | 516 | 516 | 515 | 514 | 514 | 513 | 512 | 512 | 512 | 512 | 512 | 512 | 512 | 512 | 511 | 510 | 508 | 506 | 504 | 502 | |
| Age 65 | 556 | 556 | 556 | 555 | 554 | 553 | 553 | 552 | 552 | 552 | 552 | 552 | 552 | 552 | 552 | 552 | 552 | 551 | 550 | 549 | |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Male Tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 |
| 1 | 450 | 462 | 473 | 485 | 496 | 509 | 521 | 534 | 545 | 557 | 569 | 580 | 592 | 601 | 610 | 620 | 632 | 646 | 660 | 674 |
| 2 | 466 | 479 | 490 | 502 | 514 | 527 | 540 | 552 | 564 | 576 | 588 | 599 | 611 | 620 | 628 | 637 | 650 | 664 | 679 | 693 |
| 3 | 483 | 495 | 508 | 520 | 532 | 545 | 558 | 570 | 582 | 595 | 606 | 617 | 629 | 638 | 645 | 654 | 667 | 681 | 696 | 711 |
| 4 | 499 | 512 | 524 | 537 | 549 | 562 | 575 | 588 | 600 | 612 | 624 | 635 | 647 | 656 | 662 | 670 | 683 | 697 | 712 | 727 |
| 5 | 516 | 528 | 541 | 553 | 566 | 579 | 592 | 605 | 617 | 629 | 641 | 653 | 665 | 673 | 679 | 687 | 699 | 714 | 729 | 744 |
| 6 | 532 | 545 | 557 | 569 | 582 | 595 | 608 | 621 | 633 | 646 | 657 | 669 | 681 | 689 | 695 | 703 | 715 | 730 | 745 | 760 |
| 7 | 547 | 560 | 573 | 585 | 598 | 611 | 625 | 638 | 650 | 662 | 674 | 686 | 698 | 706 | 711 | 719 | 731 | 747 | 762 | 775 |
| 8 | 563 | 576 | 589 | 602 | 614 | 627 | 641 | 654 | 666 | 678 | 690 | 702 | 715 | 722 | 728 | 735 | 748 | 763 | 777 | 789 |
| 9 | 578 | 592 | 605 | 618 | 631 | 644 | 657 | 670 | 683 | 695 | 707 | 719 | 731 | 739 | 744 | 752 | 764 | 778 | 791 | 802 |
| 10 | 593 | 607 | 621 | 634 | 647 | 660 | 673 | 686 | 698 | 711 | 722 | 734 | 746 | 754 | 760 | 768 | 779 | 792 | 804 | 815 |
| 11 | 608 | 622 | 635 | 649 | 662 | 675 | 688 | 701 | 714 | 726 | 737 | 749 | 760 | 768 | 775 | 782 | 793 | 805 | 817 | 827 |
| 12 | 622 | 636 | 649 | 663 | 676 | 689 | 702 | 715 | 728 | 740 | 751 | 762 | 773 | 781 | 788 | 796 | 806 | 818 | 828 | 837 |
| 13 | 636 | 649 | 663 | 676 | 690 | 703 | 716 | 729 | 741 | 753 | 764 | 775 | 785 | 793 | 801 | 809 | 818 | 829 | 838 | 847 |
| 14 | 649 | 663 | 676 | 690 | 703 | 716 | 729 | 741 | 753 | 765 | 776 | 786 | 795 | 804 | 812 | 821 | 829 | 839 | 847 | 855 |
| 15 | 663 | 676 | 690 | 703 | 716 | 729 | 741 | 753 | 765 | 776 | 786 | 796 | 805 | 813 | 822 | 831 | 839 | 847 | 855 | 862 |
| 16 | 676 | 690 | 703 | 716 | 729 | 741 | 754 | 765 | 776 | 787 | 797 | 806 | 814 | 823 | 831 | 839 | 847 | 855 | 862 | 868 |
| 17 | 690 | 703 | 716 | 729 | 741 | 754 | 765 | 776 | 787 | 797 | 807 | 815 | 824 | 832 | 840 | 848 | 855 | 862 | 868 | 874 |
| 18 | 703 | 716 | 729 | 741 | 754 | 765 | 776 | 787 | 798 | 807 | 816 | 825 | 833 | 841 | 848 | 855 | 862 | 868 | 874 | 879 |
| 19 | 716 | 729 | 741 | 754 | 765 | 776 | 787 | 798 | 808 | 817 | 826 | 834 | 841 | 848 | 856 | 862 | 868 | 874 | 879 | 883 |
| 20 | 729 | 741 | 754 | 765 | 776 | 787 | 798 | 808 | 818 | 826 | 834 | 842 | 849 | 856 | 862 | 868 | 874 | 879 | 883 | 888 |
| Age 60 | 466 | 462 | | | | | | | | | | | | | | | | | | |
| Age 62 | 499 | 495 | 490 | 485 | | | | | | | | | | | | | | | | |
| Age 65 | 547 | 545 | 541 | 537 | 532 | 527 | 521 | | | | | | | | | | | | | |

Horace Mann Life Insurance Company
One Horace Mann Plaza
Springfield, Illinois 62715

Life Actuarial
May 16, 2011

Single Premium Whole Life Insurance to Age 120
Cash Value per \$1,000 of Insurance (Male Tobacco)

| End of Policy Year | Issue Age | | |
|--------------------------|-----------|-----|-----|
| | 78 | 79 | 80 |
| 1 | 688 | 703 | 717 |
| 2 | 708 | 723 | 737 |
| 3 | 726 | 741 | 755 |
| 4 | 742 | 757 | 771 |
| 5 | 759 | 772 | 785 |
| 6 | 774 | 786 | 798 |
| 7 | 787 | 799 | 810 |
| 8 | 801 | 812 | 823 |
| 9 | 813 | 824 | 834 |
| 10 | 825 | 836 | 845 |
| 11 | 836 | 846 | 855 |
| 12 | 846 | 855 | 862 |
| 13 | 855 | 862 | 868 |
| 14 | 862 | 868 | 874 |
| 15 | 868 | 874 | 879 |
| 16 | 874 | 879 | 883 |
| 17 | 879 | 883 | 888 |
| 18 | 883 | 888 | 892 |
| 19 | 888 | 892 | 896 |
| 20 | 892 | 896 | 900 |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 1 | 40 | 41 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 61 | 63 | 66 | 68 | 71 | 74 | 77 | 80 | 83 |
| 2 | 41 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 61 | 63 | 66 | 68 | 71 | 74 | 77 | 80 | 83 | 86 |
| 3 | 43 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 61 | 63 | 66 | 68 | 71 | 74 | 77 | 80 | 83 | 86 | 90 |
| 4 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 | 61 | 63 | 66 | 68 | 71 | 74 | 77 | 80 | 83 | 86 | 90 | 93 |
| 5 | 46 | 48 | 50 | 52 | 54 | 56 | 59 | 61 | 63 | 66 | 68 | 71 | 74 | 77 | 80 | 83 | 86 | 90 | 94 | 97 |
| 6 | 48 | 50 | 52 | 54 | 56 | 59 | 61 | 63 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 86 | 90 | 94 | 97 | 101 |
| 7 | 50 | 52 | 54 | 56 | 59 | 61 | 63 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 97 | 101 | 106 |
| 8 | 52 | 54 | 56 | 59 | 61 | 63 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 97 | 101 | 106 | 110 |
| 9 | 54 | 56 | 59 | 61 | 63 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 98 | 101 | 106 | 110 | 114 |
| 10 | 56 | 59 | 61 | 64 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 |
| 11 | 59 | 61 | 64 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 |
| 12 | 61 | 64 | 66 | 69 | 71 | 74 | 77 | 80 | 83 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 |
| 13 | 64 | 66 | 69 | 72 | 74 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 |
| 14 | 66 | 69 | 72 | 74 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 |
| 15 | 69 | 72 | 74 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 |
| 16 | 72 | 74 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 | 151 |
| 17 | 74 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 | 151 | 157 |
| 18 | 77 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 | 151 | 157 | 163 |
| 19 | 80 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 | 151 | 157 | 163 | 169 |
| 20 | 84 | 87 | 90 | 94 | 98 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 134 | 139 | 145 | 151 | 157 | 163 | 169 | 176 |
| Age 60 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 |
| Age 62 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 |
| Age 65 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 |

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 |
| 1 | 86 | 89 | 93 | 97 | 101 | 104 | 109 | 113 | 117 | 122 | 127 | 132 | 137 | 142 | 148 | 154 | 160 | 166 | 172 | 179 |
| 2 | 90 | 93 | 97 | 101 | 105 | 109 | 113 | 118 | 122 | 127 | 132 | 137 | 143 | 148 | 154 | 160 | 167 | 173 | 180 | 187 |
| 3 | 93 | 97 | 101 | 105 | 109 | 113 | 118 | 123 | 127 | 132 | 138 | 143 | 149 | 155 | 161 | 167 | 174 | 180 | 187 | 194 |
| 4 | 97 | 101 | 105 | 109 | 114 | 118 | 123 | 128 | 133 | 138 | 143 | 149 | 155 | 161 | 167 | 174 | 181 | 188 | 195 | 202 |
| 5 | 101 | 105 | 110 | 114 | 118 | 123 | 128 | 133 | 138 | 144 | 149 | 155 | 161 | 168 | 174 | 181 | 188 | 195 | 203 | 211 |
| 6 | 105 | 110 | 114 | 119 | 123 | 128 | 133 | 138 | 144 | 150 | 155 | 162 | 168 | 175 | 181 | 189 | 196 | 203 | 211 | 219 |
| 7 | 110 | 114 | 119 | 123 | 128 | 133 | 139 | 144 | 150 | 156 | 162 | 168 | 175 | 182 | 189 | 196 | 204 | 212 | 220 | 228 |
| 8 | 114 | 119 | 124 | 129 | 134 | 139 | 144 | 150 | 156 | 162 | 168 | 175 | 182 | 189 | 197 | 204 | 212 | 220 | 229 | 237 |
| 9 | 119 | 124 | 129 | 134 | 139 | 145 | 150 | 156 | 162 | 169 | 175 | 182 | 189 | 197 | 204 | 212 | 221 | 229 | 238 | 246 |
| 10 | 124 | 129 | 134 | 139 | 145 | 150 | 156 | 162 | 169 | 176 | 182 | 190 | 197 | 205 | 213 | 221 | 229 | 238 | 247 | 256 |
| 11 | 129 | 134 | 139 | 145 | 150 | 156 | 163 | 169 | 176 | 183 | 190 | 197 | 205 | 213 | 221 | 229 | 238 | 247 | 256 | 266 |
| 12 | 134 | 139 | 145 | 151 | 157 | 163 | 169 | 176 | 183 | 190 | 197 | 205 | 213 | 221 | 230 | 238 | 247 | 257 | 266 | 276 |
| 13 | 139 | 145 | 151 | 157 | 163 | 169 | 176 | 183 | 190 | 197 | 205 | 213 | 221 | 230 | 239 | 248 | 257 | 266 | 276 | 286 |
| 14 | 145 | 151 | 157 | 163 | 169 | 176 | 183 | 190 | 198 | 205 | 213 | 222 | 230 | 239 | 248 | 257 | 267 | 276 | 286 | 296 |
| 15 | 151 | 157 | 163 | 169 | 176 | 183 | 190 | 198 | 205 | 213 | 222 | 230 | 239 | 248 | 257 | 267 | 276 | 286 | 297 | 307 |
| 16 | 157 | 163 | 169 | 176 | 183 | 190 | 198 | 205 | 213 | 222 | 230 | 239 | 248 | 257 | 267 | 277 | 287 | 297 | 307 | 318 |
| 17 | 163 | 169 | 176 | 183 | 190 | 198 | 205 | 214 | 222 | 230 | 239 | 248 | 258 | 267 | 277 | 287 | 297 | 308 | 318 | 329 |
| 18 | 169 | 176 | 183 | 190 | 198 | 206 | 214 | 222 | 230 | 239 | 248 | 258 | 267 | 277 | 287 | 297 | 308 | 318 | 329 | 341 |
| 19 | 176 | 183 | 190 | 198 | 206 | 214 | 222 | 230 | 239 | 248 | 258 | 267 | 277 | 287 | 297 | 308 | 319 | 330 | 341 | 352 |
| 20 | 183 | 190 | 198 | 206 | 214 | 222 | 230 | 239 | 248 | 258 | 267 | 277 | 287 | 298 | 308 | 319 | 330 | 341 | 352 | 364 |
| Age 60 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 | 376 |
| Age 62 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 401 |
| Age 65 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 |
| 1 | 186 | 193 | 201 | 208 | 216 | 224 | 232 | 241 | 249 | 257 | 266 | 275 | 284 | 293 | 302 | 312 | 321 | 332 | 342 | 352 |
| 2 | 194 | 201 | 209 | 217 | 225 | 233 | 242 | 250 | 259 | 268 | 277 | 286 | 295 | 304 | 314 | 324 | 334 | 345 | 355 | 366 |
| 3 | 202 | 210 | 218 | 226 | 234 | 243 | 252 | 260 | 269 | 279 | 288 | 297 | 307 | 316 | 326 | 337 | 347 | 358 | 369 | 380 |
| 4 | 210 | 218 | 226 | 235 | 244 | 252 | 262 | 271 | 280 | 290 | 299 | 309 | 319 | 329 | 339 | 350 | 361 | 372 | 383 | 395 |
| 5 | 219 | 227 | 236 | 244 | 253 | 262 | 272 | 281 | 291 | 301 | 311 | 321 | 331 | 341 | 352 | 363 | 374 | 386 | 398 | 410 |
| 6 | 228 | 236 | 245 | 254 | 263 | 273 | 282 | 292 | 302 | 312 | 322 | 333 | 343 | 354 | 365 | 377 | 388 | 400 | 412 | 425 |
| 7 | 237 | 245 | 255 | 264 | 273 | 283 | 293 | 303 | 313 | 324 | 335 | 345 | 356 | 367 | 379 | 391 | 403 | 415 | 427 | 440 |
| 8 | 246 | 255 | 264 | 274 | 284 | 294 | 304 | 315 | 325 | 336 | 347 | 358 | 369 | 381 | 393 | 405 | 417 | 430 | 442 | 455 |
| 9 | 256 | 265 | 275 | 284 | 295 | 305 | 315 | 326 | 337 | 348 | 359 | 371 | 383 | 394 | 407 | 419 | 432 | 445 | 458 | 471 |
| 10 | 265 | 275 | 285 | 295 | 305 | 316 | 327 | 338 | 349 | 361 | 372 | 384 | 396 | 408 | 421 | 434 | 447 | 460 | 473 | 487 |
| 11 | 275 | 285 | 296 | 306 | 317 | 328 | 339 | 350 | 362 | 373 | 385 | 397 | 410 | 422 | 435 | 449 | 462 | 475 | 489 | 503 |
| 12 | 286 | 296 | 306 | 317 | 328 | 339 | 351 | 362 | 374 | 386 | 398 | 411 | 424 | 437 | 450 | 463 | 477 | 491 | 505 | 519 |
| 13 | 296 | 307 | 317 | 328 | 340 | 351 | 363 | 375 | 387 | 399 | 412 | 425 | 438 | 451 | 465 | 478 | 492 | 506 | 521 | 535 |
| 14 | 307 | 318 | 329 | 340 | 352 | 363 | 375 | 387 | 400 | 412 | 425 | 439 | 452 | 466 | 479 | 493 | 508 | 522 | 536 | 550 |
| 15 | 318 | 329 | 340 | 352 | 364 | 376 | 388 | 400 | 413 | 426 | 439 | 453 | 466 | 480 | 494 | 509 | 523 | 537 | 552 | 566 |
| 16 | 329 | 340 | 352 | 364 | 376 | 388 | 401 | 413 | 426 | 439 | 453 | 467 | 481 | 495 | 509 | 524 | 538 | 553 | 567 | 581 |
| 17 | 341 | 352 | 364 | 376 | 388 | 401 | 414 | 426 | 440 | 453 | 467 | 481 | 495 | 509 | 524 | 539 | 553 | 568 | 582 | 596 |
| 18 | 352 | 364 | 376 | 388 | 401 | 414 | 427 | 440 | 453 | 467 | 481 | 495 | 509 | 524 | 539 | 553 | 568 | 583 | 597 | 611 |
| 19 | 364 | 376 | 388 | 401 | 414 | 427 | 440 | 453 | 467 | 481 | 495 | 510 | 524 | 539 | 553 | 568 | 583 | 598 | 612 | 627 |
| 20 | 376 | 388 | 401 | 414 | 427 | 440 | 453 | 467 | 481 | 495 | 510 | 524 | 539 | 553 | 568 | 583 | 598 | 613 | 627 | 642 |
| Age 60 | 376 | 376 | 376 | 376 | 376 | 376 | 375 | 375 | 374 | 373 | 372 | 371 | 369 | 367 | 365 | 363 | 361 | 358 | 355 | 352 |
| Age 62 | 401 | 401 | 401 | 401 | 401 | 401 | 401 | 400 | 400 | 399 | 398 | 397 | 396 | 394 | 393 | 391 | 388 | 386 | 383 | 380 |
| Age 65 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 439 | 439 | 439 | 438 | 437 | 435 | 434 | 432 | 430 | 427 | 425 |

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Non-tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | | |
|--------------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 |
| 1 | 363 | 374 | 385 | 396 | 407 | 418 | 430 | 442 | 454 | 467 | 480 | 493 | 506 | 520 | 534 | 548 | 563 | 578 | 593 | 608 | 624 |
| 2 | 377 | 389 | 400 | 411 | 423 | 434 | 446 | 459 | 471 | 484 | 498 | 511 | 525 | 539 | 553 | 568 | 583 | 598 | 613 | 628 | 643 |
| 3 | 392 | 403 | 415 | 427 | 439 | 451 | 463 | 476 | 489 | 502 | 516 | 530 | 544 | 558 | 573 | 588 | 603 | 618 | 633 | 648 | 663 |
| 4 | 407 | 419 | 431 | 443 | 455 | 467 | 480 | 494 | 507 | 521 | 535 | 549 | 563 | 578 | 593 | 608 | 623 | 638 | 652 | 667 | 682 |
| 5 | 422 | 434 | 447 | 459 | 472 | 485 | 498 | 511 | 525 | 539 | 554 | 568 | 582 | 597 | 612 | 627 | 642 | 657 | 672 | 686 | 700 |
| 6 | 437 | 450 | 463 | 476 | 489 | 502 | 516 | 530 | 544 | 558 | 572 | 587 | 601 | 616 | 631 | 646 | 661 | 676 | 690 | 704 | 718 |
| 7 | 453 | 466 | 479 | 492 | 506 | 519 | 533 | 548 | 562 | 577 | 591 | 606 | 620 | 635 | 650 | 665 | 679 | 694 | 708 | 721 | 735 |
| 8 | 469 | 482 | 496 | 509 | 523 | 537 | 551 | 565 | 580 | 595 | 609 | 624 | 638 | 653 | 668 | 682 | 697 | 711 | 724 | 738 | 751 |
| 9 | 485 | 498 | 512 | 526 | 540 | 554 | 568 | 583 | 598 | 612 | 627 | 641 | 656 | 670 | 685 | 699 | 713 | 727 | 740 | 753 | 766 |
| 10 | 501 | 515 | 529 | 543 | 557 | 571 | 585 | 600 | 615 | 630 | 644 | 658 | 672 | 686 | 701 | 715 | 728 | 742 | 755 | 767 | 779 |
| 11 | 517 | 531 | 545 | 559 | 574 | 588 | 602 | 617 | 632 | 646 | 661 | 674 | 688 | 702 | 716 | 729 | 743 | 756 | 768 | 780 | 792 |
| 12 | 533 | 547 | 562 | 576 | 590 | 604 | 619 | 633 | 648 | 662 | 676 | 690 | 703 | 716 | 729 | 743 | 756 | 768 | 780 | 792 | 803 |
| 13 | 549 | 563 | 578 | 592 | 606 | 620 | 634 | 649 | 663 | 677 | 691 | 704 | 717 | 730 | 743 | 756 | 768 | 780 | 792 | 803 | 814 |
| 14 | 565 | 579 | 593 | 608 | 621 | 635 | 649 | 664 | 678 | 691 | 705 | 718 | 730 | 743 | 756 | 768 | 780 | 792 | 803 | 814 | 825 |
| 15 | 580 | 595 | 609 | 623 | 636 | 650 | 664 | 678 | 692 | 705 | 719 | 731 | 744 | 756 | 768 | 780 | 792 | 804 | 815 | 825 | 835 |
| 16 | 596 | 610 | 624 | 638 | 651 | 665 | 678 | 692 | 706 | 719 | 732 | 745 | 757 | 769 | 780 | 792 | 804 | 815 | 825 | 835 | 845 |
| 17 | 611 | 625 | 639 | 653 | 666 | 679 | 693 | 706 | 720 | 733 | 746 | 758 | 769 | 781 | 792 | 804 | 815 | 825 | 835 | 845 | 854 |
| 18 | 626 | 640 | 654 | 667 | 681 | 694 | 707 | 720 | 734 | 746 | 759 | 770 | 782 | 793 | 804 | 815 | 825 | 835 | 845 | 855 | 863 |
| 19 | 641 | 655 | 669 | 682 | 695 | 708 | 721 | 734 | 747 | 760 | 772 | 783 | 794 | 804 | 815 | 825 | 836 | 845 | 855 | 863 | 871 |
| 20 | 656 | 670 | 683 | 697 | 710 | 722 | 735 | 748 | 760 | 773 | 784 | 795 | 805 | 815 | 825 | 836 | 845 | 855 | 863 | 872 | 879 |
| Age 62 | 377 | 374 | | | | | | | | | | | | | | | | | | | |
| Age 65 | 422 | 419 | 415 | 411 | 407 | | | | | | | | | | | | | | | | |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 |
| 1 | 103 | 107 | 111 | 115 | 120 | 124 | 129 | 134 | 139 | 145 | 150 | 156 | 162 | 168 | 175 | 181 | 188 | 196 | 203 | 210 |
| 2 | 107 | 111 | 116 | 120 | 125 | 130 | 135 | 140 | 145 | 151 | 156 | 162 | 169 | 175 | 182 | 189 | 196 | 204 | 211 | 219 |
| 3 | 111 | 116 | 120 | 125 | 130 | 135 | 140 | 146 | 151 | 157 | 163 | 169 | 176 | 182 | 189 | 197 | 204 | 212 | 220 | 228 |
| 4 | 116 | 120 | 125 | 130 | 135 | 141 | 146 | 152 | 158 | 164 | 170 | 176 | 183 | 190 | 197 | 205 | 213 | 221 | 229 | 238 |
| 5 | 121 | 125 | 130 | 136 | 141 | 146 | 152 | 158 | 164 | 170 | 177 | 183 | 190 | 198 | 205 | 213 | 221 | 230 | 238 | 247 |
| 6 | 126 | 131 | 136 | 141 | 147 | 152 | 158 | 164 | 171 | 177 | 184 | 191 | 198 | 206 | 214 | 222 | 230 | 239 | 248 | 257 |
| 7 | 131 | 136 | 141 | 147 | 153 | 159 | 165 | 171 | 177 | 184 | 191 | 198 | 206 | 214 | 222 | 231 | 240 | 249 | 258 | 267 |
| 8 | 136 | 141 | 147 | 153 | 159 | 165 | 171 | 178 | 185 | 192 | 199 | 206 | 214 | 222 | 231 | 240 | 249 | 258 | 268 | 277 |
| 9 | 141 | 147 | 153 | 159 | 165 | 171 | 178 | 185 | 192 | 199 | 207 | 215 | 223 | 231 | 240 | 249 | 259 | 268 | 278 | 288 |
| 10 | 147 | 153 | 159 | 165 | 172 | 178 | 185 | 192 | 199 | 207 | 215 | 223 | 231 | 240 | 249 | 259 | 269 | 278 | 288 | 298 |
| 11 | 153 | 159 | 165 | 172 | 178 | 185 | 192 | 200 | 207 | 215 | 223 | 232 | 241 | 250 | 259 | 269 | 279 | 289 | 299 | 309 |
| 12 | 159 | 165 | 172 | 179 | 185 | 192 | 200 | 207 | 215 | 223 | 232 | 241 | 250 | 259 | 269 | 279 | 289 | 299 | 310 | 320 |
| 13 | 165 | 172 | 179 | 185 | 193 | 200 | 208 | 215 | 224 | 232 | 241 | 250 | 259 | 269 | 279 | 289 | 300 | 310 | 321 | 332 |
| 14 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 224 | 232 | 241 | 250 | 259 | 269 | 279 | 289 | 300 | 310 | 321 | 332 | 343 |
| 15 | 179 | 186 | 193 | 200 | 208 | 216 | 224 | 232 | 241 | 250 | 259 | 269 | 279 | 289 | 300 | 310 | 321 | 332 | 343 | 354 |
| 16 | 186 | 193 | 200 | 208 | 216 | 224 | 232 | 241 | 250 | 260 | 269 | 279 | 289 | 300 | 311 | 321 | 332 | 344 | 355 | 366 |
| 17 | 193 | 200 | 208 | 216 | 224 | 232 | 241 | 250 | 260 | 269 | 279 | 289 | 300 | 311 | 321 | 332 | 344 | 355 | 366 | 378 |
| 18 | 200 | 208 | 216 | 224 | 232 | 241 | 250 | 260 | 269 | 279 | 289 | 300 | 311 | 321 | 332 | 344 | 355 | 366 | 378 | 390 |
| 19 | 208 | 216 | 224 | 232 | 241 | 250 | 260 | 269 | 279 | 289 | 300 | 311 | 321 | 332 | 344 | 355 | 366 | 378 | 390 | 402 |
| 20 | 216 | 224 | 232 | 241 | 250 | 260 | 269 | 279 | 289 | 300 | 311 | 321 | 332 | 344 | 355 | 366 | 378 | 390 | 402 | 413 |
| Age 60 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 | 450 |
| Age 62 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 | 475 |
| Age 65 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 |

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Tobacco)

| End of Policy Year | Issue Age | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 |
| 1 | 218 | 226 | 234 | 243 | 251 | 260 | 270 | 279 | 288 | 298 | 307 | 317 | 326 | 335 | 345 | 354 | 364 | 374 | 384 | 394 |
| 2 | 227 | 235 | 244 | 253 | 262 | 271 | 280 | 290 | 300 | 309 | 319 | 329 | 338 | 348 | 358 | 367 | 378 | 388 | 398 | 408 |
| 3 | 236 | 245 | 254 | 263 | 272 | 282 | 291 | 301 | 311 | 321 | 331 | 341 | 351 | 361 | 371 | 381 | 391 | 401 | 412 | 423 |
| 4 | 246 | 255 | 264 | 273 | 283 | 293 | 303 | 313 | 323 | 333 | 343 | 354 | 364 | 374 | 384 | 394 | 405 | 415 | 426 | 437 |
| 5 | 256 | 265 | 274 | 284 | 294 | 304 | 314 | 324 | 335 | 345 | 356 | 366 | 377 | 387 | 397 | 408 | 419 | 430 | 441 | 452 |
| 6 | 266 | 275 | 285 | 295 | 305 | 315 | 326 | 336 | 347 | 358 | 368 | 379 | 390 | 400 | 411 | 422 | 433 | 444 | 455 | 467 |
| 7 | 276 | 286 | 296 | 306 | 316 | 327 | 337 | 348 | 359 | 370 | 381 | 392 | 403 | 414 | 425 | 436 | 447 | 459 | 470 | 482 |
| 8 | 287 | 297 | 307 | 317 | 328 | 338 | 349 | 360 | 371 | 382 | 394 | 405 | 416 | 427 | 438 | 450 | 461 | 473 | 485 | 497 |
| 9 | 298 | 308 | 318 | 329 | 339 | 350 | 361 | 372 | 384 | 395 | 406 | 418 | 429 | 441 | 452 | 464 | 476 | 488 | 500 | 512 |
| 10 | 308 | 319 | 329 | 340 | 351 | 362 | 373 | 385 | 396 | 408 | 419 | 431 | 443 | 454 | 466 | 478 | 490 | 503 | 515 | 528 |
| 11 | 320 | 330 | 341 | 352 | 363 | 374 | 386 | 397 | 409 | 421 | 432 | 444 | 456 | 468 | 480 | 492 | 504 | 517 | 530 | 543 |
| 12 | 331 | 342 | 353 | 364 | 375 | 387 | 398 | 410 | 422 | 434 | 445 | 457 | 470 | 482 | 494 | 506 | 519 | 532 | 544 | 557 |
| 13 | 342 | 353 | 364 | 376 | 387 | 399 | 411 | 423 | 435 | 447 | 459 | 471 | 483 | 495 | 508 | 520 | 533 | 546 | 559 | 572 |
| 14 | 354 | 365 | 376 | 388 | 400 | 411 | 423 | 435 | 447 | 460 | 472 | 484 | 497 | 509 | 521 | 534 | 547 | 560 | 573 | 586 |
| 15 | 366 | 377 | 388 | 400 | 412 | 424 | 436 | 448 | 460 | 473 | 485 | 498 | 510 | 523 | 535 | 548 | 561 | 574 | 587 | 600 |
| 16 | 377 | 389 | 401 | 412 | 424 | 436 | 449 | 461 | 473 | 486 | 498 | 511 | 524 | 536 | 549 | 562 | 575 | 588 | 601 | 614 |
| 17 | 389 | 401 | 413 | 425 | 437 | 449 | 461 | 474 | 486 | 499 | 512 | 524 | 537 | 550 | 563 | 576 | 589 | 602 | 615 | 628 |
| 18 | 401 | 413 | 425 | 437 | 449 | 462 | 474 | 487 | 499 | 512 | 525 | 538 | 551 | 564 | 577 | 590 | 603 | 616 | 629 | 642 |
| 19 | 413 | 425 | 437 | 450 | 462 | 475 | 487 | 500 | 513 | 525 | 538 | 551 | 564 | 577 | 590 | 604 | 617 | 630 | 643 | 655 |
| 20 | 425 | 438 | 450 | 462 | 475 | 487 | 500 | 513 | 526 | 539 | 552 | 565 | 578 | 591 | 604 | 617 | 630 | 643 | 656 | 669 |
| Age 60 | 450 | 450 | 450 | 450 | 449 | 449 | 449 | 448 | 447 | 447 | 445 | 444 | 443 | 441 | 438 | 436 | 433 | 430 | 426 | 423 |
| Age 62 | 475 | 475 | 475 | 475 | 475 | 475 | 474 | 474 | 473 | 473 | 472 | 471 | 470 | 468 | 466 | 464 | 461 | 459 | 455 | 452 |
| Age 65 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 513 | 512 | 512 | 511 | 510 | 509 | 508 | 506 | 504 | 503 | 500 | 497 |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Tobacco)

Issue Age

| End of Policy Year | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 |
|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | 404 | 414 | 425 | 435 | 446 | 456 | 466 | 476 | 486 | 496 | 505 | 515 | 525 | 536 | 546 | 556 | 566 | 579 | 592 | 606 |
| 2 | 419 | 430 | 440 | 451 | 462 | 472 | 483 | 493 | 503 | 513 | 523 | 533 | 544 | 554 | 564 | 575 | 586 | 598 | 612 | 626 |
| 3 | 433 | 445 | 456 | 467 | 478 | 489 | 500 | 510 | 520 | 531 | 541 | 552 | 562 | 573 | 583 | 594 | 605 | 617 | 631 | 645 |
| 4 | 448 | 460 | 471 | 483 | 494 | 506 | 517 | 528 | 538 | 549 | 560 | 570 | 581 | 592 | 602 | 613 | 624 | 636 | 650 | 663 |
| 5 | 464 | 475 | 487 | 499 | 511 | 522 | 534 | 545 | 556 | 567 | 578 | 589 | 600 | 611 | 621 | 632 | 642 | 654 | 668 | 681 |
| 6 | 479 | 491 | 503 | 515 | 527 | 539 | 551 | 563 | 574 | 585 | 596 | 608 | 618 | 629 | 639 | 650 | 660 | 672 | 685 | 698 |
| 7 | 494 | 506 | 519 | 531 | 544 | 556 | 568 | 580 | 591 | 603 | 614 | 625 | 636 | 647 | 657 | 667 | 677 | 689 | 702 | 714 |
| 8 | 510 | 522 | 535 | 547 | 560 | 573 | 585 | 597 | 609 | 620 | 632 | 643 | 654 | 664 | 674 | 684 | 694 | 705 | 717 | 729 |
| 9 | 525 | 538 | 550 | 563 | 576 | 589 | 601 | 613 | 625 | 637 | 648 | 659 | 670 | 680 | 690 | 699 | 709 | 720 | 732 | 743 |
| 10 | 540 | 553 | 566 | 579 | 592 | 604 | 617 | 629 | 641 | 653 | 664 | 675 | 686 | 695 | 705 | 714 | 723 | 734 | 745 | 756 |
| 11 | 555 | 568 | 581 | 594 | 607 | 620 | 632 | 644 | 656 | 668 | 679 | 690 | 700 | 710 | 719 | 728 | 737 | 746 | 757 | 768 |
| 12 | 570 | 583 | 596 | 609 | 622 | 634 | 647 | 659 | 670 | 682 | 693 | 703 | 713 | 723 | 731 | 740 | 749 | 758 | 769 | 780 |
| 13 | 585 | 598 | 611 | 624 | 636 | 649 | 660 | 672 | 684 | 695 | 706 | 716 | 726 | 734 | 743 | 751 | 760 | 770 | 780 | 791 |
| 14 | 599 | 612 | 625 | 638 | 650 | 662 | 673 | 685 | 696 | 707 | 717 | 727 | 737 | 746 | 754 | 762 | 771 | 781 | 791 | 801 |
| 15 | 613 | 626 | 639 | 651 | 663 | 675 | 686 | 697 | 708 | 719 | 729 | 739 | 748 | 757 | 765 | 774 | 782 | 792 | 802 | 811 |
| 16 | 627 | 640 | 652 | 664 | 676 | 687 | 698 | 709 | 720 | 730 | 740 | 750 | 759 | 768 | 776 | 784 | 793 | 802 | 812 | 821 |
| 17 | 641 | 653 | 665 | 677 | 689 | 700 | 711 | 721 | 731 | 741 | 751 | 761 | 770 | 778 | 786 | 794 | 803 | 812 | 821 | 831 |
| 18 | 654 | 666 | 678 | 690 | 701 | 712 | 723 | 733 | 742 | 752 | 762 | 771 | 780 | 789 | 797 | 805 | 813 | 822 | 831 | 840 |
| 19 | 668 | 679 | 691 | 703 | 714 | 724 | 734 | 744 | 753 | 763 | 773 | 782 | 791 | 799 | 807 | 815 | 823 | 831 | 840 | 849 |
| 20 | 681 | 692 | 704 | 715 | 726 | 736 | 746 | 755 | 764 | 774 | 783 | 792 | 801 | 809 | 817 | 824 | 832 | 841 | 849 | 858 |
| Age 60 | 419 | 414 | | | | | | | | | | | | | | | | | | |
| Age 62 | 448 | 445 | 440 | 435 | | | | | | | | | | | | | | | | |
| Age 65 | 494 | 491 | 487 | 483 | 478 | 472 | 466 | | | | | | | | | | | | | |

Horace Mann Life Insurance Company
 One Horace Mann Plaza
 Springfield, Illinois 62715

Life Actuarial
 May 16, 2011

Single Premium Whole Life Insurance to Age 120
 Cash Value per \$1,000 of Insurance (Female Tobacco)

| End of Policy Year | Issue Age | | |
|--------------------------|-----------|-----|-----|
| | 78 | 79 | 80 |
| 1 | 621 | 636 | 651 |
| 2 | 640 | 655 | 669 |
| 3 | 659 | 673 | 687 |
| 4 | 677 | 691 | 705 |
| 5 | 695 | 708 | 721 |
| 6 | 711 | 724 | 737 |
| 7 | 727 | 739 | 752 |
| 8 | 741 | 753 | 765 |
| 9 | 755 | 766 | 778 |
| 10 | 767 | 778 | 789 |
| 11 | 779 | 790 | 800 |
| 12 | 790 | 800 | 810 |
| 13 | 801 | 810 | 820 |
| 14 | 811 | 820 | 830 |
| 15 | 821 | 830 | 839 |
| 16 | 830 | 839 | 848 |
| 17 | 840 | 848 | 857 |
| 18 | 849 | 857 | 865 |
| 19 | 858 | 866 | 873 |
| 20 | 866 | 874 | 880 |

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 — no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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.

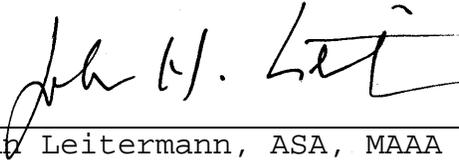
If You need additional assistance, please contact the office of Consumer Services, The Horace Mann Companies, P.O. Box 4657, Springfield, Illinois 62708-4657, 1-800-999-1030.

Also, the Arkansas Insurance Department maintains a Consumer Service Division at 1200 West Third Street, Little Rock, Arkansas 72201-1904, (501)371-2640 or 1-800-852-5494.

HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, IL 62715

CERTIFICATION

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance Regulation 19 as well as with the applicable statutes, regulations and bulletins of the state of Arkansas.



John Leitermann, ASA, MAAA

May 31, 2011

Date