

SERFF Tracking Number: HRCN-127333622 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49375
Company Tracking Number: IL-A13400
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: 403(b) GPA Application
Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: 403(b) GPA Application

SERFF Tr Num: HRCN-127333622 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 49375

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: IL-A13400

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

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

Disposition Date: 08/04/2011

Date Submitted: 07/22/2011

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: 08/04/2011

State Status Changed: 08/04/2011

Deemer Date:

Created By: Rita Rowe

Submitted By: Rita Rowe

Corresponding Filing Tracking Number:

Filing Description:

IL-A13400 403(b) Individual Variable Annuity Application

Included in this submission is the above-referenced form for your review and approval. This is a new form and does not replace any form previously approved by your department.

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

This form will be used with our Goal Planning Annuity policy form IC-452000 which was previously approved by your

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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: 403(b) GPA Application
 Project Name/Number: /

department on 12/14/2005. Please note, this application will not be used for sales involving replacements or rollovers. If the sale involves either of these, this application cannot be used and will not be accepted by our underwriting department.

Since this form will be used with our variable product identified above and variable annuity contracts are securities subject to federal jurisdiction, it is not subject to the readability or language simplification laws. Therefore, a readability certification has not been included with this submission.

We will begin using this application upon your approval. This form is submitted concurrently to our domicile state.

Please let me know if you have any questions or need additional information.

Company and Contact

Filing Contact Information

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

Filing Company Information

Horace Mann Life Insurance Company CoCode: 64513 State of Domicile: Illinois
 1 Horace Mann Plaza Group Code: 300 Company Type: Life,
 Accident/Health, Annuity, Credit
 Springfield, IL 62715-0001 Group Name: State ID Number:
 (217) 789-2500 ext. [Phone] FEIN Number: 37-0726637

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	07/22/2011	50019542

SERFF Tracking Number: HRCN-127333622 State: Arkansas
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TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: 403(b) GPA Application
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/04/2011	08/04/2011

SERFF Tracking Number: *HRCN-127333622* *State:* *Arkansas*
Filing Company: *Horace Mann Life Insurance Company* *State Tracking Number:* *49375*
Company Tracking Number: *IL-A13400*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *403(b) GPA Application*
Project Name/Number: /

Disposition

Disposition Date: 08/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-127333622 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49375
 Company Tracking Number: IL-A13400
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: 403(b) GPA Application
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	403(b) Individual Variable Annuity Application		Yes

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 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: 403(b) GPA Application
 Project Name/Number: /

Form Schedule

Lead Form Number: IL-A13400

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IL-A13400	Application/ 403(b) Individual Enrollment Variable Annuity Form Application	Initial		0.000	IL-A13400 Filing version NAIC states 7-22-2011.pdf

Horace Mann Life Insurance Company

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



NOT FOR REPLACEMENT OR ROLLOVER

403(b) Individual Variable Annuity Application

A. Client information			
Contract Owner's name (Last, first, initial) <u>Doe, John H.</u>			
Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <u>Married</u> Age <u>35</u> Birth date (MM/DD/YYYY) <u>01/01/1976</u>	
Telephone <u>111-111-1111</u> Business telephone <u>222-222-2222</u> SSN <u>123456789</u>			
Address <u>1 Main Street</u> City <u>Anytown</u> State <u>US</u> Zip code <u>12345</u>			
E-mail address <u>John.Doe@emailaddress.com</u> Occupation/code <u>Teacher</u>			
B. Employer information			
Employer name <u>ABC Employer</u>			
Address <u>456 School Lane</u> City <u>Anytown</u> State <u>US</u> Zip code <u>12345</u>			
Telephone <u>333-333-3333</u> Hired date <u>07/28/2000</u>			
C. Beneficiary information (* indicates required items for each beneficiary)			
Primary beneficiary <u>Jane Doe</u>		*Relationship <u>Spouse</u>	
*Birth date (MM/DD/YYYY) <u>02/02/1976</u> SSN <u>234567890</u>		Telephone <u>111-111-1111</u>	
Address <u>1 Main Street</u> City <u>Anytown</u> State <u>US</u> Zip code <u>12345</u>			
Contingent beneficiary _____		*Relationship _____	
*Birth date (MM/DD/YYYY) _____ SSN _____		Telephone _____	
Address _____ City _____ State _____ Zip code _____			
D. [Product information]			
Goal Planning Annuity – issue ages 0 – 85			
<input checked="" type="checkbox"/> 9-year surrender charge	<u>1.25 %</u>	<u>1.25 %</u>	
<input type="checkbox"/> 5-year surrender charge	<u>1.25 %</u>	<u> %</u>	
Optional Guaranteed Minimum Death Benefit Riders (check only one box)			
<input type="checkbox"/> 5% Accumulation only (not available in OR)	<u>0.30 %</u>	<u> %</u>	
<input type="checkbox"/> Annual Step-up only	<u>0.20 %</u>	<u> %</u>	
<input type="checkbox"/> 5% Accumulation & Annual Step-up (not available in OR)	<u>0.40 %</u>	<u> %</u>	
		Total	<u>1.25 %</u>
E. [Billing (for flexible premium)] Month of first payment <u>August</u>			
	Employee 403(b) pre-tax premiums	Employee Roth 403(b) post-tax premiums	Employer 403(b) premiums
First <u>6</u> payment(s) of:	<u>\$ 200.00</u>	_____	_____
Subsequent payment:	<u>\$ 200.00</u>	_____	_____
Total first year payment:	<u>\$2400.00</u>	_____	_____
List bill mode:	<input type="checkbox"/> 1/26	<input type="checkbox"/> 1/24	<input type="checkbox"/> 1/20
	<input checked="" type="checkbox"/> 1/12	<input type="checkbox"/> 1/10	<input type="checkbox"/> 1/9
	<input type="checkbox"/> Other _____		
F. [Investment instructions]			
Allocation Option		Allocation Option	
Lifecycle	Premiums	Asset Allocation	Premiums
63 Wilshire VIT 2015 ETF Fund	_____ %	76 Ibbt Conservative ETF Port II	_____ %
64 Wilshire VIT 2025 ETF Fund	_____ %	77 Ibbt Income & Growth ETF Port II	_____ %
65 Wilshire VIT 2035 ETF Fund	_____ %	78 Ibbt Balanced ETF Portfolio II	_____ %
Fixed Options		79 Ibbt Growth ETF Portfolio II	_____ %
00 Fixed Account	<u>100</u> %	80 Ibbt Aggressive Gro ETF Port II	_____ %
		Total	<u>100%</u>
Initial subaccount allocations using this application are limited to the choices above. There are other subaccounts available for your selection as provided in the prospectus. If you wish to use subaccounts not listed here for your initial allocation, you must use an alternate application. Additionally, automatic rebalancing may be selected by you for your contract which will require the use of an additional form. Rebalancing may be limited per the prospectus to contracts with balances in excess of \$5,000.]			

G. [Fraud notice

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

Maine – 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.

Maryland – 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.

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.

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.]

H. Comments _____

I. [Replacements (This section must be completed for all applications.)

Do you currently have any existing or pending policies or contracts? (If 'yes', please complete the replacement form.) Yes No

If the response to the following question is 'yes', do not use this application.

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

J. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge and belief. I acknowledge receipt of the current prospectus for the Horace Mann Life Insurance Company Separate Account and the Underlying Fund prospectuses. I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to dollar amount. I understand that in addition to the subaccounts listed on this application for initial allocation, other options are available to me for selection now and at a later date.

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

Signed at Anytown, US on 07/28/2011
(city/state) (date)

Contract owner's signature John H. Doe

K. To be completed by agent only

To the best of your knowledge, does the application for this annuity involve replacement of life insurance or annuities currently in force? No Yes (If yes, this application cannot be used.)

Agent's name (1) Joe Agent Agent's signature (1) Joe Agent

Agent # 1234 State code 01 License # 123456789 (if applicable) Percent 100%

Agent's name (2) _____ Agent's signature (2) _____

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

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Life & Annuity - Acturial Memo		
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment:			
	IL-A13400 403(b) Application SOV.pdf		

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, Illinois 62715
Statement of Variability
403(b) Tax-Deferred Annuity Application
Form IL-A13400

Application Section	Description	Page	Range/Explanation of Variable Data
D	Product information	1	This section lists the variable product that this application will be used with. The key features of the product are identified.
E	Billing	1	This section identifies the current billing mode and payment options available. If a current billing mode or payment option becomes unavailable, we will remove it from this section. If a new billing mode or payment option becomes available, we will add it to this section.
F	Investment instructions	1	This section identifies some of the investment options that are currently available for our variable product. If in the future new investment options become available or if we will be required to remove investment options that will no longer be available for use we may do so in this section.
G	Fraud notices	2	We will incorporate state regulation changes regarding fraud notice text in this section.
I	Replacements	2	We will incorporate state regulation changes regarding replacement text in this section.