

SERFF Tracking Number: HRCN-127279151 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49081
 Company Tracking Number: AR IC-461000
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: SPIA
 Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: SPIA

SERFF Tr Num: HRCN-127279151 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 49081

Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Co Tr Num: AR IC-461000 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 07/08/2011

Date Submitted: 06/17/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2011

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: Filed concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/08/2011

State Status Changed: 07/08/2011

Deemer Date:

Created By: Wes Romanotto

Submitted By: Wes Romanotto

Corresponding Filing Tracking Number:

Filing Description:

IC-461000 – Individual Single Premium Immediate Fixed Annuity Contract

IL-A13300 – Individual Single Premium Immediate Fixed Annuity Application

Form IC-461000, being submitted for review and approval, is new and is not intended to revise or replace any form previously filed or approved in your state.

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No part of this contract contains any unusual or controversial items from normal company or industry standards.

Form IC-461000, an Individual Single Premium Immediate Fixed Annuity Contract provides Annuity Payments for the life of the annuitant(s) or for a specified period of time. The single premium can be used to purchase multiple Annuity Payout Options listed on the application. The company will issue a separate contract for each Annuity Payout Option selected. The annuity payment option(s) chosen by the Owner will be identified on the Annuity data page of the contract(s).

Some of the annuity payment options in IC-461000 are new to Horace Mann. We plan to make those options available in our deferred annuity contracts (through issuance of a Supplement to Deferred Annuity Contract) on the same actuarial basis and interest rates as under the SPIA.

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

Application form IL-A13300 "Individual Single Premium Immediate Fixed Annuity Application" is the application that will be used with this contract. We have included a statement of variability for the Individual Single Premium Immediate Fixed Annuity Application that outlines the items that are bracketed. Such items are subject to change within the range provided for new issues as business conditions warrant and we reserve the right to make such changes without re-filing.

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

The proposed date of release for sale of this contract is August 1, 2011.

Company and Contact

Filing Contact Information

Wes Romanotto, Sr Product Development & Compliance Coordinator
1 Horace Mann Plaza
Springfield, IL 62715-0001
romanow1@horacemann.com
217-788-8536 [Phone]
217-535-7197 [FAX]

Filing Company Information

Horace Mann Life Insurance Company
1 Horace Mann Plaza
CoCode: 64513
Group Code: 300
State of Domicile: Illinois
Company Type: Life, Accident/Health, Annuity, Credit

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Product Name: SPIA
 Project Name/Number: /

Springfield, IL 62715-0001
 (217) 789-2500 ext. [Phone]

Group Name:
 FEIN Number: 37-0726637

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	06/17/2011	48823847
Horace Mann Life Insurance Company	\$50.00	06/28/2011	49179303

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/08/2011	07/08/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/28/2011	06/28/2011	Wes Romanotto	07/07/2011	07/07/2011
Pending Industry Response	Linda Bird	06/21/2011	06/21/2011	Wes Romanotto	06/28/2011	06/28/2011

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Disposition

Disposition Date: 07/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability Certification		Yes
Supporting Document	Statement of Variability_IC-461000		Yes
Supporting Document	Statement of Variability_IL-A13300		Yes
Supporting Document	Form IL-529AR (Complies with Ark. Code Ann. 23-79-138)		Yes
Supporting Document	Certification with Regulation 19		Yes
Form	Individual Single Premium Immediate Fixed Annuity Contract		Yes
Form	Individual Single Premium Immediate Fixed Annuity Application		Yes

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Product Name: SPIA
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/28/2011
Submitted Date 06/28/2011
Respond By Date 07/28/2011

Dear Wes Romanotto,

This will acknowledge receipt of the captioned filing.

Objection 1

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

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

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

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Product Name: SPIA
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/07/2011
Submitted Date 07/07/2011

Dear Linda Bird,

Comments:

Thank you for your comments received on 6/28/11. I will address your comments in the same order they were received.

Response 1

Comments: 1. We attach form IL-M529AR to annuity contracts issued in Arkansas in order to comply with Ark. Code Ann. 23-79-138. This form was approved on 12/2/2004. A copy of this form is attached to the Supporting Documentation tab.

2. We have reviewed Regulation 49. Please be assured we are in compliance with this requirement.

3. I have attached the certification required by Regulation 19s10B to the Supporting Documentation tab.

Related Objection 1

Comment:

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

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

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

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Form IL-529AR (Complies with Ark. Code Ann. 23-79-138)

Comment: This form will be attached to contract form IC-461000. It was approved by the Arkansas Insurance Department on December 2, 2004.

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Variable
Product Name: SPIA
Project Name/Number: /

Satisfied -Name: Certification with Regulation 19

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope this additional information will allow you to complete your review and approve this filing. Thank you for your assistance with this filing.

Sincerely,

Dorothy Ruppert, Marcetia Neal, Rita Rowe, Wes Romanotto

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Product Name: SPIA
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/21/2011
Submitted Date 06/21/2011
Respond By Date 07/21/2011

Dear Wes Romanotto,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Product Name: SPIA
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/28/2011
Submitted Date 06/28/2011

Dear Linda Bird,

Comments:

Response 1

Comments: The additional \$50.00 filing fee has been submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your assistance with this filing.

Sincerely,

Dorothy Ruppert, Marcetia Neal, Rita Rowe, Wes Romanotto

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IC-461000	Policy/Contract	Individual Single Premium Immediate Fixed Annuity Certificate Contract	Initial		50.100	IC-461000.pdf
	IL-A13300	Application/Enrollment Form	Individual Single Premium Immediate Fixed Annuity Application	Initial		50.100	IL-A13300.pdf

Horace Mann Life Insurance Company

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

Individual Single Premium Immediate Fixed Annuity Contract

Horace Mann Life Insurance Company will pay the **annuity payments** to the **payee(s)** starting on the **annuity date**. The **annuity payment** will be based on the **net premium** and the **annuity payment option** elected. If **you** elected an **annuity payment option** payable over the lifetime of the **annuitant(s)**, the **annuity payment** will also be based on the age and sex of the **annuitant(s)**.

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

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

Right to Examine Your Contract

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

President

Corporate Secretary

**Individual Single Premium Immediate
Fixed Annuity Contract**

THIS IS A LEGAL CONTRACT — READ IT CAREFULLY

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

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

Summary of contract

This individual single premium immediate fixed annuity contract provides **annuity payments** payable to the **payee(s)** starting on the **annuity date**.

Subject to the rights of any **irrevocable beneficiary** or assignee, **you** may:

- change the **beneficiary(ies)**;
- change the **payee(s)**; and
- exercise the other rights provided to the owner of this contract.

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

Table of contents

Annuity data	Page 3
General definitions	Page 4
General contract information	Page 4
Annuity payments	Page 5
Taxes	Page 5
Other terms of your contract	Page 5

Owner	[John Doe]	Issue date	[02/01/2011]
Payee(s)	[50% – John Doe]	Annuity date	[03/01/2011]
	[50% – Jane Doe]	Issue state	[xx]
Annuitant	[John Doe]	Tax type	[IRA]
Annuitant's age and sex	[65 – Male]	Contract number	[0000000000]

[Joint **annuitant**]

[Joint **annuitant's** age and sex] [63 – Female]

Age is based on the age last birthday of the [two] **annuitant[s]** as of the **annuity date**.

Premium

Premium payment	[\$50,000.00]
Less state premium tax (if applicable)	[\$0.00]
Net premium	[\$50,000.00]

Annuity payments

Annuity payment option [Joint Life Annuity with Survivor Benefit and Enhanced Cash Refund upon Second Death (allows withdrawals and surrender)]

We will make **annuity payments** while both the **annuitant** and joint **annuitant** are living and during the survivor's remaining lifetime. This annuity option cannot be changed.]

[Initial **annuity payment** amount] [\$500.00]

Annuity payment frequency [Monthly]

[Withdrawals] [This annuity option allows **you** to make withdrawals of any applicable refund amount. The refund amount will be (1) [105%] of the **net premium** minus (2) the total of the **annuity payments** made to date and any previous withdrawals. Once the total of the **annuity payments** made to date and any previous withdrawals equals or exceeds [105%] of the **net premium**, no refund amount is available. The minimum withdrawal amount is [\$2,000] and the maximum is the refund amount.

When a withdrawal occurs, future **annuity payments** are reduced by the percentage of the refund amount taken by the withdrawal.

If **you** withdraw 100% of the refund amount, this policy will terminate and **annuity payments** will cease.]

Owner	[John Doe]	Issue date	[02/01/2011]
Payee(s)	[50% – John Doe]	Annuity date	[03/01/2011]
	[50% – Jane Doe]	Issue state	[xx]
Annuitant	[John Doe]	Tax type	[IRA]
Annuitant’s age and sex	[65 – Male]	Contract number	[0000000000]

[Joint **annuitant**] [Jane Doe]
 [Joint **annuitant’s age and sex**] [63 – Female]

Age is based on the age last birthday of the [two] **annuitant[s]** as of the **annuity date**.

Annuity payments (continued)

[Surrender charges] [During the first [seven] year(s) from the **annuity date**, a surrender charge applies.]

<u>Year</u>	<u>Surrender Charge Percentage of Amount Withdrawn</u>
[1	9.0%
2	8.0%
3	7.0%
4	6.0%
5	5.0%
6	4.0%
7	3.0%
Thereafter	0.0%]]

[Death of the **annuitants**] [Upon the death of one of the **annuitants**, the survivor option percentage will be applied to the previous **annuity payment** to determine the remaining **annuity payments** during the lifetime of the survivor. Upon the death of the survivor, **we** will pay **you** any applicable refund amount as defined on the previous page. Upon the death of the survivor, **annuity payments** cease.]

[Survivor option percentage] [100%]

General definitions

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

“**Annuitant(s)**” The **natural person(s)** whose life determines the **annuity payments** made under this contract. This term is only applicable for an **annuity payment option** payable over the lifetime of the **annuitant(s)**.

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

“**Annuity payment**” The regularly scheduled payment under this contract payable to the **payee(s)**.

“**Annuity payment option**” The payment option elected by **you**. The **annuity payment option** is described on the annuity data page.

“**Beneficiary(ies)**” The person(s) named as such in the application for this contract, or subsequently named in any later change shown in **our** records, that is designated to succeed as owner of this contract upon the death of the owner.

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

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

“**Issue date**” The date this contract becomes effective. The **issue date** is shown on the annuity data page.

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

“**Net premium**” The premium paid to **us** under this contract less any applicable premium tax. The **net premium** is shown on the annuity data page.

“**Payee(s)**” The person(s) designated by **you** to receive the **annuity payments**.

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

“**You**”, “**Your**” The owner of this contract.

General contract information

Ownership

You are the person to whom this contract is issued. Unless **you** provide otherwise, **you** may exercise all rights granted by this contract, subject to the rights of any **irrevocable beneficiary** or assignee.

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

Annuitant(s)

The **annuitant(s)** is (are) the person(s) named on the annuity data page on whose life **annuity payments** are based. The **annuitant(s)** must be a **natural person**.

Beneficiary(ies)

The **beneficiary(ies)** will be the person(s) named as such in the application, or subsequently named in any later change shown in **our** records. The **beneficiary(ies)** succeed(s) the owner upon the death of the owner.

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

If **you** do not name a **beneficiary** or if no named **beneficiary** survives **you**, the **beneficiary(ies)** will be:

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

Payee(s)

The **payee(s)** for any **annuity payment** will be the **payee(s)** of record at the time the **annuity payment** is scheduled to be made. If **we** have reason to believe that a **payee** is no longer living or if **we** do not have the necessary information in order to make an **annuity payment** to any **payee(s)**, **we** may suspend **annuity payments** until such

time that the necessary information is received in **our home office**. Once such information is received, all suspended **annuity payments** will resume.

We will pay multiple **payee(s)** according to the most recent written instructions **we** have received from **you** at **our home office**. If **we** do not have any written instructions, **we** will pay the **annuity payments** in equal shares.

Death of the owner

If the owner dies, ownership will pass to the **beneficiary(ies)**.

Death of a payee

If a **payee** dies and the **annuity payment** continues to be payable, **you** will need to designate a new **payee**.

Annuity payments

Annuity payments

On the **annuity date**, if **we** have received the premium shown on the annuity data page, **we** will begin making **annuity payments** under the **annuity payment option** shown on the annuity data page.

You may elect for payments to be made monthly, quarterly, semi-annually, annually or any other frequency that **we** make available. The **annuity payment** frequency is shown on the annuity data page.

If **you** elected an **annuity payment option** payable over the lifetime of the **annuitant(s)**, **we** may require:

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

Annuity payment option

The **annuity payment option** **you** elected is shown on the annuity data page. After the **issue date**, **you** may not change the **annuity date**, the **annuity payment option**, any **annuitant(s)**, any guaranteed period, any specified period, or in the case of a Joint Life Annuity with Survivor Benefit, the survivor percentage.

To the extent permitted by law, the payments made under an **annuity payment option** will not be subject to encumbrance, or to the claims of creditors or legal process.

Taxes

Any premium taxes relating to this contract will be deducted from the premium prior to determining the **annuity payment** under this contract. Such premium taxes will be determined by **your** place of residence. Any federal, state and local income tax, estate tax, inheritance tax and any other taxes required by law may be deducted from any distribution.

Other terms of your contract

Our contract with you

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

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

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

Incontestability

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

Misstatement of age or sex

If any age or sex has been misstated, **we** will pay **annuity payments** in the amount which would have been paid at the correct age and sex. Any overpayments **we** have made, including interest, will be deducted from future payments. Any under payments, including interest, will be paid in a lump sum to the **payee(s)**. The interest rate in both instances described above will be at the rate of 6 percent per year.

Conformity with state and federal law

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

This contract may be changed by **us** to maintain compliance with applicable state and federal law. Any such change will not, without **your** consent, reduce or eliminate benefits or impair or invalidate any right given to **you**

under this contract, except for changes to conform to changes in any applicable provisions or requirements of the Internal Revenue Code.

Notice of death

We require the death of the owner, a **payee**, a **beneficiary**, or any **annuitant(s)** to be reported to **our home office** as soon as possible. **We** are entitled to recover any overpayments made to any **payee(s)** due to the failure to provide timely notification of death.

Periodic reports

We will send **you** periodic reports of **your** contract activity.

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**Individual Single Premium Immediate
Fixed Annuity Contract**

Horace Mann Life Insurance Company

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

[ANNUITYNB/APP]
[Contract Number _____]

Individual Single Premium Immediate Fixed Annuity Application

A. Owner information

(street address is required)

Name _____

Telephone _____

Address _____

Gender M F Birth date _____

Marital status _____

Occupation/code _____

SS#/FEIN# _____

B. Annuitant(s) information (if different than owner)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Gender M F Birth date _____

Gender M F Birth date _____

Marital status _____

Marital status _____

Occupation/code _____

Occupation/code _____

Social Security # _____

Social Security # _____

C. Payee(s) information (if different than owner)

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Gender M F Birth date _____

Gender M F Birth date _____

Marital status _____

Marital status _____

Occupation/code _____

Occupation/code _____

Social Security # _____

Social Security # _____

Payee % (0% - 100%) _____

Payee % (0% - 100%) _____

D. Beneficiary information

Primary beneficiary

Name _____

Address _____

Relationship _____

Telephone _____

Birth date _____

Social Security # _____

Comments _____

Contingent beneficiary

Name _____

Address _____

Relationship _____

Telephone _____

Birth date _____

Social Security # _____

Comments _____

[E. Contract type

Choose one: 403(b) IRA Roth IRA Non-Qualified

F. Premium payment – Single premium payment: \$ _____

G. Annuity Date – This is the date of the first annuity payment.

On the Issue Date (This is the date money is received and the contract becomes effective.)

Other ____ / ____ / ____ (29th, 30th and 31st are not available. This date must be within eleven months of the Issue Date.)
mm dd yyyy

Please note: Any date selected under "Other" is subject to acceptance by the Company. If no date is provided, the first annuity payment will be on the Issue Date.

[H. Payment frequency

Choose one: Monthly Quarterly Semi-annually Annually

I. Direct Deposit (A voided check or deposit slip must be included with this authorization.)

By completing this section and signing below, I hereby authorize Horace Mann Life Insurance Company to:

- 1) deposit annuity payments to the payee's account; and
- 2) initiate debit entries and adjustments for any credit entries in the event any overpayment is credited to the payee's account.

Direct deposits will remain in effect until written notice is received by us indicating otherwise.

Account type: Checking Savings

Financial institution name _____

Address _____ Phone number _____

Routing # _____ Account # _____

(Please verify the routing number with the payee's financial institution.)

[J. Annuity payment options

Choose one or more and indicate the allocation % for each payment option chosen:

Non-life annuity options: Annuity payments are not based on the life of an annuitant; therefore, no annuitant needs to be named. Withdrawals and surrenders are not permitted.

- 1. _____% Specified Period only
Years – Choose one: 5 10 20 25 30
 Other (whole years between 5 and 30 years) _____
- 2. _____% Specified Period with Increase Option
Years – Choose one: 5 10 20 25 30
 Other (whole years between 5 and 30 years) _____
Increase – Choose %: 1% 2% 3% 4% 5%

Single life annuity options: Annuity payments are based on the life of an annuitant; therefore, one annuitant must be named. Unless specifically noted below, withdrawals and surrenders are not permitted.

- 3. _____% Life Annuity without Guaranteed Period (Does not allow for a guaranteed minimum number of payments.)
- 4. _____% Life Annuity with Increase Option and without Guaranteed Period
(Does not allow for a guaranteed minimum number of payments.)
Increase – Choose %: 1% 2% 3% 4% 5%
- 5. _____% Life Annuity with Cash Refund upon Death
- 6. _____% Life Annuity with Enhanced Cash Refund upon Death
- 7. _____% Life Annuity with Installment Refund upon Death
- 8. _____% Life Annuity with Enhanced Installment Refund upon Death
- 9. _____% Life Annuity with Cash Refund upon Death (allows withdrawals and surrender)
- 10. _____% Life Annuity with Enhanced Cash Refund upon Death (allows withdrawals and surrender)
- 11. _____% Life Annuity with Guaranteed Period
Years – Choose one: 5 10 20 25 30
 Other (whole years between 1 and 30 years) _____
- 12. _____% Life Annuity with Guaranteed Period and Increase Option
Years – Choose one: 5 10 20 25 30
 Other (whole years between 1 and 30 years) _____
Increase – Choose %: 1% 2% 3% 4% 5%

Joint life annuity options: Annuity payments are based on the lives of two annuitants; therefore, two annuitants must be named. Unless specifically noted below, withdrawals and surrenders are not permitted.

- 13. _____% Joint Life Annuity with Survivor Benefit and without Guaranteed Period
(Does not allow for a guaranteed minimum number of payments.)
Choose Survivor %: 50% 66.67% 100%
- 14. _____% Joint Life Annuity with Survivor Benefit and Increase Option and without Guaranteed Period
(Does not allow for a guaranteed minimum number of payments.)
Choose Survivor %: 50% 66.67% 100%
Increase – Choose %: 1% 2% 3% 4% 5%
- 15. _____% Joint Life Annuity with [100%] Survivor Benefit and Cash Refund upon Second Death
- 16. _____% Joint Life Annuity with [100%] Survivor Benefit and Enhanced Cash Refund upon Second Death
- 17. _____% Joint Life Annuity with [100%] Survivor Benefit and Installment Refund upon Second Death
- 18. _____% Joint Life Annuity with [100%] Survivor Benefit and Enhanced Installment Refund upon Second Death
- 19. _____% Joint Life Annuity with [100%] Survivor Benefit and Cash Refund upon Second Death
(allows withdrawals and surrender)
- 20. _____% Joint Life Annuity with [100%] Survivor Benefit and Enhanced Cash Refund upon Second Death
(allows withdrawals and surrender)】

K. Special instructions

[L. Additional requirements (if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Suitability form* | <input type="checkbox"/> Buyer's Guide** |
| <input type="checkbox"/> Tax-withholding form* | <input type="checkbox"/> Product Disclosure** |
| <input type="checkbox"/> Transfer/rollover request form | <input type="checkbox"/> IRA "disclosure notice"*** |
| <input type="checkbox"/> State replacement form | <input type="checkbox"/> Other _____ |

* These forms are required to be submitted to the Home Office with the application.

** These forms are required to be left with the proposed contract owner.]

[M. Fraud notices

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.

Connecticut, Oregon, and Vermont – Any person who knowingly and with intent to defraud an insurer submits an application or files a claim containing false, incomplete, or misleading statements of material fact may be guilty of a crime.

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

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

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

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

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

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

[N. Replacement information (This section must be completed.)

Do you currently have any existing or pending life insurance or annuities? Yes No

Will the proposed annuity replace, discontinue or change an existing life insurance policy or annuity contract?

Yes No

If yes, complete chart below:

Company name	Contract # (if applicable)	Will value transfer to Horace Mann?

O. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge. I acknowledge full responsibility for any and all federal and state income taxes and penalties. **【If I applied for any IRA product, I acknowledge receipt of the “disclosure notice” applicable to my contract.】**

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

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

Proposed Owner’s signature _____

P. To be completed by agent only

Does the applicant currently have any existing or pending life insurance or annuities? Yes No

To the best of your knowledge, will the proposed annuity replace, discontinue or change an existing life insurance policy or annuity contract? Yes, as indicated above No

Agent’s name (1) _____

Agent’s signature (1) _____ Agent # _____

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

Agent’s name (2) _____

Agent’s signature (2) _____ Agent # _____

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

SERFF Tracking Number: HRCN-127279151 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49081
 Company Tracking Number: AR IC-461000
 TOI: A051 Individual Annuities- Immediate Non- Variable Sub-TOI: A051.000 Annuities - Immediate Non-variable
 Product Name: SPIA
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status Date:**

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

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
 The application to be used with this policy is being submitted for approval at this time and is attached to the Form Schedule tab.

Item Status: **Status Date:**

Satisfied - Item: Life & Annuity - Actuarial Memo
Comments:
Attachment:
 Actuarial Memorandum IC-461000.pdf

Item Status: **Status Date:**

Satisfied - Item: Readability Certification
Comments:
Attachment:
 Readability Certification_Base.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability_IC-461000

SERFF Tracking Number: HRCN-127279151 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49081
Company Tracking Number: AR IC-461000
TOI: A051 Individual Annuities- Immediate Non- Sub-TOI: A051.000 Annuities - Immediate Non-variable
Variable
Product Name: SPIA
Project Name/Number: /

Comments:

Attachment:

IC-461000 SPIA SOV.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability_IL-A13300

Comments:

Attachment:

IL-A13300 SPIA Application SOV.pdf

Item Status:

Status

Date:

Satisfied - Item: Form IL-529AR (Complies with Ark.
Code Ann. 23-79-138)

Comments:

This form will be attached to contract form IC-461000. It was approved by the Arkansas Insurance Department on December 2, 2004.

Attachment:

IL-M529AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification with Regulation 19

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 50.1.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Individual Single Premium Immediate Fixed Annuity Contract	IC-461000	See above
Individual Single Premium Immediate Fixed Annuity Application	IL-A13300	See above

B. Test option selected

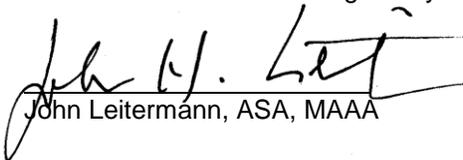
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

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

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 50.1.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Individual Single Premium Immediate Fixed Annuity Contract	IC-461000	See above
Individual Single Premium Immediate Fixed Annuity Application	IL-A13300	See above

B. Test option selected

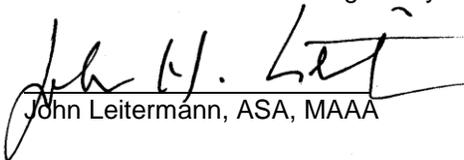
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

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

Owner	[V1]	Issue date	[V10]
Payee(s)	[V2]	Annuity date	[V11]
	[V3]	Issue state	[V12]
Annuitant	[V4]	Tax type	[V13]
Annuitant's age and sex	[V5]	Contract number	[V14]
[Joint annuitant] ^{V6}	[V7]		
[Joint annuitant's age and sex] ^{V8}	[V9]		

Age is based on the age last birthday of the [two]^{V15} **annuitant[s]**^{V16} as of the **annuity date**.

Premium

Premium payment	[V17]
Less state premium tax (if applicable)	[V18]
Net premium	[V19]

Annuity payments

Annuity payment option	[V20 (V20 ¹ – V20 ²⁰), V21, V22, V23, V24]	
[Annuity payment amount] ^{V25}		[V26]
[Initial annuity payment amount] ^{V27}		[V28]
Annuity payment frequency		[V29]
[Annuity payment increase percentage] ^{V30}		[V31]
[Specified period] ^{V32}		[V33]
[Final annuity payment date] ^{V34}		[V35]
[Withdrawals] ^{V36}	[V37 (V37 ¹ – V37 ²), V38, V39]	
[Surrender charges] ^{V40}	[V41], [V42], [V43]	
[Death of the annuitant] ^{V44}	[V45]	
[Death of the annuitants] ^{V46}	[V47]	
[Number of years in guaranteed period] ^{V48}		[V49]
[Final guaranteed annuity payment date] ^{V50}		[V51]
[Annuity payment amount while both annuitants are living] ^{V52}		[V53]
[Initial Annuity payment amount while both annuitants are living] ^{V54}		[V55]
[Survivor option percentage] ^{V56}		[V57]

Horace Mann Life Insurance Company**1 Horace Mann Plaza
Springfield, Illinois 62715****Statement of Variability
Individual Single Premium Immediate Fixed Annuity Contract
Form IC-461000**

The company address, phone number, web address and officer signatures are bracketed on the cover page. These items may be updated as necessary. All other variable items are on page 3. In some situations text may wrap to a second page which will be numbered page 3A.

Variable Item #	Field Name	Range/Explanation of Variable Data
V1	Owner	The name of the owner will appear in this field.
V2	Payee(s)	The name of the first payee will appear in this field. If there is only one payee, only the name of the payee will print in this field.
V3	Payee(s)	The name of the second payee will appear in this field. If there are multiple payees, the percentage of each payment payable to each payee will appear before their name. For example: V2 will print 50% - John Doe V3 will print 50% - Jane Doe
V4	Annuitant	The name of the annuitant or "Not applicable" will appear in this field. "Not applicable" will appear in this field for annuity payment options not payable over the lifetime of the annuitant(s).
V5	Annuitant's age and sex	The annuitant's age and sex or "Not applicable" will appear in this field. "Not applicable" will appear in this field for annuity payment options not payable over the lifetime of the annuitant(s).
V6	Joint annuitant	"Joint annuitant" will appear if there is a joint annuitant.
V7	Joint annuitant	If there is a joint annuitant, the name of the joint annuitant will appear in this field.
V8	Joint annuitant's age and sex	"Joint annuitant's age and sex" will appear if there is a joint annuitant.
V9	Joint annuitant's age and sex	If there is a joint annuitant, the joint annuitant's age and sex will appear in this field.
V10	Issue date	The issue date for each contract we issue will appear in this field.
V11	Annuity date	The annuity date for each contract we issue will appear in this field.
V12	Issue state	The issue state for each contract we issue will appear in this field.
V13	Tax Type	The tax type for each contract we issue will appear in this field.
V14	Contract number	The contract number for each contract we issue will appear in this field.
V15	Two	"Two" will appear if there are joint annuitants.
V16	s	"s" will appear if there are joint annuitants.
V17	Premium Payment	The premium payment for each contract we issue will appear in this field.
V18	Less state premium tax (if applicable)	The amount of the state premium tax (if any) for each contract we issue will appear in this field.
V19	Net premium	The amount of the net premium for each contract we issue will appear in this field.
V20	Annuity payment option	The annuity payment option chosen by the client will appear in this field. There are 20 options for the client to choose from. The text for each option is shown below.
V20 ¹	Annuity Payments for a Specified Period	Annuity Payments for a Specified Period We will make annuity payments for a specified period of time as shown below. The annuity payments will continue until the final annuity payment date shown below. This annuity option cannot be changed and withdrawals are not permitted.

V20 ²	Annuity Payments for a Specified Period with Increase Option	<p>Annuity Payments for a Specified Period with Increase Option</p> <p>We will make annuity payments for a specified period of time as shown below. The annuity payments will continue until the final annuity payment date shown below. This annuity option cannot be changed and withdrawals are not permitted.</p> <p>The annuity payment amount will increase on each anniversary of the annuity date based on the annuity payment increase percentage shown below. The amount of the increase in the annuity payment is determined by multiplying the annuity payment increase percentage by the previous annuity payment amount.</p>
V20 ³	Life Annuity without Guaranteed Period	<p>Life Annuity without Guaranteed Period</p> <p>We will make annuity payments during the lifetime of the annuitant. This annuity option cannot be changed and withdrawals are not permitted. We do not guarantee a minimum number of annuity payments under this option. If the annuitant dies before the annuity date, no annuity payments will be made. If the annuitant dies on or after the annuity date, annuity payments cease.</p>
V20 ⁴	Life Annuity with Increase Option and without Guaranteed Period	<p>Life Annuity with Increase Option and without Guaranteed Period</p> <p>We will make annuity payments during the lifetime of the annuitant. This annuity option cannot be changed and withdrawals are not permitted. We do not guarantee a minimum number of annuity payments under this option. If the annuitant dies before the annuity date, no annuity payments will be made. If the annuitant dies on or after the annuity date, annuity payments cease.</p> <p>The annuity payment amount will increase on each anniversary of the annuity date based on the annuity payment increase percentage shown below. The amount of the increase in the annuity payment is determined by multiplying the annuity payment increase percentage by the previous annuity payment amount.</p>
V20 ⁵	Life Annuity with Cash Refund upon Death	<p>Life Annuity with Cash Refund upon Death</p> <p>We will make annuity payments during the lifetime of the annuitant. This annuity option cannot be changed and withdrawals are not permitted. Upon the death of the annuitant, annuity payments cease. If the total of the annuity payments made to date is less than the net premium when the annuitant dies, we will refund the difference between the net premium and the total of the annuity payments made to date.</p>
V20 ⁶	Life Annuity with Enhanced Cash Refund upon Death	<p>Life Annuity with Enhanced Cash Refund upon Death</p> <p>We will make annuity payments during the lifetime of the annuitant. This annuity option cannot be changed and withdrawals are not permitted. Upon the death of the annuitant, annuity payments cease. If the total of the annuity payments made to date is less than [105%]^{V21} of the net premium when the annuitant dies, we will refund the difference between [105%]^{V21} of the net premium and the total of the annuity payments made to date.</p>
V21	Enhancement percentage	<p>The amount of the enhancement for payout option V20⁶ will appear in this field. It may range from 101% to 110%.</p>
V20 ⁷	Life Annuity with Installment Refund upon Death	<p>Life Annuity with Installment Refund upon Death</p> <p>We will make annuity payments during the lifetime of the annuitant. This annuity option cannot be changed and withdrawals are not permitted. If the total of the annuity payments made to date is less than the net premium when the annuitant dies, we will continue annuity payments until the total of the annuity payments made equals the net premium. If the total of the annuity payments made to date is greater than or equal to the net premium when the annuitant dies, then annuity payments cease upon the death of the annuitant.</p>

V20 ⁸	Life Annuity with Enhanced Installment Refund upon Death	Life Annuity with Enhanced Installment Refund upon Death We will make annuity payments during the lifetime of the annuitant . This annuity option cannot be changed and withdrawals are not permitted. If the total of the annuity payments made to date is less than [105%] ^{V22} of the net premium when the annuitant dies, we will continue annuity payments until the total of the annuity payments made equals [105%] ^{V22} of the net premium . If the total of the annuity payments made to date is greater than or equal to [105% of] ^{V22} the net premium when the annuitant dies, then annuity payments cease upon the death of the annuitant .
V22	Enhancement percentage	The amount of the enhancement for payout option V20 ⁸ will appear in this field. It may range from 101% to 110%.
V20 ⁹	Life Annuity with Cash Refund upon Death (allows withdrawals and surrender)	Life Annuity with Cash Refund upon Death (allows withdrawals and surrender) We will make annuity payments during the lifetime of the annuitant . This annuity option cannot be changed.
V20 ¹⁰	Life Annuity with Enhanced Cash Refund upon Death (allows withdrawals and surrender)	Life Annuity with Enhanced Cash Refund upon Death (allows withdrawals and surrender) We will make annuity payments during the lifetime of the annuitant . This annuity option cannot be changed.
V20 ¹¹	Life Annuity with Guaranteed Period	Life Annuity with Guaranteed Period We will make annuity payments during the lifetime of the annuitant . This annuity option cannot be changed and withdrawals are not permitted. Annuity payments will be guaranteed for the number of years shown below. If the annuitant dies before the final guaranteed annuity payment date, we will continue to pay the annuity payments until the final guaranteed annuity payment date. If the annuitant dies on or after the final guaranteed annuity payment date, annuity payments cease.
V20 ¹²	Life Annuity with Guaranteed Period and Increase Option	Life Annuity with Guaranteed Period and Increase Option We will make annuity payments during the lifetime of the annuitant . This annuity option cannot be changed and withdrawals are not permitted. Annuity payments will be guaranteed for the number of years shown below. The annuity payment amount will increase on each anniversary of the annuity date based on the annuity payment increase percentage shown below. The amount of the increase in the annuity payment is determined by multiplying the annuity payment increase percentage by the previous annuity payment amount. If the annuitant dies before the final guaranteed annuity payment date, we will continue to pay the annuity payments until the final guaranteed annuity payment date. If the annuitant dies on or after the final guaranteed annuity payment date, annuity payments cease.
V20 ¹³	Joint Life Annuity with Survivor Benefit and without Guaranteed Period	Joint Life Annuity with Survivor Benefit and without Guaranteed Period We will make annuity payments while both the annuitant and the joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted. We do not guarantee a minimum number of annuity payments under this option. If the annuitant and joint annuitant die before the annuity date , no annuity payments will be made. Upon the death of one of the annuitants , the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the life of the survivor. Upon the death of the survivor, annuity payments cease.

V20 ¹⁴	Joint Life Annuity with Survivor Benefit and Increase Option and without Guaranteed Period	<p>Joint Life Annuity with Survivor Benefit and Increase Option and without Guaranteed Period</p> <p>We will make annuity payments while both the annuitant and the joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted. We do not guarantee a minimum number of annuity payments under this option. If the annuitant and joint annuitant die before the annuity date, no annuity payments will be made.</p> <p>The annuity payment amount will increase on each anniversary of the annuity date based on the annuity payment increase percentage shown below. The amount of the increase in the annuity payment is determined by multiplying the annuity payment increase percentage by the previous annuity payment amount.</p> <p>Upon the death of one of the annuitants, the survivor option percentage will be applied to the previous annuity payment to determine the next annuity payment payable during the life of the survivor. The annuity payment will then increase on each anniversary of the annuity date as stated above. Upon the death of the survivor, annuity payments cease.</p>
V20 ¹⁵	Joint Life Annuity with Survivor Benefit and Cash Refund upon Second Death	<p>Joint Life Annuity with Survivor Benefit and Cash Refund upon Second Death</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted.</p> <p>Upon the death of one of the annuitants, the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the life of the survivor.</p> <p>Upon the death of the survivor, if the total of the annuity payments made to date is less than the net premium, we will refund you the difference between the net premium and the total of the annuity payments made to date. Upon the death of the survivor, annuity payments cease.</p>
V20 ¹⁶	Joint Life Annuity with Survivor Benefit and Enhanced Cash Refund upon Second Death	<p>Joint Life Annuity with Survivor Benefit and Enhanced Cash Refund upon Second Death</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted.</p> <p>Upon the death of one of the annuitants, the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the life of the survivor.</p> <p>Upon the death of the survivor, if the total of the annuity payments made to date is less than [105%]^{V23} of the net premium, we will refund you the difference between [105%]^{V23} of the net premium and the total of the annuity payments made to date. Upon the death of the survivor, annuity payments cease.</p>
V23	Enhancement percentage	<p>The amount of the enhancement for payout option V20¹⁶ will appear in this field. It may range from 101% to 110%.</p>
V20 ¹⁷	Joint Life Annuity with Survivor Benefit and Installment Refund upon Second Death	<p>Joint Life Annuity with Survivor Benefit and Installment Refund upon Second Death</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted.</p> <p>Upon the death of one of the annuitants, the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the life of the survivor.</p> <p>Upon the death of the survivor, if the total of the annuity payments made to date is less than the net premium, we will continue annuity payments until the total of the annuity payments made equals the net premium. If the total of the annuity payments made to date is greater than or equal to the net premium when the survivor dies, then annuity payments cease upon the death of the survivor.</p>

V20 ¹⁸	Joint Life Annuity with Survivor Benefit and Enhanced Installment Refund upon Second Death	<p>Joint Life Annuity with Survivor Benefit and Enhanced Installment Refund upon Second Death</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed and withdrawals are not permitted.</p> <p>Upon the death of one of the annuitants, the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the life of the survivor.</p> <p>Upon the death of the survivor, if the total of the annuity payments made to date is less than [105%]^{V24} of the net premium, we will continue annuity payments until the total of the annuity payments made equals [105% of]^{V24} the net premium. If the total of the annuity payments made to date is greater than or equal to [105%]^{V24} of the net premium when the survivor dies, then annuity payments cease upon the death of the survivor.</p>
V24	Enhancement percentage	The amount of the enhancement for payout option V20 ¹⁸ will appear in this field. It may range from 101% to 110%.
V20 ¹⁹	Joint Life Annuity with Survivor Benefit and Cash Refund upon Second Death (allows withdrawals and surrender)	<p>Joint Life Annuity with Survivor Benefit and Cash Refund upon Second Death (allows withdrawals and surrender)</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed.</p>
V20 ²⁰	Joint Life Annuity with Survivor Benefit and Enhanced Cash Refund upon Second Death (allows withdrawals and surrender)	<p>Joint Life Annuity with Survivor Benefit and Enhanced Cash Refund upon Second Death (allows withdrawals and surrender)</p> <p>We will make annuity payments while both the annuitant and joint annuitant are living and during the survivor's remaining lifetime. This annuity option cannot be changed.</p>
V25	Annuity payment amount	"Annuity payment amount" will appear when any of the following annuity payment options are chosen: V20 ¹ , V20 ³ , V20 ⁵ , V20 ⁶ , V20 ⁷ , V20 ⁸ or V20 ¹¹ .
V26	Annuity payment amount	If the annuity payment amount field is present, the amount of the annuity payment will appear in this field.
V27	Initial annuity payment amount	"Initial annuity payment amount" will appear when any of the following annuity payment options are chosen: V20 ² , V20 ⁴ , V20 ⁹ , V20 ¹⁰ , V20 ¹² , V20 ¹⁹ or V20 ²⁰ .
V28	Initial annuity payment amount	If the initial annuity payment amount field is present, the amount of the initial annuity payment will appear in this field.
V29	Annuity payment frequency	The frequency at which annuity payments occur will appear in this field.
V30	Annuity payment increase percentage	"Annuity payment increase percentage" will appear when any of the following annuity payment options are chosen: V20 ² , V20 ⁴ , V20 ¹² or V20 ¹⁴ .
V31	Annuity payment increase percentage	If the annuity payment increase percentage field is present, the percentage amount will appear in this field.
V32	Specified period	"Specified period" will appear if V20 ¹ or V20 ² is chosen.
V33	Specified period	If the specified period field is present, the specified period will appear in this field. The specified period may range from 1 to 40 years.
V34	Final annuity payment date	"Final annuity payment date" will appear if V20 ¹ or V20 ² is chosen.
V35	Final annuity payment date	If the final annuity payment date field is present, the final annuity payment date will appear in this field.
V36	Withdrawals	"Withdrawals" will appear if V20 ⁹ , V20 ¹⁰ , V20 ¹⁹ or V20 ²⁰ is chosen.
V37 ¹	Withdrawals	<p>The following text will print in this field if V20⁹ or V20¹⁹ is chosen:</p> <p>This annuity option allows you to make withdrawals of any applicable refund amount. The refund amount will be (1) the net premium minus (2) the total of the annuity payments made to date and any previous withdrawals. Once the total of the annuity payments made to date and any previous withdrawals equals or exceeds the net premium, no refund amount is available. The minimum withdrawal amount is [\$2,000]^{V39} and the maximum is the refund amount.</p> <p>When a withdrawal occurs, future annuity payments are reduced by the percentage of the refund amount taken by the withdrawal.</p> <p>If you withdraw 100% of the refund amount, this policy will terminate and annuity payments will cease.</p>

V37 ²	Withdrawals	<p>The following text will print in this field if V20¹⁰ or V20²⁰ are chosen:</p> <p>This annuity option allows you to make withdrawals of any applicable refund amount. The refund amount will be (1) [105%]^{V38} of the net premium minus (2) the total of the annuity payments made to date and any previous withdrawals. Once the total of the annuity payments made to date and any previous withdrawals equals or exceeds [105%]^{V38} of the net premium, no refund amount is available. The minimum withdrawal amount is [\$2,000]^{V39} and the maximum is the refund amount.</p> <p>When a withdrawal occurs, future annuity payments are reduced by the percentage of the refund amount taken by the withdrawal.</p> <p>If you withdraw 100% of the refund amount, this policy will terminate and annuity payments will cease.</p>																		
V38	Enhancement percentage	This is the percentage amount of the net premium that appears in withdrawal field V37 ² . It may range from 101% to 110%.																		
V39	Minimum withdrawal amount	This is the minimum withdrawal amount that appears in withdrawal fields V37 ¹ and V37 ² . It may range from \$0 to \$2,500.00.																		
V40	Surrender charges	"Surrender charges" will appear if V20 ⁹ , V20 ¹⁰ , V20 ¹⁹ or V20 ²⁰ is chosen.																		
V41	Surrender charges	<p>The following text will print in this field if V20⁹, V20¹⁰, V20¹⁹ or V20²⁰ is chosen :</p> <p>During the first [seven]^{V42} year(s) from the annuity date, a surrender charge applies.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Year</u></th> <th style="text-align: center;"><u>Surrender Charge Percentage of Amount Withdrawn</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">[1</td> <td style="text-align: center;">9.0%</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">8.0%</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">7.0%</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">6.0%</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">5.0%</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">4.0%</td> </tr> <tr> <td style="text-align: center;">7</td> <td style="text-align: center;">3.0%</td> </tr> <tr> <td style="text-align: center;">Thereafter</td> <td style="text-align: center;">0.0%]^{V43}</td> </tr> </tbody> </table>	<u>Year</u>	<u>Surrender Charge Percentage of Amount Withdrawn</u>	[1	9.0%	2	8.0%	3	7.0%	4	6.0%	5	5.0%	6	4.0%	7	3.0%	Thereafter	0.0%] ^{V43}
<u>Year</u>	<u>Surrender Charge Percentage of Amount Withdrawn</u>																			
[1	9.0%																			
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4	6.0%																			
5	5.0%																			
6	4.0%																			
7	3.0%																			
Thereafter	0.0%] ^{V43}																			
V42	# of years of surrender charges	The number of years surrender charges apply will appear in this field. If surrender charges only last one year, this field will not print. Otherwise the range will be from two to ten.																		
V43	Surrender charge table	The surrender charge table will print in this field. The range is for charges to occur for 1 to 10 years. The maximum charge in any year will be 10%. Typically charges will be 5% for 5 years or 7 year declining 9%, 8%, 7%, 6%, 5%, 4%, 3%.																		
V44	Death of the annuitant	"Death of the annuitant" will appear if V20 ⁹ or V20 ¹⁰ is chosen.																		
V45	Death of the annuitant	If Death of the annuitant is present, the following text appears in this field: When the annuitant dies, we will pay you any applicable refund amount as defined above. Upon the death of the annuitant , annuity payments cease.																		
V46	Death of the annuitants	"Death of the annuitants" will appear if V20 ¹⁹ or V20 ²⁰ is chosen.																		
V47	Death of the annuitants	If Death of the annuitants is present, the following text appears in this field: Upon the death of one of the annuitants , the survivor option percentage will be applied to the previous annuity payment to determine the remaining annuity payments during the lifetime of the survivor. Upon the death of the survivor, we will pay you any applicable refund amount as defined on the previous page. Upon the death of the survivor, annuity payments cease.																		
V48	Number of years in guaranteed period	"Number of years in guaranteed period" will appear if V20 ¹¹ or V20 ¹² is chosen.																		
V49	Number of years in guaranteed period	If the Number of years in guaranteed period field is present, the length of the guaranteed period in years will appear in this field. The number of years may range from 1 to 40.																		
V50	Final guaranteed annuity payment date	"Final guaranteed annuity payment date" will appear if V20 ¹¹ or V20 ¹² is chosen.																		

V51	Final guaranteed annuity payment date	If the Final guaranteed annuity payment date field is present, the date of the final guaranteed annuity payment will appear in this field.
V52	Annuity payment amount while both annuitants are living	"Annuity payment amount while both annuitants are living" will appear if V20 ¹³ , V20 ¹⁵ , V20 ¹⁶ , V20 ¹⁷ , or V20 ¹⁸ are chosen.
V53	Annuity payment amount while both annuitants are living	If the annuity payment amount while both annuitants are living field is present, the amount of the annuity payment will appear in this field.
V54	Initial annuity payment amount while both annuitants are living	"Initial annuity payment amount while both annuitants are living" will appear if V20 ¹⁴ is chosen.
V55	Initial annuity payment amount while both annuitants are living	If the initial annuity payment amount while both annuitants are living field is present, the amount of the initial annuity payment will appear in this field.
V56	Survivor option percentage	"Survivor option percentage" will appear if V20 ¹³ , V20 ¹⁴ , V20 ¹⁵ , V20 ¹⁶ , V20 ¹⁷ , V20 ¹⁸ , V20 ¹⁹ or V20 ²⁰ is chosen.
V57	Survivor option percentage	If the Survivor option percentage field is present, the survivor option percentage chosen by the client will appear in this field.

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, Illinois 62715
Statement of Variability
Individual Single Premium Immediate Fixed Annuity Application
Form IL-A13300

Application Section	Description	Page	Range/Explanation of Variable Data
First page below logo	ANNUITYNB/APP	1	This is an internal processing code that could change if business needs change.
First page below logo	Contract number	1	The contract number is unique to each client.
E	Contract type	2	This section identifies the current tax types available for our SPIA contract. If a current tax type becomes unavailable, we will remove it from this section. If a new tax type becomes available, we will add it to this section.
H	Payment frequency	3	This section identifies the current payment frequencies available for our SPIA contract. If a current payment frequency becomes unavailable, we will remove it from this section. If a new payment frequency becomes available, we will add it to this section.
J	Annuity payment options	3	This section identifies the current payment options available for our SPIA contract. If a current payment option becomes unavailable, we will remove it from this section. If a new payment option becomes available, we will add it to this section.
J	100% in Annuity payment options 15, 16, 17, 18, 19 and 20.	3	Currently, 100% is the only survivor option percentage available under these options. If additional survivor option percentages become available, they will print in this field.
L	Additional requirements	4	This section lists the forms in addition to the application that we require to be completed. If the list changes, we will reflect the changes in this section.
M	Fraud notices	4	We will incorporate state regulation changes regarding fraud notice text in this section.
N	Replacement information	4	We will incorporate state regulation changes regarding replacement text in this section.
O	Acknowledgement and authorization	5	This section includes the following sentence, "If I applied for any IRA product, I acknowledge receipt of the "disclosure notice" applicable to my contract." This sentence may vary if/when our form requirements change.
Footer	(Employee/Exclusive Agent) (08/01/11)	All	This section displays the distribution channel (Employee/Exclusive Agent or Independent Agent) and the revision date of the application.

Required State Disclosure

Horace Mann Life Insurance Company

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

If you have a question on your insurance

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

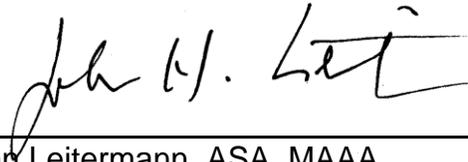
If **you** need additional assistance, please contact the office of Consumer Services, The Horace Mann Companies, P.O. Box 4657, Springfield, Illinois 62708-4657, 800-999-1030.

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

**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 submission and hereby certify that they are in compliance with Regulation 19 as well as all applicable requirements of the Department.



John Leitermann, ASA, MAAA

July 7, 2011

Date