

SERFF Tracking Number: HRCN-127174503 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48897
 Company Tracking Number: IC-350000
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term to Age 65
 Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Level Term to Age 65

SERFF Tr Num: HRCN-127174503 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 48897

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: IC-350000

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 06/07/2011

Date Submitted: 05/26/2011

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: 06/07/2011

State Status Changed: 06/07/2011

Deemer Date:

Created By: Rita Rowe

Submitted By: Rita Rowe

Corresponding Filing Tracking Number:

Filing Description:

NAIC Company ID Number: 300-64513

FEIN #37-0726637

IC-350000 Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
RIC-350 Guaranteed Premium Rates

SERFF Tracking Number: HRCN-127174503 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48897
Company Tracking Number: IC-350000
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Level Term to Age 65
Project Name/Number: /

Included in this submission is the above listed policy form for your consideration and approval. This is a new form and does not replace any form previously approved by your insurance department.

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 Mortality Tables.

Policy form IC-350000 is nonparticipating and provides level term life insurance on an Insured to age 95. Premiums for this policy are guaranteed for all policy years. The premium will not increase during the Specified Period but will increase annually following the Specified Period.

This level term policy may be issued on an educator and non-educator basis. Preferred plus, 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 plus and preferred premium classes are nontobacco only. The tobacco and nontobacco premium rates are banded at \$25,000 – \$99,999; \$100,000 – \$249,999; \$250,000 – \$499,999 and \$500,000 – unlimited. The policy fee will be an annual charge of \$50 each year.

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. Variable text for previously approved riders that may be used with this product has been included. If the policyholder does not elect any of the riders shown, the text for that rider will not print when the policy is issued. 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 copies of the actuarial memorandum and other necessary forms or certifications, if any, which may be

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 Product Name: Level Term to Age 65
 Project Name/Number: /

required by your state laws, statutes and/or regulations under the Supporting Documentation tab.

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: \$50.00 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	05/26/2011	48069273

SERFF Tracking Number: HRCN-127174503

State: Arkansas

Filing Company: Horace Mann Life Insurance Company

State Tracking Number: 48897

Company Tracking Number: IC-350000

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Level Term to Age 65

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/07/2011	06/07/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Consumer notice	Rita Rowe	05/31/2011	05/31/2011
Supporting Document	Guaranty Association notice	Rita Rowe	05/31/2011	05/31/2011
Supporting Document	Certification	Rita Rowe	05/31/2011	05/31/2011

SERFF Tracking Number: HRCN-127174503 State: Arkansas
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Fixed/Indeterminate Premium - Single Life
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Disposition

Disposition Date: 06/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: Level Term to Age 65

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cost Disclosure		Yes
Supporting Document	Consumer notice		Yes
Supporting Document	Guaranty Association notice		Yes
Supporting Document	Certification		Yes
Form	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost		Yes
Rate	RIC-350		Yes

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Amendment Letter

Submitted Date: 05/31/2011

Comments:

These items were recently identified as items your department may require for this submission. Therefore, I have attached them to the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Consumer notice

Comment:

ILM529AR.pdf

User Added -Name: Guaranty Association notice

Comment:

IL-L231AR.pdf

User Added -Name: Certification

Comment:

Arkansas Certification.pdf

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Form Schedule

Lead Form Number: IC-350000

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IC-350000	Policy/Contract	Level Term Life Insurance to Age 95, Annualy Renewable Certificate Following the Specified Period, Guaranteed Cost	Initial		50.500	IC-350000.pdf

Horace Mann Life Insurance Company

A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030
horacemann.com

Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost

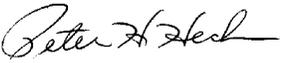
We agree to pay the Insurance Benefits and to provide the other rights and benefits of this policy in accordance with its provisions.

This term policy:

- provides level term life insurance on the life of the Insured to age 95;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- has premiums that will increase annually following the Specified Period;
- is annually renewable following the Specified Period to the Final Expiry Date; and
- is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier.

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
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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 premiums 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.

**Level Term Life Insurance to Age 95,
Annually Renewable Following the Specified Period,
Guaranteed Cost**

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 **term life insurance** contract is In Force, it provides a level death benefit to the policy anniversary date following the Insured's age 95. Premiums for this contract are guaranteed for all policy years. Premiums for this contract will not increase during the Specified Period. After the Specified Period, premiums for this contract increase annually and are payable as shown on the Table of Guaranteed Annual Premiums.

This term insurance is convertible before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier.

Policy contents	Page number
Policy Data	2
Table of Guaranteed Annual Premiums	3
Settlement Option Tables	4
General definitions	5
Your plan of insurance	5
Who benefits from this policy?	6
The Insurance Benefits We pay	6
The premiums You pay	6
What if Your policy lapses?	7
The term conversion available	7
This policy may be changed	8
How benefits are paid	8
Other important information	10

Additional benefit provisions or restrictions, if any, and a copy of the application(s) are attached.

POLICY DATA

Policy Number: [00 00000000 0]
Policy Date: [09-01-2011]
Date of Issue: [09-01-2011]
Insurance Amount: \$[25,000]
Insured: [John Doe]
Age of Insured as of Policy Date: [35]
Gender Class of Insured: [Male]
Beneficiary: Is as stated in the initial application unless changed later upon request.
Policy Data page prepared as of: [09-01-2011]
Specified Period: To the policy anniversary date following the Insured's age 65
Policy Fee: \$50 charged each year throughout the lifetime of the policy.
Premium Payment Options: \$[357.75] annual
\$[186.03] semi-annual
\$[96.59] quarterly
[Semi-annual] payment frequency selected
\$[30.77] modal premium payment
We may offer other premium payment options in addition to those shown above. The annual policy fee is included in the amounts shown for the premium payment options.
Initial Premium: \$[30.77] due on [09-01-2011]
Annual premiums for the level term coverage are shown on the Table of Guaranteed Annual Premiums. The due dates for subsequent premiums are based on the payment frequency selected. All premiums after the first may be paid to Our Home Office or to one of Our authorized agents. A receipt signed by one of the officers of the Company will be furnished upon request.

POLICY DATA (CONTINUED)

Insured: [John Doe]
Policy Number: [00 00000000 0]
Policy Data page prepared as of: [09-01-2011]

Benefits

Level Term Life Insurance to Age 95,
Annually Renewable Following the
Specified Period, Guaranteed Cost

Specified Period: To the policy anniversary date following
the Insured's age 65

Insurance Amount: \$[25,000]

Coverage Effective Date: [09-01-2011]
Final Expiry Date: [09-01-2071] (Policy anniversary date following
the attainment of the Insured's age 95)

Premium Class: [Standard (Nontobacco), male, age 35]

Guaranteed Annual Premium
During the Specified Period: \$[250.75] (Includes \$50 policy fee [and
rated premium charge])

All premiums for this policy are guaranteed.
Annual premiums for this level term coverage
for subsequent years are shown on the Table of
Guaranteed Annual Premiums.

[Rated Class Extra Annual Premium
(included in above premium amount):
Years Payable - 60 Years
Amount - \$109.50 during the Specified Period;
may increase each year thereafter.]

[Rated Class Extra Annual Premium
(included in above premium amount):
Years Payable - 5 Years
Amount - \$0.00]

[Waiver of Premium Benefit Rider

Insurance Amount (covered by
rider): \$25,000

Coverage Effective Date: 09-01-2011
Issue Date: 09-01-2011
Coverage Period: Terminates 09-01-2036
Premium Class: Standard (Nontobacco), male, age 35

Annual Premium:
Years Payable - 25 Years
Amount - \$19.50 (Includes rated premium
charge)

Rated Class Extra Annual Premium
(included in above premium amount):
Years Payable - 25 Years
Amount - \$13.00]

POLICY DATA (CONTINUED)

Insured: [John Doe]
Policy Number: [00 00000000 0]
Policy Data page prepared as of: [09-01-2011]

Benefits

[Childrens Term Insurance -
Insured Children: As defined
in the rider

Benefit Amount: \$10,000 On Each Insured Child
Coverage Effective Date: 09-01-2011
Issue Date: 09-01-2011
Coverage Period: Rider terminates 09-01-2038. Each child's
coverage terminates on the rider anniversary
date following that child's age 25 or the rider
termination date shown above, whichever
is earlier.
Premium Class: Standard
Annual Premium:
Years Payable - 27 Years
Amount - \$80.00]

[Waiver of Premium Benefit Rider

Benefit Amount (covered by
rider): \$10,000
Coverage Effective Date: 09-01-2011
Issue Date: 09-01-2011
Coverage Period: Terminates 09-01-2036
Premium Class: Standard, male, age 35
Annual Premium:
Years Payable - 25 Years
Amount - \$7.50 (Includes rated premium
charge)
Rated Class Extra Annual Premium
(included in above premium amount):
Years Payable - 25 Years
Amount - \$5.00]

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]
 Policy Number: [00 00000000 0]
 Date Prepared: [09-01-2011]
 Specified Period: To the policy anniversary date following the Insured's age 65
 Insurance Amount: \$[25,000]
 Coverage effective as of: [09-01-2011]

Attained Age	Policy Year	Guaranteed Annual Premiums
[35]	1	\$ 250.75]
[36]	2	250.75]
[37]	3	250.75]
[38]	4	250.75]
[39]	5	250.75]
[40]	6	250.75]
[41]	7	250.75]
[42]	8	250.75]
[43]	9	250.75]
[44]	10	250.75]
[45]	11	250.75]
[46]	12	250.75]
[47]	13	250.75]
[48]	14	250.75]
[49]	15	250.75]
[50]	16	250.75]
[51]	17	250.75]
[52]	18	250.75]
[53]	19	250.75]
[54]	20	250.75]
[55]	21	250.75]
[56]	22	250.75]
[57]	23	250.75]
[58]	24	250.75]
[59]	25	250.75]
[60]	26	250.75]
[61]	27	250.75]
[62]	28	250.75]
[63]	29	250.75]
[64]	30	250.75]
[65]	31	2,962.25]
[66]	32	3,229.50]
[67]	33	3,508.50]
[68]	34	3,802.00]
[69]	35	4,123.75]
[70]	36	4,495.00]
[71]	37	4,952.25]
[72]	38	5,485.00]
[73]	39	6,042.75]
[74]	40	6,643.50]

All premiums for this policy are guaranteed. The policy fee and any applicable rated class extra premiums are included in the premiums above. On the policy anniversary date at the end of the Specified Period and each year thereafter, premiums for the level term coverage will increase.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]
 Policy Number: [00 00000000 0]
 Date Prepared: [09-01-2011]
 Specified Period: To the policy anniversary date following the Insured's age 65
 Insurance Amount: \$[25,000]
 Coverage effective as of: [09-01-2011]

Attained Age	Policy Year	Guaranteed Annual Premiums
[75]	41	\$ 7,301.75]
[76]	42	8,042.50]
[77]	43	8,905.50]
[78]	44	9,903.75]
[79]	45	11,019.25]
[80]	46	12,263.25]
[81]	47	13,613.00]
[82]	48	15,035.25]
[83]	49	16,586.25]
[84]	50	18,313.75]
[85]	51	20,239.50]
[86]	52	22,353.00]
[87]	53	24,633.25]
[88]	54	25,000.00]
[89]	55	25,000.00]
[90]	56	25,000.00]
[91]	57	25,000.00]
[92]	58	25,000.00]
[93]	59	25,000.00]
[94]	60	25,000.00]

All premiums for this policy are guaranteed. The policy fee and any applicable rated class extra premiums are included in the premiums above. On the policy anniversary date at the end of the Specified Period and each year thereafter, premiums for the level term coverage will increase.

Equal monthly income payments for each \$1,000 of Insurance Benefits

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.

Equal monthly income payments for each \$1,000 of Insurance Benefits

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.

General definitions

"Beneficiary" is the person or persons You choose to receive the Insurance Benefits.

"Coverage Effective Date" is the effective date of the coverage and is typically the same date as the Policy Date. However, the Coverage Effective Date may be different for any riders and/or benefits added to this policy after the Policy Date.

"Date of Issue" is the date from which the suicide and incontestability periods are measured. This date is shown on Policy Data page 2(1).

"Final Expiry Date" means the policy anniversary date following the attainment of the Insured's age 95 and is the date the Insurance Benefits under this policy have ended and this policy is no longer In Force. See Policy Data page 2(2) for the Final Expiry Date of this policy.

"Home Office" refers to the contact information of Our home office. Our mailing address, Company web site, and telephone number are: 1 Horace Mann Plaza, Springfield, Illinois 62715; horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, the Insured's death, or the Final Expiry Date shown on Policy Data page 2(2).

"Insurance Amount" is the insurance coverage under this policy as stated on Your most recent Policy Data page 2(1).

"Insurance Benefits" 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.

"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, policy years and premium due dates are determined. This date is shown on Policy Data page 2(1).

"Renewable" or "renew" means the right to continue this policy In Force after the Specified Period by paying premiums based on the Insured's attained age as shown on the Table of Guaranteed Annual Premiums page(s).

"Specified Period" is the period of time following the Policy Date, during which premiums will not increase. The Specified Period is shown on the Policy Data pages.

"We," "Our," "Us" and "Company" refer only to 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 level term life insurance on the life of the Insured to the policy anniversary date following the attainment of the Insured's age 95. While this policy is In Force, We will pay the Insurance Benefits when the Insured dies and We receive due proof of death of the Insured at Our Home Office. Premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Values page(s).

While this policy is In Force, coverage under this policy may be converted to a permanent plan of insurance before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. On the date of conversion, there will always be at least one permanent policy to which You may convert Your term policy.

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 Benefits of this policy unless prohibited by state law. If there is no valid Beneficiary designation or if no Beneficiary survives the Insured, the Insurance Benefits 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 due 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 received, 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 Benefits We pay

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

- the Insurance Amount currently in effect;
- plus
- any part of the last premium paid that applies to a period beyond the policy month in which the Insured dies;
- minus
- the amount of any overdue premium if the Insured dies during the grace period.

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

The premiums You pay

Premiums You pay

The first premium is due on the Policy Date. You must pay the remaining premiums on or in advance of each premium due date.

The Policy Date is the date from which premium due dates are determined. The premium due date is based on the premium payment option selected. The Policy Data pages show the Specified Period, guaranteed annual premiums and payment option selected.

Premiums for this policy are guaranteed for all policy years. Premiums will not increase during the Specified Period. After the Specified Period, this policy will automatically renew annually to the Final Expiry Date. You will not need to provide proof that the Insured is insurable when this policy renews. On the policy anniversary date at the end of the Specified Period and each year thereafter, the guaranteed annual premium will increase as shown on the Table of Guaranteed Annual Premiums page(s).

Frequency of Your payments

You may ask to change the frequency of Your premium payments. Upon approval, We will tell You the amount of the premium required at the new frequency to maintain Your plan of insurance.

We allow a grace period

We will allow a grace period of 31 days for paying each premium due after the first premium. The policy remains In Force during the grace period. If the Insured dies during the grace period, We will pay the Insurance Benefits according to "The Insurance Benefits We pay" provision.

If the premium due for Your insurance policy is not paid by the end of its grace period, Your policy will lapse. The term "lapse" means that this policy ends for nonpayment of premiums. The lapse date will be the premium due date.

What if Your policy lapses?

After Your policy has lapsed, You may apply for reinstatement of the lapsed policy.

You may reinstate Your policy

You may reinstate Your lapsed policy if:

- We receive Your Written Request within five years of the due date of the premium in default;
- You show Us the Insured is still insurable according to Our written guidelines; and
- You pay all overdue premiums (with interest at 6 percent per year compounded annually).

The policy will be reinstated as of the date it lapsed.

The term conversion available

While this policy is In Force, You may convert all or part of the Insurance Amount to a permanent policy issued by Us on the date of conversion as explained below. The conversion must be made before the end of the Specified Period, or on or before the policy anniversary date following the Insured's age 70, whichever is earlier. There is only one conversion available after the first 10 policy years. There will always be at least one permanent policy available for conversion.

During the first 10 policy years, You may convert all or part of the Insurance Amount. Upon a partial conversion, this policy's Insurance Amount at the time of conversion is reduced by the amount converted. However, the remaining Insurance Amount cannot be less than \$25,000. If the entire Insurance Amount is converted, this term policy ends when the new permanent policy becomes effective.

After the first 10 policy years, You may convert the entire Insurance Amount at the time of conversion or \$50,000, whichever is less. When the conversion is completed after the first 10 policy years, this term policy ends when the new permanent policy becomes effective, even if You have converted less than the entire Insurance Amount at the time of conversion.

The date of conversion is the date We receive in Our Home Office both Your application for conversion and the first full premium for the new policy. The new policy will be effective on the date of conversion. However, if We receive Your

application for conversion and the first full premium for the new policy during the grace period of an unpaid premium, the effective date of the new policy will be the due date of such unpaid premium.

The new policy is subject to the minimum and maximum coverage amount available for that policy and will be issued as follows:

- without Your providing proof that the Insured is insurable;
- for a whole life insurance amount subject to the maximums and conditions stated above;
- for the same premium class as assigned to this term policy;
- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date We approve the conversion;
- with an incontestable period determined from the Date of Issue of this term policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this term policy.

A waiver of premium benefit rider may be included in the new policy without providing proof that the Insured is insurable if on the new policy date:

- the Insured's age is 55 or less;
- the waiver of premium benefit rider is in effect for this term policy;
- the premiums for this term policy are not being waived as a result of the Insured's total disability as defined in the waiver of premium benefit rider in effect for this term policy; and
- the Insured's disability, if any, does not eventually qualify as total disability as defined in the waiver of premium benefit rider in effect for this term policy.

This policy may be changed

You may make a Written Request to reduce the Insurance Amount of this policy. However, the

remaining Insurance Amount cannot be less than \$25,000. We must approve this change. We will send You new Policy Data and Table of Guaranteed Annual Premiums page(s) when the change is made.

If We approve the change and the request is made during the Specified Period, We will use the Insured's sex and age shown on the initial Policy Data page 2(1) to determine the new guaranteed premium for the reduced Insurance Amount. Such request will not change the length of time remaining in the Specified Period. The new premium will not increase during the Specified Period. After the Specified Period, the new premium will increase each year as shown on the new Table of Guaranteed Annual Premiums page(s).

If We approve the change and the request is made after the Specified Period, We will use the Insured's sex and age as of the last policy anniversary date to determine the new guaranteed premium for the reduced Insurance Amount. The new premium will increase each year thereafter as shown on the new Table of Guaranteed Annual Premiums page(s).

Such change will be effective on the same day of the month in which We receive the request as the day of the month of the Policy Date; provided that if premiums on this policy have been paid to provide coverage to a later date, the effective date of the change will be that later date.

How benefits are paid

While the Insured is living, You may elect how the Insurance Benefits will be paid upon the Insured's death. You may have all or part of the Insurance Benefits 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 Benefits 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 Benefits 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 Insurance Benefits 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 not be subject to the claims of creditors or to legal process except 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 as scheduled. The monthly income payments purchased per \$1,000 of Insurance

Benefits 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 a 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 as scheduled. The monthly income payments purchased per \$1,000 of Insurance Benefits 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 Benefits 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 Benefits 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 Settlement Option Tables show the dollar amount of monthly income payments for each \$1,000 of Insurance Benefits. 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 premiums. This policy, the attached copy of the application(s), and any attached endorsements, riders, and amendments make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application(s), endorsements, riders, Policy Data pages, Table of Guaranteed Annual Premiums page(s), 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(s) 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(1) except for nonpayment of premiums. 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(s), in the absence of fraud, are representations and not warranties.

See additional benefit riders, if any, for modifications of this provision that may apply to them.

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 in both instances described above 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 premiums paid.

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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**Level Term Life Insurance to Age 95,
Annually Renewable Following the Specified Period,
Guaranteed Cost**

IC-350000

SERFF Tracking Number: HRCN-127174503 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48897
 Company Tracking Number: IC-350000
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term to Age 65
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	RIC-350	IC-350000	New		RIC-350 Premiums.pdf

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

Level Term to Age 95
 Specified Period = To Age 65
 Annual Gross Premiums per \$1,000 for the Specified Period

Issue Age	Non-Tobacco				Preferred Non-Tobacco			Preferred Plus Non-Tobacco			Tobacco			
	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up
18	1.98	1.41	1.20	1.13	1.22	1.04	0.98	1.10	0.94	0.88	3.64	3.03	2.57	2.45
19	1.98	1.41	1.20	1.13	1.22	1.04	0.98	1.10	0.94	0.88	3.64	3.03	2.57	2.45
20	1.98	1.41	1.20	1.13	1.22	1.04	0.98	1.10	0.94	0.88	3.64	3.03	2.57	2.45
21	1.98	1.41	1.20	1.13	1.22	1.04	0.98	1.10	0.94	0.88	3.64	3.03	2.57	2.45
22	2.01	1.43	1.22	1.15	1.22	1.04	0.99	1.10	0.94	0.89	3.67	3.06	2.60	2.48
23	2.05	1.47	1.24	1.18	1.24	1.06	1.01	1.12	0.95	0.91	3.74	3.12	2.66	2.52
24	2.12	1.51	1.29	1.22	1.28	1.08	1.03	1.15	0.97	0.93	3.85	3.21	2.73	2.59
25	2.21	1.58	1.35	1.29	1.31	1.12	1.06	1.18	1.01	0.95	4.00	3.33	2.84	2.69
26	2.24	1.60	1.37	1.30	1.32	1.13	1.07	1.19	1.02	0.96	4.05	3.38	2.87	2.73
27	2.27	1.62	1.38	1.31	1.33	1.13	1.08	1.20	1.02	0.97	4.10	3.42	2.91	2.76
28	2.29	1.64	1.40	1.32	1.34	1.13	1.08	1.21	1.02	0.97	4.16	3.47	2.95	2.81
29	2.31	1.66	1.40	1.33	1.35	1.14	1.09	1.22	1.03	0.98	4.21	3.51	2.99	2.84
30	2.34	1.67	1.42	1.35	1.36	1.15	1.10	1.22	1.04	0.99	4.27	3.56	3.02	2.87
31	2.37	1.69	1.44	1.37	1.37	1.16	1.11	1.23	1.04	1.00	4.32	3.59	3.06	2.91
32	2.40	1.71	1.45	1.38	1.38	1.17	1.12	1.24	1.05	1.01	4.37	3.63	3.09	2.93
33	2.45	1.73	1.47	1.40	1.39	1.18	1.12	1.25	1.06	1.01	4.42	3.67	3.12	2.97
34	2.50	1.75	1.48	1.40	1.40	1.19	1.13	1.26	1.07	1.02	4.46	3.71	3.15	3.00
35	2.57	1.76	1.49	1.42	1.41	1.20	1.13	1.27	1.08	1.02	4.52	3.74	3.19	3.02
36	2.63	1.78	1.51	1.44	1.42	1.21	1.14	1.28	1.09	1.03	4.57	3.78	3.22	3.06
37	2.69	1.83	1.55	1.47	1.44	1.22	1.16	1.30	1.10	1.04	4.71	3.89	3.31	3.15
38	2.76	1.89	1.60	1.52	1.48	1.26	1.20	1.33	1.13	1.08	4.91	4.07	3.47	3.29
39	2.84	1.97	1.67	1.59	1.52	1.30	1.23	1.37	1.17	1.11	5.20	4.31	3.67	3.49
40	2.91	2.08	1.76	1.67	1.58	1.35	1.29	1.42	1.22	1.16	5.56	4.64	3.94	3.74
41	2.98	2.14	1.82	1.73	1.62	1.38	1.31	1.46	1.24	1.18	5.80	4.82	4.13	3.92
42	3.07	2.21	1.86	1.77	1.66	1.40	1.33	1.49	1.26	1.20	6.02	4.99	4.33	4.11
43	3.18	2.26	1.92	1.82	1.68	1.44	1.37	1.51	1.30	1.23	6.26	5.17	4.52	4.29
44	3.30	2.32	1.96	1.86	1.72	1.47	1.40	1.55	1.32	1.26	6.48	5.34	4.72	4.48
45	3.45	2.39	2.02	1.92	1.76	1.49	1.42	1.58	1.34	1.28	6.71	5.52	4.91	4.66
46	3.59	2.45	2.07	1.97	1.79	1.52	1.45	1.61	1.37	1.31	6.95	5.70	5.09	4.84
47	3.74	2.54	2.16	2.05	1.85	1.58	1.50	1.67	1.42	1.35	7.21	5.92	5.29	5.03
48	3.89	2.66	2.28	2.16	1.94	1.67	1.59	1.75	1.50	1.43	7.50	6.18	5.49	5.22
49	4.03	2.80	2.43	2.31	2.05	1.79	1.70	1.85	1.61	1.53	7.82	6.49	5.70	5.41
50	4.19	2.97	2.62	2.48	2.20	1.94	1.85	1.98	1.75	1.67	8.16	6.84	5.90	5.61
51	4.33	3.09	2.74	2.60	2.29	2.03	1.94	2.06	1.83	1.75	8.45	7.10	6.10	5.80
52	4.48	3.20	2.85	2.71	2.37	2.12	2.02	2.13	1.91	1.82	8.74	7.36	6.30	5.99
53	4.63	3.32	2.98	2.83	2.46	2.21	2.10	2.21	1.99	1.89	9.04	7.62	6.51	6.18
54	4.78	3.44	3.10	2.94	2.54	2.30	2.18	2.29	2.07	1.96	9.32	7.88	6.71	6.37
55	4.92	3.56	3.21	3.05	2.63	2.39	2.27	2.37	2.15	2.04	9.61	8.15	6.90	6.56

Semi-Annual Monthly (COM & Payroll) 0.520 0.086

Quarterly Monthly (Direct) 0.270 0.100

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

Level Term to Age 95
 Specified Period = To Age 65

Annual Gross Premiums per \$1,000 for the Specified Period

Issue Age	Non-Tobacco				Preferred Non-Tobacco			Preferred Plus Non-Tobacco			Tobacco			
	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up
18	2.20	1.57	1.33	1.26	1.35	1.15	1.09	1.22	1.04	0.98	4.04	3.37	2.86	2.72
19	2.20	1.57	1.33	1.26	1.35	1.15	1.09	1.22	1.04	0.98	4.04	3.37	2.86	2.72
20	2.20	1.57	1.33	1.26	1.35	1.15	1.09	1.22	1.04	0.98	4.04	3.37	2.86	2.72
21	2.20	1.57	1.33	1.26	1.35	1.15	1.09	1.22	1.04	0.98	4.04	3.37	2.86	2.72
22	2.23	1.59	1.35	1.28	1.36	1.16	1.10	1.22	1.04	0.99	4.08	3.40	2.89	2.75
23	2.28	1.63	1.38	1.31	1.38	1.18	1.12	1.24	1.06	1.01	4.16	3.47	2.95	2.80
24	2.36	1.68	1.43	1.36	1.42	1.20	1.14	1.28	1.08	1.03	4.28	3.57	3.03	2.88
25	2.46	1.76	1.50	1.43	1.46	1.24	1.18	1.31	1.12	1.06	4.44	3.70	3.15	2.99
26	2.49	1.78	1.52	1.44	1.47	1.25	1.19	1.32	1.13	1.07	4.50	3.75	3.19	3.03
27	2.52	1.80	1.53	1.45	1.48	1.26	1.20	1.33	1.13	1.08	4.56	3.80	3.23	3.07
28	2.54	1.82	1.55	1.47	1.49	1.26	1.20	1.34	1.13	1.08	4.62	3.85	3.28	3.12
29	2.57	1.84	1.56	1.48	1.50	1.27	1.21	1.35	1.14	1.09	4.68	3.90	3.32	3.15
30	2.60	1.86	1.58	1.50	1.51	1.28	1.22	1.36	1.15	1.10	4.74	3.95	3.36	3.19
31	2.63	1.88	1.60	1.52	1.52	1.29	1.23	1.37	1.16	1.11	4.80	3.99	3.40	3.23
32	2.67	1.90	1.61	1.53	1.53	1.30	1.24	1.38	1.17	1.12	4.85	4.03	3.43	3.26
33	2.72	1.92	1.63	1.55	1.54	1.31	1.24	1.39	1.18	1.12	4.91	4.08	3.47	3.30
34	2.78	1.94	1.64	1.56	1.56	1.32	1.25	1.40	1.19	1.13	4.96	4.12	3.50	3.33
35	2.85	1.96	1.66	1.58	1.57	1.33	1.26	1.41	1.20	1.13	5.02	4.16	3.54	3.36
36	2.92	1.98	1.68	1.60	1.58	1.34	1.27	1.42	1.21	1.14	5.08	4.20	3.58	3.40
37	2.99	2.03	1.72	1.63	1.60	1.36	1.29	1.44	1.22	1.16	5.23	4.32	3.68	3.50
38	3.07	2.10	1.78	1.69	1.64	1.40	1.33	1.48	1.26	1.20	5.46	4.52	3.85	3.66
39	3.15	2.19	1.86	1.77	1.69	1.44	1.37	1.52	1.30	1.23	5.78	4.79	4.08	3.88
40	3.23	2.31	1.96	1.86	1.76	1.50	1.43	1.58	1.35	1.29	6.18	5.15	4.38	4.16
41	3.31	2.38	2.02	1.92	1.80	1.53	1.45	1.62	1.38	1.31	6.44	5.35	4.59	4.36
42	3.41	2.45	2.07	1.97	1.84	1.56	1.48	1.66	1.40	1.33	6.69	5.54	4.81	4.57
43	3.53	2.51	2.13	2.02	1.87	1.60	1.52	1.68	1.44	1.37	6.95	5.74	5.02	4.77
44	3.67	2.58	2.18	2.07	1.91	1.63	1.55	1.72	1.47	1.40	7.20	5.93	5.24	4.98
45	3.83	2.65	2.24	2.13	1.95	1.66	1.58	1.76	1.49	1.42	7.46	6.13	5.45	5.18
46	3.99	2.72	2.30	2.19	1.99	1.69	1.61	1.79	1.52	1.45	7.72	6.33	5.66	5.38
47	4.15	2.82	2.40	2.28	2.06	1.76	1.67	1.85	1.58	1.50	8.01	6.58	5.88	5.59
48	4.32	2.95	2.53	2.40	2.16	1.86	1.77	1.94	1.67	1.59	8.33	6.87	6.10	5.80
49	4.48	3.11	2.70	2.57	2.28	1.99	1.89	2.05	1.79	1.70	8.69	7.21	6.33	6.01
50	4.65	3.30	2.91	2.76	2.44	2.16	2.05	2.20	1.94	1.85	9.07	7.60	6.56	6.23
51	4.81	3.43	3.04	2.89	2.54	2.26	2.15	2.29	2.03	1.94	9.39	7.89	6.78	6.44
52	4.98	3.56	3.17	3.01	2.63	2.36	2.24	2.37	2.12	2.02	9.71	8.18	7.00	6.65
53	5.14	3.69	3.31	3.14	2.73	2.45	2.33	2.46	2.21	2.10	10.04	8.47	7.23	6.87
54	5.31	3.82	3.44	3.27	2.82	2.55	2.42	2.54	2.30	2.18	10.36	8.76	7.45	7.08
55	5.47	3.95	3.57	3.39	2.92	2.65	2.52	2.63	2.39	2.27	10.68	9.05	7.67	7.29

Semi-Annual Monthly (COM & Payroll) 0.520 0.086

Quarterly Monthly (Direct) 0.270 0.100

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

Level Term to Age 95
 Specified Period = To Age 65

Annual Gross Premiums per \$1,000 for the Specified Period

Issue Age	Non-Tobacco				Preferred Non-Tobacco			Preferred Plus Non-Tobacco			Tobacco			
	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up
18	2.66	1.90	1.61	1.53	1.46	1.24	1.18	1.31	1.12	1.06	4.49	3.74	3.19	3.02
19	2.66	1.90	1.61	1.53	1.46	1.24	1.18	1.31	1.12	1.06	4.49	3.74	3.19	3.02
20	2.66	1.90	1.61	1.53	1.46	1.24	1.18	1.31	1.12	1.06	4.49	3.74	3.19	3.02
21	2.66	1.90	1.61	1.53	1.46	1.24	1.18	1.31	1.12	1.06	4.49	3.74	3.19	3.02
22	2.69	1.93	1.63	1.55	1.48	1.26	1.20	1.33	1.13	1.08	4.59	3.83	3.26	3.10
23	2.75	1.97	1.67	1.59	1.51	1.29	1.22	1.36	1.16	1.10	4.78	3.99	3.39	3.22
24	2.86	2.04	1.74	1.65	1.57	1.33	1.27	1.41	1.20	1.14	5.07	4.22	3.59	3.41
25	3.00	2.14	1.82	1.73	1.64	1.40	1.32	1.48	1.26	1.19	5.45	4.55	3.86	3.67
26	3.03	2.17	1.84	1.75	1.66	1.41	1.34	1.49	1.27	1.21	5.55	4.63	3.93	3.74
27	3.06	2.19	1.85	1.76	1.67	1.42	1.35	1.50	1.28	1.22	5.65	4.72	4.01	3.81
28	3.10	2.21	1.88	1.79	1.69	1.44	1.37	1.52	1.30	1.23	5.76	4.80	4.08	3.87
29	3.12	2.23	1.90	1.80	1.71	1.45	1.38	1.54	1.31	1.24	5.86	4.89	4.15	3.94
30	3.16	2.26	1.92	1.82	1.73	1.47	1.40	1.56	1.32	1.26	5.96	4.97	4.22	4.01
31	3.19	2.29	1.93	1.83	1.75	1.49	1.41	1.58	1.34	1.27	6.03	5.04	4.28	4.07
32	3.21	2.30	1.94	1.84	1.76	1.50	1.43	1.58	1.35	1.29	6.11	5.12	4.35	4.13
33	3.23	2.33	1.94	1.84	1.78	1.51	1.44	1.60	1.36	1.30	6.18	5.19	4.42	4.19
34	3.26	2.35	1.94	1.85	1.80	1.53	1.46	1.62	1.38	1.31	6.26	5.27	4.48	4.26
35	3.29	2.38	1.95	1.85	1.82	1.55	1.47	1.64	1.40	1.32	6.34	5.35	4.55	4.32
36	3.31	2.40	1.96	1.86	1.84	1.57	1.49	1.66	1.41	1.34	6.41	5.42	4.61	4.37
37	3.38	2.46	2.01	1.91	1.87	1.59	1.51	1.68	1.43	1.36	6.57	5.55	4.73	4.49
38	3.49	2.53	2.08	1.97	1.92	1.64	1.56	1.73	1.48	1.40	6.81	5.74	4.89	4.64
39	3.65	2.63	2.20	2.09	1.99	1.69	1.61	1.79	1.52	1.45	7.15	5.99	5.09	4.84
40	3.85	2.75	2.34	2.22	2.07	1.76	1.67	1.86	1.58	1.50	7.56	6.30	5.36	5.09
41	3.99	2.83	2.40	2.29	2.12	1.80	1.71	1.91	1.62	1.54	7.81	6.49	5.62	5.34
42	4.12	2.90	2.47	2.34	2.17	1.85	1.76	1.95	1.67	1.58	8.06	6.68	5.89	5.59
43	4.26	2.98	2.52	2.39	2.21	1.88	1.79	1.99	1.69	1.61	8.33	6.87	6.17	5.86
44	4.39	3.05	2.58	2.46	2.27	1.93	1.83	2.04	1.74	1.65	8.58	7.06	6.44	6.12
45	4.53	3.12	2.65	2.51	2.31	1.96	1.86	2.08	1.76	1.67	8.83	7.25	6.74	6.41
46	4.66	3.20	2.71	2.57	2.36	2.00	1.90	2.12	1.80	1.71	9.08	7.43	7.00	6.65
47	4.82	3.30	2.83	2.68	2.44	2.08	1.97	2.20	1.87	1.77	9.39	7.70	7.26	6.90
48	5.00	3.46	3.00	2.84	2.55	2.21	2.10	2.30	1.99	1.89	9.75	8.03	7.52	7.15
49	5.22	3.64	3.22	3.06	2.69	2.38	2.26	2.42	2.14	2.03	10.15	8.42	7.79	7.40
50	5.45	3.86	3.50	3.33	2.86	2.59	2.47	2.57	2.33	2.22	10.62	8.90	8.05	7.64
51	5.64	4.01	3.67	3.49	2.97	2.72	2.58	2.67	2.45	2.32	10.99	9.23	8.31	7.89
52	5.82	4.16	3.84	3.65	3.08	2.84	2.70	2.77	2.56	2.43	11.35	9.56	8.57	8.14
53	6.01	4.30	4.01	3.82	3.20	2.96	2.82	2.88	2.66	2.54	11.72	9.89	8.82	8.38
54	6.19	4.46	4.19	3.98	3.30	3.09	2.93	2.97	2.78	2.64	12.08	10.22	9.08	8.63
55	6.38	4.60	4.36	4.14	3.41	3.21	3.05	3.07	2.89	2.75	12.45	10.55	9.34	8.87

Semi-Annual Monthly (COM & Payroll) 0.520 0.086

Quarterly Monthly (Direct) 0.270 0.100

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

Level Term to Age 95
 Specified Period = To Age 65
 Annual Gross Premiums per \$1,000 for the Specified Period

Issue Age	Non-Tobacco				Preferred Non-Tobacco			Preferred Plus Non-Tobacco			Tobacco			
	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up	\$25,000 - \$99,999	\$100,000 - \$249,999	\$250,000 - \$499,999	\$500,000 and up
18	2.95	2.11	1.79	1.70	1.62	1.38	1.31	1.46	1.24	1.18	4.99	4.16	3.54	3.36
19	2.95	2.11	1.79	1.70	1.62	1.38	1.31	1.46	1.24	1.18	4.99	4.16	3.54	3.36
20	2.95	2.11	1.79	1.70	1.62	1.38	1.31	1.46	1.24	1.18	4.99	4.16	3.54	3.36
21	2.95	2.11	1.79	1.70	1.62	1.38	1.31	1.46	1.24	1.18	4.99	4.16	3.54	3.36
22	2.99	2.14	1.81	1.72	1.64	1.40	1.33	1.48	1.26	1.20	5.10	4.25	3.62	3.44
23	3.06	2.19	1.86	1.77	1.68	1.43	1.36	1.51	1.29	1.22	5.31	4.43	3.77	3.58
24	3.18	2.27	1.93	1.83	1.74	1.48	1.41	1.57	1.33	1.27	5.63	4.69	3.99	3.79
25	3.33	2.38	2.02	1.92	1.82	1.55	1.47	1.64	1.40	1.32	6.06	5.05	4.29	4.08
26	3.37	2.41	2.04	1.94	1.84	1.57	1.49	1.66	1.41	1.34	6.17	5.14	4.37	4.15
27	3.40	2.43	2.06	1.96	1.86	1.58	1.50	1.67	1.42	1.35	6.28	5.24	4.45	4.23
28	3.44	2.46	2.09	1.99	1.88	1.60	1.52	1.69	1.44	1.37	6.40	5.33	4.53	4.30
29	3.47	2.48	2.11	2.00	1.90	1.61	1.53	1.71	1.45	1.38	6.51	5.43	4.61	4.38
30	3.51	2.51	2.13	2.02	1.92	1.63	1.55	1.73	1.47	1.40	6.62	5.52	4.69	4.46
31	3.54	2.54	2.14	2.03	1.94	1.65	1.57	1.75	1.49	1.41	6.70	5.60	4.76	4.52
32	3.57	2.56	2.15	2.04	1.96	1.67	1.59	1.76	1.50	1.43	6.79	5.69	4.83	4.59
33	3.59	2.59	2.15	2.04	1.98	1.68	1.60	1.78	1.51	1.44	6.87	5.77	4.91	4.66
34	3.62	2.61	2.16	2.05	2.00	1.70	1.62	1.80	1.53	1.46	6.96	5.86	4.98	4.73
35	3.65	2.64	2.17	2.06	2.02	1.72	1.63	1.82	1.55	1.47	7.04	5.94	5.05	4.80
36	3.68	2.67	2.18	2.07	2.04	1.74	1.65	1.84	1.57	1.49	7.12	6.02	5.12	4.86
37	3.76	2.73	2.23	2.12	2.08	1.77	1.68	1.87	1.59	1.51	7.30	6.17	5.25	4.99
38	3.88	2.81	2.31	2.19	2.13	1.82	1.73	1.92	1.64	1.56	7.57	6.38	5.43	5.16
39	4.06	2.92	2.44	2.32	2.21	1.88	1.79	1.99	1.69	1.61	7.94	6.66	5.66	5.38
40	4.28	3.06	2.60	2.47	2.30	1.96	1.86	2.07	1.76	1.67	8.40	7.00	5.95	5.65
41	4.43	3.14	2.67	2.54	2.35	2.00	1.90	2.12	1.80	1.71	8.68	7.21	6.24	5.93
42	4.58	3.22	2.74	2.60	2.41	2.05	1.95	2.17	1.85	1.76	8.96	7.42	6.54	6.21
43	4.73	3.31	2.80	2.66	2.46	2.09	1.99	2.21	1.88	1.79	9.25	7.63	6.85	6.51
44	4.88	3.39	2.87	2.73	2.52	2.14	2.03	2.27	1.93	1.83	9.53	7.84	7.16	6.80
45	5.03	3.47	2.94	2.79	2.57	2.18	2.07	2.31	1.96	1.86	9.81	8.05	7.49	7.12
46	5.18	3.55	3.01	2.86	2.62	2.22	2.11	2.36	2.00	1.90	10.09	8.26	7.78	7.39
47	5.36	3.67	3.14	2.98	2.71	2.31	2.19	2.44	2.08	1.97	10.43	8.55	8.07	7.67
48	5.56	3.84	3.33	3.16	2.83	2.45	2.33	2.55	2.21	2.10	10.83	8.92	8.36	7.94
49	5.80	4.04	3.58	3.40	2.99	2.64	2.51	2.69	2.38	2.26	11.28	9.36	8.65	8.22
50	6.06	4.29	3.89	3.70	3.18	2.88	2.74	2.86	2.59	2.47	11.80	9.89	8.94	8.49
51	6.27	4.45	4.08	3.88	3.30	3.02	2.87	2.97	2.72	2.58	12.21	10.26	9.23	8.77
52	6.47	4.62	4.27	4.06	3.42	3.16	3.00	3.08	2.84	2.70	12.61	10.62	9.52	9.04
53	6.68	4.78	4.46	4.24	3.55	3.29	3.13	3.20	2.96	2.82	13.02	10.99	9.80	9.31
54	6.88	4.95	4.65	4.42	3.67	3.43	3.26	3.30	3.09	2.93	13.42	11.35	10.09	9.59
55	7.09	5.11	4.84	4.60	3.79	3.57	3.39	3.41	3.21	3.05	13.83	11.72	10.38	9.86

Semi-Annual 0.520
 Monthly (COM & Payroll) 0.086

Quarterly 0.270
 Monthly (Direct) 0.100

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

Level Term to Age 95
 For Specified Periods = To Age 65
 Ultimate Annual Gross Premiums per \$1,000

Attained Age	Male	Female
28	3.48	1.92
29	3.45	2.01
30	3.42	2.10
31	3.39	2.25
32	3.42	2.37
33	3.48	2.55
34	3.57	2.76
35	3.72	3.00
36	3.93	3.21
37	4.17	3.42
38	4.47	3.60
39	4.77	3.78
40	5.16	4.02
41	5.61	4.29
42	6.15	4.59
43	6.81	4.95
44	7.56	5.37
45	8.31	5.88
46	9.09	6.48
47	9.75	7.14
48	10.26	7.92
49	10.92	8.79
50	11.73	9.72
51	12.78	10.80
52	14.10	11.97
53	15.63	13.23
54	17.49	14.58
55	19.56	16.08
56	21.78	17.73
57	23.85	19.47
58	25.89	21.27
59	28.26	23.10
60	31.20	25.02
61	34.77	27.09

Attained Age	Male	Female
62	38.94	29.28
63	43.41	31.65
64	48.12	34.20
65	52.95	36.99
66	57.81	40.05
67	62.88	43.44
68	68.22	47.13
69	74.07	51.24
70	80.82	55.89
71	89.13	61.14
72	98.82	66.87
73	108.96	73.17
74	119.88	80.04
75	131.85	87.60
76	145.32	95.85
77	161.01	104.91
78	179.16	114.84
79	199.44	125.76
80	222.06	139.29
81	246.60	155.88
82	272.46	173.40
83	300.66	191.82
84	332.07	212.22
85	367.08	232.77
86	405.51	257.04
87	446.97	287.07
88	490.98	318.75
89	537.09	350.04
90	582.84	372.66
91	627.81	394.59
92	674.82	431.16
93	724.38	480.63
94	776.58	542.70
95	828.36	610.44

Semi-Annual 0.520
 Monthly (COM & Payroll) 0.086

Quarterly 0.270
 Monthly (Direct) 0.100

RIC-350

May 25, 2011

SERFF Tracking Number: HRCN-127174503 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48897
 Company Tracking Number: IC-350000
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Level Term to Age 65
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: IC-350000 Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachments: IL-L231AR Example of LT65 product.pdf IL-L241AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment: IC-350 Actuarial Memorandum 2011.pdf		

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

	Item Status:	Status Date:

SERFF Tracking Number: HRCN-127174503 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48897
Company Tracking Number: IC-350000
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Level Term to Age 65
Project Name/Number: /

Satisfied - Item: Cost Disclosure

Comments:

Attachment:

IC-3500 Base Cost Disclosure with WP.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Consumer notice

Comments:

Attachment:

ILM529AR.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Guaranty Association notice

Comments:

Attachment:

IL-L231AR.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Certification

Comments:

Attachment:

Arkansas Certification.pdf

A. Option Selected

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

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	IC-350000	50.5

B. Test option selected

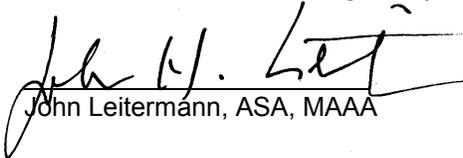
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

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

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


John Leitermann, ASA, MAAA

Vice President
Officer's Title

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

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 **Occupation:** TEACHER
State of Birth: AR **Employer:**
 ABC SCHOOL DISTRICT
Driver's License #: STREET ADDRESS
 0000000000000000 AR 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:	Contingent:
JANE DOE	N/A
SPOUSE	AGE 32
123 MAIN STREET	
ANYTOWN	
AR 12345 SS#: 234-56-7890	

- 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) **GRP#:** N/A
 School/Employer: 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

LEVEL TERM LIFE INSURANCE TO AGE 95, ANNUALLY

RENEWABLE FOLLOWING THE TO AGE 65 SPECIFIED

PERIOD, GUARANTEED COST

\$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
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 - 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: _____ AGT#: 1234
Signature of agent

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.

- Whole Life (WL) \$ _____
 Level Term \$ _____
 Decreasing Term \$ _____
 Paid-up Whole Life
 Lump sum premium \$ _____
 Prescheduled premium \$ _____

Experience Credits, if awarded on coverage, apply to:

- Policy Account (or) Paid-up additions

Optional Premium Waiver of Premium elected

- Lump sum premium \$ _____
 Prescheduled premium \$ _____

Riders/Benefits

Face am't.

- Additional Insured Named Insured \$ _____
 Insured
 Nontobacco (or) Tobacco usage
 Level Term (or) Decreasing Term
 Waiver of Premium Benefit (WP)
 Accidental Death Benefit (ADB) \$ _____
 Children's Term Rider (CTR) \$ _____
 Guaranteed Insurability Benefit (GIB) \$ _____
 Cost of Living Benefit (COLB) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

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) \$ _____
 To age 100 To JEA 100

Indeterminate premium plans

Face am't.

- Whole Life (Combination Life) \$ _____
 To age 100 To JEA 100

Face am't.

Level Term

\$ _____

- 20-Yr. Nonrenewable Rider Policy
 15-Yr. Nonrenewable Rider Policy
 10-Yr. Renewable one time Rider Policy
 5-Yr. Renewable three times Rider Policy
 5-Yr. Nonrenewable

Traditional Term plans (Fixed Annual Policy Fee)

Indeterminate premium plans

Face am't.

\$ _____

- Anew - 10-Yr. Level Term coverage, Level premium - Automatic Conversion to Whole Life at End of Term Period
 TYLT - 10-Yr. Level Term coverage, Level premium
 Exclusive - 15-Yr. Annual Renewable Term, Level coverage, Premium level 3 yrs. and increasing thereafter
 Mortgage Term - Annual Decreasing coverage, Level premium
 10-Yr. 15-Yr. 20-Yr. 25-Yr. 30-Yr.
 Amortization rate 8% 10% Other _____%

Riders/Benefits

Face am't.

- Waiver of Premium Benefit (WP)
 Accidental Death Benefit (ADB) \$ _____
 Children's Term Rider (CTR) \$ _____
 Guaranteed Insurability Benefit (GIB) \$ _____
 _____ \$ _____
 _____ \$ _____

<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) _____				
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<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			
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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 # % _____ Secondary agent Agent # %

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

**Statement of Variability
Level Term Life Insurance to Age 95, Annually Renewable
Following the Specified Period, Guaranteed Cost**

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(1)

Policy Number, Policy Date, Date of Issue, Insured, Age of Insured as of Policy Date, Gender Class of Insured, Policy Data page prepared as of, Premium Payment Options, Initial Premium and Due 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 \$25,000 and the maximum is unlimited.

Policy Data page 2(2)

Insured, Policy Number, Policy Data page prepared as of, Coverage Effective Date, Final Expiry Date, Guaranteed Annual Premium During Specified Period

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 \$25,000 and the maximum is unlimited.

Premium Class

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

Parenthetical Following Premium

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

Rated Class Extra Annual Premium

Additional charges may be included on the level life coverage and can be on either a permanent or temporary basis. One or both of the Rated Class Extra Annual Premium sections will print depending on the outcome of the underwriting process.

Statement of Variability

Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost

Waiver of Premium Benefit Rider when attached to the level term coverage

This section will print when this rider has been purchased to cover premiums on the level term coverage. The following fields will contain information specific to what has been purchased: Insurance Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

Premium Class

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

Parenthetical Following Premium and Rated Class Extra Annual Premium section

The phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will only print when the rider is issued on a rated premium class basis. This section will depend on the outcome of the underwriting process.

Policy Data page 2(3)

Insured, Policy Number, Policy Data page prepared as of

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

Childrens Term Insurance

This section will print only when this rider is purchased to be included on the policy. The following fields will contain information specific to the rider(s) purchased: Benefit Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

Premium Class

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

Waiver of Premium Benefit Rider when attached to the Childrens Term Insurance

This section will print when this rider has been purchased to cover premiums on the childrens term insurance. The following fields will contain information specific to what has been purchased: Benefit Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

Premium Class

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

Parenthetical Following Premium and Rated Class Extra Annual Premium section

The phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will only print when the rider is issued on a rated premium class basis. This section will depend on the outcome of the underwriting process.

**Statement of Variability
Level Term Life Insurance to Age 95, Annually Renewable
Following the Specified Period, Guaranteed Cost**

Table of Guaranteed Annual Premiums, Page 3

Insured, Policy Number, Date Prepared, Coverage effective as of, Attained Age, Policy Year, and Guaranteed Annual Premiums

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 \$25,000 and the maximum is unlimited.

Cost Disclosure

Insured, Policy Number, Date Prepared, Effective Date, Guaranteed Annual Premiums, Terminates 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.

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 \$25,000 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.

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: [09-01-2011]
Coverage: Level Term Life Insurance to Age 95,
Annually Renewable Following the Specified
Period, Guaranteed Cost
Effective Date: [09-01-2011]
Specified Period: To the policy anniversary date following the
Insured's age 65
Class: [Standard (Nontobacco), male, age 35]
Policy Fee: \$50 annual fee

Policy Year	Guaranteed Annual Premiums*33*	Guaranteed Death Benefit
1	[\$ 250.75*1*	\$ 25,000]
2	[250.75*1*	25,000]
3	[250.75*1*	25,000]
4	[250.75*1*	25,000]
5	[250.75*1*	25,000]
10	[250.75*1*	25,000]
15	[250.75*1*	25,000]
20	[250.75*1*	25,000]
AGE		
[60	250.75*1*	25,000]
[62	250.75*1*	25,000]
[65	2,962.25*1*	25,000]

Term dates: [09-01-2071] (Final Expiry Date)

Based on Guaranteed Annual Premiums		
Policy Year	Surrender Cost Index	Net Payment Cost Index
10	[\$ 10.03*1*	[\$ 10.03*1*
20	[10.03*1*	[10.03*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.

Insured: [John Doe]
Policy Number: [00 00000000 0]
Date Prepared: [09-01-2011]
Coverage: Level Term Life Insurance to Age 95,
Annually Renewable Following the Specified
Period, Guaranteed Cost
Effective Date: [09-01-2011]
Specified Period: To the policy anniversary date following the
Insured's age 65
Class: [Standard (Nontobacco), male, age 35]
Policy Fee: \$50 annual fee
[Optional Benefits Included:
Benefit: Waiver of Premium Benefit Rider
Annual Premium: \$19.50 (Includes rated premium charge)
Coverage Expires: 09-01-2036
Death benefits are not applicable to this rider's coverage.]
[*1* This amount includes extra premium charged as a result of a substandard
rating.]
33 Premiums are guaranteed for all policy years. The premium will not increase
during the Specified Period. On the policy anniversary date at the end of the
Specified Period and each year thereafter, premiums will increase.
The annual policy fee is included.
Agent: [Joe Agent]
[123 Main Street]
[Anytown, US 12345]

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, 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
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 - 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)

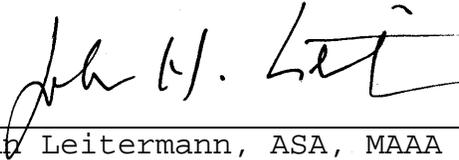
Witness: _____
Signature of agent

AGT#: 1234

HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, 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