Filing at a Glance

Company:	Horace Mann Life Insurance Company
Product Name:	Cash value term life insurance
State:	Arkansas
TOI:	L04I Individual Life - Term
Sub-TOI:	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Filing Type:	Form
Date Submitted:	11/08/2012
SERFF Tr Num:	HRCN-128688829
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	IC-351000
Implementation Date Requested:	On Approval
Author(s):	Rita Rowe
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/13/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Rita Rowe

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/13/2012
State Status Changed: 11/29/2012
Created By: Rita Rowe
Corresponding Filing Tracking Number:

Filing Description:

IC-351000 Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
R-IC-351000 Guaranteed Premium Rates
IL-L25200 Application for individual life insurance
IL-L25300 Children's Term Insurance Supplement
IL-L37500 Supplement to application – foreign travel/residence questionnaire
IL-L39000 Supplement to application – financial questionnaire
IL-L39100 Supplement to application – additional information
IL-L38600 Agent/Producer report
IL-L38700 Consumer privacy notice

Included in this submission are the above listed policy/application forms for your consideration and approval. These are new forms and do not replace any form previously approved by your state insurance department.

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

The policy form is nonparticipating and provides level term life insurance on an Insured to age 95. Premiums for the policy are guaranteed for all policy years. The policy provides for a level premium term period of either 20 or 30 years. After the level premium term period, the policy will renew automatically until the policy anniversary following age 95.

The 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 non-tobacco premium rates are banded at $25,000 – $99,999; $100,000 – $249,999; and $250,000 – unlimited. The policy fee will be an annual charge of $50 each year.

For filing purposes, we have completed Policy Data pages and Policy Summary (Cost Disclosure) in "John Doe" fashion. We have included a statement of variability that outlines the items that are bracketed as variable.

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.

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.

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.

The application and related forms included in this submission will be used with previously approved products and with future products as needed. In addition to new business applications, this application may be used for policy changes as well. When it is used for policy changes, all sections are required to be completed because policy changes are limited to those requiring evidence of insurability. We will be submitting a policy change application for guaranteed issues in the near future.

The foreign travel/residence questionnaire will be used based on the applicant's response to the applicable questions on the application for insurance. The financial questionnaire will be used based on our underwriting guidelines. The additional information form will be used when the applicant needs additional space to complete their response to certain areas or questions on the application for insurance.

The application and related forms have been completed in "John Doe" fashion with variable items enclosed in brackets. We have included a statement of variability for all variable items.

The paper and electronic versions of these forms will be identical. The electronic version will appear as a fillable PDF on the computer screen. We will also be using electronic signature capabilities. If the applicant chooses to decline the use of electronic signature process, the electronic signature agreement section will not print, the application will be printed and a wet signature will be obtained.

We have included copies of the actuarial memorandum and other necessary forms or certifications, if any, which may be required.

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

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Retaliatory? No
Fee Explanation: $50 X 8
Per Company: No

Company	Amount	Date Processed	Transaction #
Horace Mann Life Insurance Company	$400.00	11/08/2012	64708555

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2012	12/13/2012
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/26/2012	11/26/2012

Response Letters

Responded By	Created On	Date Submitted
Rita Rowe	11/27/2012	11/27/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Agent/Producer report	Rita Rowe	12/12/2012	12/12/2012
Form	Supplement to application - foreign travel/residence questionnaire	Rita Rowe	11/21/2012	11/21/2012
Form	Children's Term Insurance Supplement	Rita Rowe	11/20/2012	11/20/2012
Form	Children's Term Insurance Supplement	Rita Rowe	11/20/2012	11/20/2012
Form	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	Rita Rowe	11/13/2012	11/13/2012
Form	Application for individual life insurance	Rita Rowe	11/12/2012	11/12/2012
Supporting Document	Statement of variability	Rita Rowe	11/12/2012	11/12/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open filing	Note To Filer	Linda Bird	12/12/2012	12/12/2012

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-open filing	Note To Reviewer	Rita Rowe	12/12/2012	12/12/2012

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Disposition

Disposition Date: 12/13/2012
Implementation Date:
Status: Approved-Closed

Comment: Correction made to update version of the Agent/Producer report.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Statement of variability		Yes
Supporting Document	Statement of variability	Replaced	Yes
Supporting Document	Cost Disclosure		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Certification		Yes
Form (revised)	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost		Yes
Form	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	Replaced	Yes
Form (revised)	Application for individual life insurance		Yes
Form	Application for individual life insurance	Replaced	Yes
Form (revised)	Children's Term Insurance Supplement		Yes
Form	Children's Term Insurance Supplement	Replaced	Yes

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Children's Term Insurance Supplement	Replaced	Yes
Form (revised)	Supplement to application - foreign travel/residence questionnaire		Yes
Form	Supplement to application - foreign travel/residence questionnaire	Replaced	Yes
Form	Supplement to application - financial questionnaire		Yes
Form	Supplement to application - additional information		Yes
Form (revised)	Agent/Producer report		Yes
Form	Agent/Producer report	Replaced	Yes
Form	Consumer privacy notice		Yes
Rate	R-IC-351000		Yes

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Disposition

Disposition Date: 11/29/2012
Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document (revised)	Statement of variability		Yes
Supporting Document	Statement of variability	Replaced	Yes
Supporting Document	Cost Disclosure		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Certification		Yes
Form (revised)	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost		Yes
Form	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	Replaced	Yes
Form (revised)	Application for individual life insurance		Yes
Form	Application for individual life insurance	Replaced	Yes
Form (revised)	Children's Term Insurance Supplement		Yes
Form	Children's Term Insurance Supplement	Replaced	Yes

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Children's Term Insurance Supplement	Replaced	Yes
Form (revised)	Supplement to application - foreign travel/residence questionnaire		Yes
Form	Supplement to application - foreign travel/residence questionnaire	Replaced	Yes
Form	Supplement to application - financial questionnaire		Yes
Form	Supplement to application - additional information		Yes
Form (revised)	Agent/Producer report		Yes
Form	Agent/Producer report	Replaced	Yes
Form	Consumer privacy notice		Yes
Rate	R-IC-351000		Yes

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/26/2012
Submitted Date	11/26/2012
Respond By Date	12/26/2012

Dear Rita Rowe,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: 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.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

State: Arkansas **Filing Company:** Horace Mann Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Cash value term life insurance
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/27/2012
Submitted Date	11/27/2012

Dear Linda Bird,

Introduction:

Thank you for your response.

Response 1

Comments:

I have attached our guaranty association notice form IL-M513AR that is used to comply with Regulation 49.

Also attached is the certification required by Regulation 19S10B.

Related Objection 1

Comments: 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:

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Guaranty Association Notice
Comments:	
Attachment(s):	
IL-M513AR.pdf	
Satisfied - Item:	Certification
Comments:	
Attachment(s):	
Arkansas Certification.pdf	

Supporting Document Schedule Item Changes	
Satisfied - Item:	Guaranty Association Notice
Comments:	
Attachment(s):	
IL-M513AR.pdf	
Satisfied - Item:	Certification
Comments:	
Attachment(s):	
Arkansas Certification.pdf	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need anything further.

Sincerely,

Rita Rowe

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Amendment Letter

Submitted Date: 12/12/2012

Comments:

Our Marketing staff has asked that we include a place for School District Code on our Agent/Producer report. Therefore, I have attached a revised Agent/Producer report.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	**Form Name**	**Form Number**	**Form Type**	**Form Action**	**Action Specific Data**	**Readability Score**	**Attachments**	**Submitted**
1	Agent/Producer report	IL-L38600	AEF	Initial		0.000	ICC12-386 Agent-Producer report 12-12-12.pdf	Date Submitted: 12/12/2012 By:
Previous Version								
1	*Agent/Producer report*	*IL-L38600*	*AEF*	*Initial*		*0.000*	*IL-L38600 Agent-Producer report 11-07-12 - John Doe.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Amendment Letter

Submitted Date: 11/21/2012

Comments:

I am so sorry to have to amend this filing again; however, I inadvertently attached a form that was previous approved by your department instead of the new version. I hope this has not caused you any inconvenience.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	**Form Name**	**Form Number**	**Form Type**	**Form Action**	**Action Specific Data**	**Readability Score**	**Attachments**	**Submitted**
1	Supplement to application - foreign travel/residence questionnaire	IL-L37504	AEF	Initial		0.000	IL-L37504 Foreign travel residence questionnaire 11-21-2012 - John Doe.pdf	Date Submitted: 11/21/2012 By:
Previous Version								
1	*Supplement to application - foreign travel/residence questionnaire*	*IL-L37500*	*AEF*	*Initial*		*0.000*	*IL-L37500 Foreign travel residence questionnaire 11-08-2012 - John Doe.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Amendment Letter

Submitted Date: 11/20/2012
Comments:
I should have made the fraud notice variable.
Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Children's Term Insurance Supplement	IL-L25300	AEF	Initial		0.000	IL-L25300 Children's Supplement 11-20-12 John Doe.pdf	Date Submitted: 11/20/2012 By:
Previous Version								
1	*Children's Term Insurance Supplement*	*IL-L25300*	*AEF*	*Initial*		*0.000*	*IL-L25300 Children's Supplement 11-20-12 John Doe.pdf*	*Date Submitted: 11/20/2012 By:*
Previous Version								
1	*Children's Term Insurance Supplement*	*IL-L25300*	*AEF*	*Initial*		*0.000*	*IL-L25300 Children's Supplement 11-07-12 - John Doe.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Amendment Letter

Submitted Date: 11/20/2012
Comments:
Since this form could be used separately from the base application, we included replacement question and fraud notice on the revised form.
Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Children's Term Insurance Supplement	IL-L25300	AEF	Initial		0.000	IL-L25300 Children's Supplement 11-20-12 John Doe.pdf	Date Submitted: 11/20/2012 By:
Previous Version								
1	*Children's Term Insurance Supplement*	*IL-L25300*	*AEF*	*Initial*		*0.000*	*IL-L25300 Children's Supplement 11-07-12 - John Doe.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Amendment Letter

Submitted Date: 11/13/2012
Comments:
I have identified a typo in the form previously submitted and have attached a new version.
Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	IC-351000	POL	Initial		50.010	IC-351000 11-12-12.pdf	Date Submitted: 11/13/2012 By:
Previous Version								
1	*Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost*	*IC-351000*	*POL*	*Initial*		*50.010*	*IC-351000.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

No Supporting Documents Changed.

Amendment Letter

Submitted Date: 11/12/2012

Comments:

I realized that I forgot to make the fraud notice variable to accommodate any state specific fraud notice that may be required. We intend to use the fraud notice currently on the application form in your state unless you indicate otherwise.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	**Form Name**	**Form Number**	**Form Type**	**Form Action**	**Action Specific Data**	**Readability Score**	**Attachments**	**Submitted**
1	Application for individual life insurance	IL-L25200	AEF	Initial		50.178	IL-L25200 Individual Life Application 11-12-2012 - John Doe.pdf	Date Submitted: 11/12/2012 By:
Previous Version								
1	*Application for individual life insurance*	*IL-L25200*	*AEF*	*Initial*		*50.178*	*IL-L25200 Individual Life Application 11-07-2012 - John Doe.pdf*	*Date Submitted: 11/08/2012 By: Rita Rowe*

No Rate Schedule Items Changed.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Supporting Document Schedule Item Changes

Satisfied - Item:	Statement of variability
Comments:	
Attachment(s):	
351SOV Statement of variability.pdf Base Non-compact APPSOV Statement of variability 11-12-12.pdf	
Previous Version	
Satisfied - Item:	*Statement of variability*
Comments:	
Attachment(s):	
351SOV Statement of variability.pdf *Base Non-compact APPSOV Statement of variability.pdf*	

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Note To Filer

Created By:

Linda Bird on 12/12/2012 03:22 PM

Last Edited By:

Linda Bird

Submitted On:

12/12/2012 03:22 PM

Subject:

Re-open filing

Comments:

Filing has been re-opened in order for correction to be made.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Note To Reviewer

Created By:

Rita Rowe on 12/12/2012 02:29 PM

Last Edited By:

Rita Rowe

Submitted On:

12/12/2012 02:29 PM

Subject:

Re-open filing

Comments:

Our Marketing staff has asked that we include a place for School District Code on our Agent/Producer report. Therefore, I would like to have this filing re-opened to allow us to include an updated version of the Agent/Producer report.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Form Schedule

Lead Form Number: IC-351000

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	IC-351000	POL	Initial		50.010	IC-351000 11-12-12.pdf
2		Application for individual life insurance	IL-L25200	AEF	Initial		50.178	IL-L25200 Individual Life Application 11-12-2012 - John Doe.pdf
3		Children's Term Insurance Supplement	IL-L25300	AEF	Initial		0.000	IL-L25300 Children's Supplement 11-20-12 John Doe.pdf
4		Supplement to application - foreign travel/residence questionnaire	IL-L37504	AEF	Initial		0.000	IL-L37504 Foreign travel residence questionnaire 11-21-2012 - John Doe.pdf
5		Supplement to application - financial questionnaire	IL-L39000	AEF	Initial		0.000	IL-L39000 Financial questionnaire 11-08-12 - John Doe.pdf

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Lead Form Number: IC-351000

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
6		Supplement to application - additional information	IL-L39100	AEF	Initial		0.000	IL-L39100 Additional information 11-07-12 - John Doe.pdf
7		Agent/Producer report	IL-L38600	AEF	Initial		0.000	ICC12-386 Agent-Producer report 12-12-12.pdf
8		Consumer privacy notice	IL-L38700	OTH	Initial		0.000	IL-L38700 Consumer privacy notice 11-07-12.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

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 policy:

- provides level term life insurance on the life of the Insured to the Final Expiry Date;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- is annually Renewable following the Specified Period to the Final Expiry Date;
- 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; and
- will develop Cash Value.

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

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

[President | Corporate Secretary]

Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any 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, the right to examine this policy will be extended to 30 days.

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 and are payable as shown on the Table of Guaranteed Annual Premiums. Premiums for this contract will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date.

This term life 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. This term life insurance will develop Cash Value that may be used to continue the policy as reduced paid-up term life insurance.

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

POLICY DATA

Policy Number:	[00 0000000 0]
Policy Date:	[08-01-2012]
Date of Issue:	[08-01-2012]
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:	[08-01-2012]
Specified Period:	[20] Years
Policy Fee:	$50 charged each year throughout the lifetime of the policy.
Premium Payment Options:	$[270.00] annual $[140.40] semi-annual $[72.90] quarterly [Quarterly] payment frequency selected $[72.90] 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:	$[72.90] due on [08-01-2012] 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.
[Illinois Department of Insurance] Telephone Number:	[217-555-1234]

POLICY DATA (CONTINUED)

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Policy Data page prepared as of:	[08-01-2012]

Benefits

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

Specified Period:	[20] Years
Insurance Amount:	$[25,000]
Coverage Effective Date:	[08-01-2012]
Final Expiry Date:	[08-01-2072] (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:	$[179.50] (Includes $50 policy fee)

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.

[Waiver of Premium Benefit Rider

Insurance Amount (covered by rider):	$25,000
Coverage Effective Date:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Terminates 08-01-2037
Premium Class:	Standard (Nontobacco), male, age 35
Annual Premium:	
Years Payable -	25 Years
Amount -	$8.00]

POLICY DATA (CONTINUED)

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Policy Data page prepared as of:	[08-01-2012]

Benefits

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

Benefit Amount:	$10,000 On Each Insured Child
Coverage Effective Date:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Rider terminates 08-01-2039. 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:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Terminates 08-01-2037
Premium Class:	Standard, male, age 35
Annual Premium:	
Years Payable -	25 Years
Amount -	$2.50]

TABLE OF GUARANTEED VALUES

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Date Prepared:	[08-01-2012]
Coverage:	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
Specified Period:	[20] Years
Insurance Amount:	$[25,000]
Coverage effective as of:	[08-01-2012]
Class:	[Standard (Nontobacco), male, age 35]

Attained age	Policy year-end	Cash Values	Reduced paid-up term life insurance
[36	1	$0.00	0.00
37	2	0.00	0.00
38	3	0.00	0.00
39	4	39.50	200.50
40	5	146.75	716.50
41	6	258.75	1,215.75
42	7	376.00	1,700.25
43	8	498.75	2,171.25
44	9	627.25	2,629.75
45	10	762.00	3,077.75
46	11	903.25	3,515.75
47	12	1,051.50	3,945.50
48	13	1,207.00	4,366.25
49	14	1,370.50	4,779.75
50	15	1,542.00	5,185.25
51	16	1,722.50	5,585.75
52	17	1,912.25	5,981.50
53	18	2,112.25	6,375.75
54	19	2,322.75	6,768.50
55	20	2,545.00	7,163.50
Age 60	25	2,545.00	6,069.75
Age 62	27	2,545.00	5,700.50
Age 65	30	2,545.00	5,218.25]

All guaranteed Cash Values and reduced paid-up insurance values shown assume that the premiums are paid to the policy year-end. All of these guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy in delivered. We have given the insurance officials there a detailed statement of how We computed the values and benefits. All guaranteed values are based on the 2001 Commissioners Standard Ordinary Mortality Table. The basis for the Mortality Table is age last birthday, sex distinct, smoker distinct and assumes deaths occur at the end of the policy year. The interest rate used to compute the guaranteed values is 4.50% per year. The adjusted premiums used to determine the guaranteed Cash Values are determined using the nonforfeiture net level premium method assuming a level premium. You may obtain values for all years after 20 years by writing Our Home Office.

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]

Policy Number: [00 0000000 0]
Date Prepared: [08-01-2012]

Specified Period: [20] Years
Insurance Amount: $[25,000]
Coverage effective as of: [08-01-2012]
Class: [Standard (Nontobacco), male, age 35]

Attained Age	Policy Year	Guaranteed Annual Premiums
[35	1	$179.50]
[36	2	179.50]
[37	3	179.50]
[38	4	179.50]
[39	5	179.50]
[40	6	179.50]
[41	7	179.50]
[42	8	179.50]
[43	9	179.50]
[44	10	179.50]
[45	11	179.50]
[46	12	179.50]
[47	13	179.50]
[48	14	179.50]
[49	15	179.50]
[50	16	179.50]
[51	17	179.50]
[52	18	179.50]
[53	19	179.50]
[54	20	179.50]
[55	21	195.50]
[56	22	212.00]
[57	23	228.00]
[58	24	244.00]
[59	25	262.75]
[60	26	285.50]
[61	27	313.25]
[62	28	345.50]
[63	29	380.75]
[64	30	417.50]
[65	31	455.75]
[66	32	494.50]
[67	33	535.00]
[68	34	577.75]
[69	35	625.75]
[70	36	681.75]
[71	37	749.75]
[72	38	829.25]
[73	39	913.00]
[74	40	1,003.00]

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]

Policy Number: [00 0000000 0]
Date Prepared: [08-01-2012]

Specified Period: [20] Years
Insurance Amount: $[25,000]
Coverage effective as of: [08-01-2012]
Class: [Standard (Nontobacco), male, age 35]

Attained Age	Policy Year	Guaranteed Annual Premiums
[75	41	$1,101.00]
[76	42	1,211.50]
[77	43	1,340.00]
[78	44	1,489.25]
[79	45	1,656.50]
[80	46	1,843.00]
[81	47	2,045.75]
[82	48	2,260.50]
[83	49	2,495.00]
[84	50	2,755.75]
[85	51	3,045.75]
[86	52	3,364.75]
[87	53	3,709.50]
[88	54	4,076.00]
[89	55	4,460.50]
[90	56	4,843.50]
[91	57	5,220.50]
[92	58	5,615.50]
[93	59	6,032.00]
[94	60	6,470.75]

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

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

Option A and B Tables										
Age of Payee	Life income with payments guaranteed for Life only, 10, 15 or 20 years								Income payments for a Fixed Period	
	Life Only		10 Years		15 Years		20 Years		Number of Years in Fixed Period	Fixed Period Income
	Male	Female	Male	Female	Male	Female	Male	Female		
50	3.02	2.78	3.00	2.77	2.97	2.75	2.92	2.73	10	8.75
51	3.09	2.84	3.07	2.83	3.04	2.81	2.98	2.78	11	7.99
52	3.17	2.90	3.14	2.89	3.10	2.87	3.04	2.84	12	7.36
53	3.25	2.97	3.22	2.96	3.18	2.94	3.11	2.90	13	6.83
54	3.33	3.04	3.30	3.03	3.25	3.00	3.17	2.96	14	6.37
55	3.42	3.12	3.38	3.10	3.33	3.07	3.24	3.02	15	5.98
56	3.51	3.20	3.47	3.18	3.41	3.15	3.30	3.09	16	5.63
57	3.61	3.29	3.56	3.26	3.49	3.22	3.37	3.16	17	5.33
58	3.72	3.38	3.66	3.35	3.58	3.30	3.44	3.23	18	5.05
59	3.83	3.47	3.76	3.44	3.67	3.39	3.51	3.30	19	4.81
60	3.95	3.57	3.87	3.53	3.76	3.47	3.59	3.37	20	4.59
61	4.07	3.68	3.99	3.63	3.86	3.57	3.66	3.45	21	4.40
62	4.21	3.79	4.11	3.74	3.96	3.66	3.73	3.53	22	4.22
63	4.35	3.91	4.23	3.85	4.06	3.76	3.80	3.60	23	4.05
64	4.50	4.04	4.36	3.97	4.16	3.86	3.87	3.68	24	3.90
65	4.67	4.18	4.50	4.10	4.27	3.97	3.94	3.76	25	3.76
66	4.84	4.32	4.65	4.23	4.38	4.08	4.00	3.84	26	3.64
67	5.02	4.48	4.80	4.37	4.48	4.19	4.07	3.91	27	3.52
68	5.22	4.65	4.95	4.51	4.59	4.31	4.13	3.99	28	3.41
69	5.43	4.83	5.11	4.67	4.70	4.42	4.18	4.06	29	3.31
70	5.66	5.03	5.28	4.83	4.81	4.54	4.24	4.13	30	3.21
71	5.90	5.24	5.45	5.00	4.91	4.66	4.29	4.19		
72	6.15	5.47	5.62	5.18	5.01	4.78	4.33	4.25		
73	6.42	5.71	5.80	5.37	5.11	4.90	4.37	4.30		
74	6.71	5.98	5.98	5.56	5.21	5.02	4.41	4.35		
75	7.02	6.26	6.17	5.76	5.30	5.13	4.44	4.39		

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 or Cash Value

Option C Table					
Joint and Survivor with 50 Percent to Survivor					
Age of Payees	Male Age 55	Male Age 60	Male Age 65	Male Age 70	Male Age 75
Female Age 55	3.26	3.48	3.74	4.02	4.32
Female Age 60	3.49	3.75	4.05	4.38	4.73
Female Age 65	3.76	4.06	4.41	4.81	5.24
Female Age 70	4.07	4.42	4.84	5.32	5.86
Female Age 75	4.42	4.84	5.35	5.94	6.62
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	3.08	3.26	3.44	3.62	3.80
Female Age 60	3.29	3.51	3.75	3.99	4.21
Female Age 65	3.51	3.79	4.09	4.41	4.72
Female Age 70	3.73	4.08	4.47	4.90	5.32
Female Age 75	3.97	4.39	4.88	5.44	6.03
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	2.76	2.88	2.97	3.03	3.06
Female Age 60	2.94	3.12	3.27	3.38	3.46
Female Age 65	3.09	3.34	3.58	3.78	3.93
Female Age 70	3.21	3.54	3.89	4.22	4.50
Female Age 75	3.29	3.69	4.16	4.64	5.11

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.

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

"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 end 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 is 1 Horace Mann Plaza, Springfield, Illinois 62715. The Company web site and telephone number are: horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, surrender for Cash Value, 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).

“Single Premium Whole Life insurance policy” is a whole life insurance policy that is purchased with a single premium payment and that provides coverage until death.

"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. Annual premiums for this level term life insurance are guaranteed for all policy years as shown on the

Table of Guaranteed Annual Premiums page(s). This policy will develop Cash Value. For details, see the Table of Guaranteed Values, page 3.

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 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 will be the person(s) named as such in the application, unless later changed by Written Request. The Beneficiary 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 or assignee. The written consent of each Irrevocable Beneficiary or assignee 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.

Upon receipt of Your Written Request at Our Home Office, the change will take effect on the date You signed the request, unless otherwise specified by You. Your request is subject to any payment We make or other action We take before receipt of the request.

Assignment

An assignment is a transfer of all or some of the policy's rights and benefits to someone else. 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. The written consent of any Irrevocable Beneficiary will be required as part of the Written Request. If Your spouse's or ex-spouse's consent is required by law, their consent will also be required. Any assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or action taken by Us prior to receipt of such notice at Our Home Office. 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, or if applicable, the amount of reduced paid-up term life insurance;

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.

Annual premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Annual Premiums page(s). 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.

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.

How Your policy may lapse

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, including any riders, ends for nonpayment of premiums. The lapse date will be the premium due date. (See “What if Your policy lapses?” for details.)

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. All conversions 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. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when a partial conversion is made. If the entire Insurance Amount is converted, this 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 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.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the conversion. The difference between the Cash Value prior to conversion and the Cash Value after conversion may be paid to You or may be used toward payment of premium for the new permanent policy.

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

- without You 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 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 policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this 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 policy;
- the premiums for this 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 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 policy.

This policy may be changed

You may make a Written Request to reduce the Insurance Amount of this policy as long as Your coverage is not being continued as reduced paid-up term life insurance. Additionally, the remaining Insurance Amount cannot be less than $25,000. We must approve this change. We will send You new Policy Data, Table of Guaranteed Values, 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. The new annual premium and annual premiums for subsequent years will be 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 annual premium and annual premiums for subsequent years will be 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.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the reduction. The difference between the Cash Value prior to reduction and the Cash Value after reduction may be paid to You or may be applied as a credit toward the payment of premium for the reduced Insurance Amount.

The Cash Value of this policy

Your policy develops Cash Value

We guarantee the Cash Value as shown in the most recent Table of Guaranteed Values page, under the assumptions stated on that page. The Cash Value may be used to continue the policy In Force as reduced paid-up term life insurance until the Final Expiry Date. While the Insured is living, You may surrender this policy for its Cash Value or surrender this policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

The basis We used for computation

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits.

You may give up Your policy

If there is a Cash Value, You may withdraw it and give up Your policy. In this case, all benefits under the policy will end. If You surrender Your policy for its Cash Value within 30 days after a policy anniversary date, the Cash Value will not be less than the Cash Value at the policy anniversary date. If You surrender Your policy at any time other than a policy anniversary date, the Cash Value shall be calculated with allowance for lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary date. At any time, the Cash Value will meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered.

You may purchase Single Premium Whole Life insurance

On or before the policy anniversary date following the Insured's age 80, You may surrender Your policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if:

- the date of surrender is no later than the policy anniversary date following the Insured's age 80;
- the Cash Value on the date of surrender meets Our minimum single premium requirements for issuing a Single Premium Whole Life insurance policy;
- the premium class for this policy as shown in the Policy Data page(s) meets Our minimum requirements for issuing a Single Premium Whole Life Insurance policy; and
- the face amount of the Single Premium Whole Life insurance policy does not exceed that which the Cash Value of this policy on the date of surrender would purchase.

When Your purchase of the new Single Premium Whole Life insurance policy is completed, this policy ends when the new policy becomes effective.

If all of the above conditions have been met, the Single Premium Whole Life insurance policy will be issued as follows:

- without You providing proof that the Insured is insurable;
- for the same premium class as assigned to this policy;

- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date of purchase;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later;
- with a suicide period determined from the Date of Issue of this policy; and
- with an effective date equal to the date of termination of this policy.

What if Your policy lapses?

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 benefits under this policy, including any riders, end for nonpayment of premiums, except as provided in the provisions below. The lapse date will be the premium due date.

After Your policy has lapsed, You may:

- apply for reinstatement of the lapsed policy; or
- continue the lapsed policy as reduced paid-up term life insurance until the Final Expiry Date if Your policy has Cash Value; or
- surrender the policy for its Cash Value; or
- surrender the policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

You may reinstate Your policy

You may reinstate Your lapsed policy if:

- the policy has not been surrendered for its Cash Value;
- the policy has not been surrendered and the Cash Value used to purchase a Single Premium Whole Life insurance policy;
- 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 5 percent per year compounded annually).

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

You may continue insurance

If Your policy lapses with Cash Value and You do not surrender it for its Cash Value or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, You may continue Your insurance as reduced paid-up term life insurance until the Final Expiry Date. The Cash Value of the policy may be used as a net single premium to purchase such insurance. The net single premium will be equal to the present value of the death benefit.

Reduced paid-up term life insurance will provide paid-up term life insurance on the life of the Insured to the Final Expiry Date. The amount of term life insurance depends on the Insured's attained age and the Cash Value as of the lapse date. The reduced paid-up term life insurance has Cash Value. Information on the available Cash Value will be furnished upon request.

If within 62 days of the date of lapse You do not elect to reinstate Your policy, surrender it for its Cash Value, or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, this policy will be continued as reduced paid-up term life insurance. Additionally, if the Insured dies after the grace period but within 62 days of the date of lapse and You have not reinstated Your policy, surrendered it for its Cash Value, or surrendered it and used the Cash Value to purchase a Single Premium Whole Life insurance policy, the amount of insurance payable upon the death of the Insured will be based on the reduced paid-up term life insurance as described above.

If Your coverage is continued

If Your coverage is continued under reduced paid-up term life insurance and the Insured dies

prior to the Final Expiry Date, We will pay the Insurance Benefits according to “The Insurance Benefits We pay” provision.

Your rights under “Changing the owner or Beneficiary” and “Assignment” provisions will continue.

As long as Your policy has a Cash Value, You may surrender it for the Cash Value as described in the “You may give up Your policy” provision; or You may surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See “You may purchase Single Premium Whole Life insurance” for details.)

How benefits are paid

While the Insured is living, You may:

- elect to surrender the policy for its Cash Value and have all or part of the Cash Value paid in a lump sum or applied to one or more of the settlement options explained below;
- 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 or Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Any income payments made under a settlement option will not be less than those that would be provided by the application of the Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

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 or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option B. Income payments for a fixed period

We will pay income payments for a fixed period of time as elected. The fixed period can be as short as ten 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 or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option C. Joint and Survivor

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

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

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

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

Other options

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

Basis of settlement option tables

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

The amount of each income payment will never be less than that shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1 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, and any attached endorsements and riders make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application, endorsements, riders, Policy Data pages, Table of Guaranteed Values page(s), and/or Table of Guaranteed Annual Premiums page(s). If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

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

When the policy is incontestable

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the

Date of Issue shown on Policy Data page 2(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, 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 5 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 from the Date of Issue, We will limit Our payment to the premiums paid.

We may defer payment

We may defer payment of any Cash Value for up to six months after We receive Your request.

How We measure policy anniversaries

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

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

IC-351000

Horace Mann
Founded by Educators for Educators

[APP/LFCPSAPP/Policy #[1234567890]

Horace Mann Life Insurance Company

[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Application for individual life insurance

☑ Individual **(or)** ☐ Joint (first to die)
☑ New business ☐ Trial application
☐ Internal replacement of policy #_____
☐ Restructure of policy #_____
☐ Exchange of policy #_____ ☐ Rider
☐ Conversion of policy #_____ ☐ Rider
☐ Rating review of policy #_____

Proposed Insured 1 Name (Last, First, Middle Initial)
Last Doe | First John | MI
Birth date (MM/DD/YYYY) 01/01/1967
Gender ☑ Male ☐ Female

Proposed Insured 2 Name (Last, First, Middle Initial)
Last Doe | First Jane | MI
Birth date (MM/DD/YYYY) 05/05/1967
Gender ☐ Male ☑ Female

Coverage selection

[1. Nonparticipating life insurance rate applied for ☑ Nontobacco ☐ Tobacco usage ☐ Save age

2. Product information (Please complete the financial questionnaire for face amounts over $1,000,000.)

Life by Design (Guaranteed premium)
Whole Life to Age 120 — **Face amount**

☐ Premiums payable to age 120 $_____
☐ Single Premium $_____

Level Term to Age 95

☐ 10-Year Specified Period $_____
☐ 20-Year Specified Period $_____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____
☑ 20-Year Cash Value Term $ 25,000
☐ 30-Year Cash Value Term $_____

Life Select (Guaranteed premium)
Whole Life to Age 120 — **Face amount**

☐ Premiums payable to age 120 $_____
☐ Premiums payable for 20 years $_____
☐ Premiums payable to age 65 $_____

Primary Insured Level Term Riders

☐ 20-Year Specified Period $_____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____

Additional Insured Level Term Riders
Rate applied for:
☐ Nontobacco ☐ Tobacco usage ☐ Save age
☐ 20-Year Specified Period $ _____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____

Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)
No longer sold – existing policy restructure only

Face amount

☐ Whole Life to Age 100 $_____
☐ Level Term to Age 100 $_____
☐ Decreasing Term to Age 100 $_____
☐ Paid-up Whole Life to Age 100 $_____
☐ Lump sum premium ☐ Prescheduled premium
Premium amount $_____

Face amount

☐ Named Insured Rider $_____
☐ Level Term **(or)** ☐ Decreasing Term
Name_____
☐ Additional Insured Rider $_____
☐ Level Term **(or)** ☐ Decreasing Term
☐ Smoker **(or)** ☐ Non-smoker

3. Riders and benefits (Please note, not all riders and benefits are available for all products.)

Face amount

☑ Waiver of Premium
☐ Waiver of Premium in the Event of the Payor's Death or Total Disability

☐ Accidental Death Benefit $_____
☑ Children's Term Insurance $ 10,000
(Complete Children's Term Insurance Supplement)
☐ Guaranteed Insurability Benefit $_____]

Proposed Insured 1 personal information

Name (Last, First, Middle Initial)
Last Doe | First John | J MI

Address (Include mailing and street address)
123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111
Best time to call After 6:00 PM
E-mail address doe.john@gmail.com
Gender ☑ Male ☐ Female
Birth date (MM/DD/YYYY) 01/01/1967
Country of birth United States
State of birth Illinois
Are you a citizen of the US? ☑ Yes ☐ No
If no, what country? _____
Marital Status ☑ Married ☐ Single ☐ Separated ☐ Divorced
Social Security # 222-22-2222
Driver's license # 1234567890 State IL

Employment information

Is Proposed Insured 1 self-employed? ☐ Yes ☑ No
Occupation Teacher Code 10
Description of duties Teach 2nd grade class

Length of employment 4 years
Employer name ABC School District
School building, if applicable Harvard Elementary
Address 456 School Street
City Anytown | ST IL | ZIP 12345
Work telephone # 333-333-3333
Employer E-mail address abcschooldistrict.com

Income

1. Annual earned income 55,000
2. Annual unearned income -0-
3. Total household income 90,000
4. Approximate personal net worth 250,000
5. Have you ever filed for bankruptcy? ☐ Yes ☑ No
6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions? ☐ Yes ☑ No

Beneficiary information

(subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last Doe | First Jane | A MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Business name _____
   Relationship Spouse
   Birth date/Trust date 05/05/1967
   Social Security #/TIN # 444-44-4444
   Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name _____
   Relationship _____
   Birth date/Trust date _____
   Social Security #/TIN # _____
   Benefit Percentage _____

3. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name _____
   Relationship _____
   Birth date/Trust date _____
   Social Security #/TIN # _____
   Benefit Percentage _____

4. ☐ Primary **(or)** ☐ Contingent
☐ If Trust, name of Trust_____
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Relationship_____
Birth date/Trust date_____
Social Security #/TIN #_____
Benefit Percentage_____

5. ☐ Primary **(or)** ☑ Contingent
☐ Check here if this beneficiary is irrevocable.
Benefit Percentage 100%
Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, Jane A. Doe, equally.

Last Doe, Jr.	First John	MI J
Last Doe	First Sally	MI A
Last	First	MI
Last	First	MI

Proposed Owner(s) (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

☐ If Trust, name of Trust_____

1. Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Telephone #_____
Relationship_____
Birth date/Trust date_____
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced
Social Security #/TIN#_____
Citizenship_____

2. Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Telephone #_____
Relationship_____
Birth date/Trust date_____
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced
Social Security #/TIN #_____
Citizenship_____

Payor (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Relationship_____
Birth date (MM/DD/YYYY)_____
Social Security #_____
Telephone #_____
Best time to call_____
E-mail address_____

Payment information

[Single Premium

☐ Single Premium $_____
☐ Check **(or)** ☐ Payment on delivery

Initial Premium

☐ Check
☐ E-Pay (ACH, Credit, Debit)
(Complete the appropriate form.)
☑ List Bill
☐ Payment on delivery

Recurring Premium

☐ EFT/Easy Pay (Complete the appropriate form.)
☐ Direct Bill (choose one)
☐ Annually ☐ Semiannually ☐ Quarterly
☑ List Bill
Group # 12-052
Mode 1/12th

Is an employer paying any part of the premium for this insurance? ☐ Yes ☑ No
Employer name ABC School District
Address 456 School Street
Anytown, IL 12345

Automatic premium loan? ☐ Yes ☑ No]

Insurance in force for Proposed Insured 1

1. Does Proposed Insured 1 have personal and/or business life insurance?
(If Yes, give total amounts. Total amount should not include Group coverage.) ☑ Yes ☐ No

Total life insurance $ 75,000 Total accidental death insurance $ 25,000

2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below is answered Yes, please identify question number and provide specifics in d.

a. Does Proposed Insured 1 have any existing insurance policies or annuity contracts in force? ☑ Yes ☐ No

b. Does Proposed Insured 1 have any pending (within the last six months) insurance policies or annuity contracts? ☐ Yes ☑ No

c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract? ☐ Yes ☑ No

d. Explanation for any question answered Yes in a., b., or c. above.

Quest. #	Company name	Policy/ contract # or pending	Business (B) or Personal (P)? Life (L) or Annuity (A)?	Issue Year	Amount	Replacing?
a	XYZ Insurance Company	8517892	☐ B (or) ☑ P ☑ L (or) ☐ A	2005	75,000	☐ Y ☑ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N

3. Has Proposed Insured 1 had coverage declined, postponed or modified, or has Proposed Insured 1 been denied reinstatement of coverage or been offered coverage other than as applied for? ☐ Yes ☑ No
If Yes, please explain. _____

4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form. ☐ Yes ☑ No

Health history for Proposed Insured 1

Height 6 ft. 2 in. Weight 195 lbs.

Have you lost weight in the last 12 months? ☐ Yes ☑ No

If Yes, give amount lost and reasons why:

Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco? ☐ Yes ☑ No

If Yes, provide type of tobacco and date (mo/yr) last used.

A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

	Physician #1	Physician #2
Physician name and address	Dr. James Wellness 35 Medical Drive, Anytown, IL 12345	
Physician telephone #	777-777-7777	
Date and reason last seen	05/25/2012 Checkup	
Tests performed/ Treatment received	Standard blood test, no treatment	

A. Medical information (continued) (If any answer is Yes, please provide Details in Section D below.)

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. Multi-vitamin daily

3. Have you ever been medically treated for or had any known indication of:
   a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system? ☐ Yes ☑ No
   b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder? ☐ Yes ☑ No
   c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system? ☐ Yes ☑ No
   d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood? ☐ Yes ☑ No
   e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines? ☐ Yes ☑ No
   f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system? ☐ Yes ☑ No
   g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands? ☐ Yes ☑ No
   h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder? ☐ Yes ☑ No
   i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints? ☐ Yes ☑ No
   j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder? ☐ Yes ☑ No
   k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease? ☐ Yes ☑ No
   l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation? ☐ Yes ☑ No
   m. Any mental or physical disorder or medically or surgically treated condition not listed above? ☐ Yes ☑ No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days? ☐ Yes ☑ No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests? ☐ Yes ☑ No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)? ☐ Yes ☑ No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No

B. General risk information (If any answer is Yes, please provide Details in Section D below.)

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below. ☐ Yes ☑ No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire. ☐ Yes ☑ No
3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire. ☐ Yes ☑ No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire. ☐ Yes ☑ No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire. ☐ Yes ☑ No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below. ☐ Yes ☑ No

C. Family history (If additional space is required, attach the appropriate supplement to application.)

Family History	Age if living & health status	Age at death & cause
Father	John, age 65, excellent health	
Mother	Mary, age 63, excellent health	
Siblings	Charles, age 29, excellent health	

If a Proposed Insured 1 is a juvenile, provide the amount of life insurance in force on the parents.			
Mother	$	Father	$

D. Details

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

Section and Question #	Explanation

Proposed Insured 2 personal information

Name (Last, First, Middle Initial)
Last Doe | First Jane | AMI

Address (Include mailing and street address)
123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111
Best time to call After 5:00 PM
E-mail address jane.doe@gmail.com
Gender ☐ Male ☑ Female
Birth date (MM/DD/YYYY) 05/05/1967
Country of birth United States
State of birth Illinois
Are you a citizen of the US? ☑ Yes ☐ No
If no, what country?
Marital Status ☑ Married ☐ Single ☐ Separated ☐ Divorced
Social Security # 444-44-4444
Driver's license # 456789123 State IL

Employment information

Is Proposed Insured 2 self-employed? ☐ Yes ☑ No
Occupation Teacher Code 10
Description of duties First grade teacher

Length of employment 2 years
Employer name ABC School District
School building, if applicable Washington Elementary
Address 456 School Street
City Anytown | ST IL | ZIP 12345
Work telephone # 888-888-8888
Employer E-mail address abcschooldistrict.com

Income

1. Annual earned income 35,000
2. Annual unearned income -0-
3. Total household income 90,000
4. Approximate personal net worth 250,000
5. Have you ever filed for bankruptcy? ☐ Yes ☑ No
6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions? ☐ Yes ☑ No

Beneficiary information

(subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last Doe | First John | JMI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Business name
   Relationship Spouse
   Birth date/Trust date 01/01/1967
   Social Security #/TIN # 222-22-2222
   Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name
   Relationship
   Birth date/Trust date
   Social Security #/TIN #
   Benefit Percentage

3. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name
   Relationship
   Birth date/Trust date
   Social Security #/TIN #
   Benefit Percentage

Beneficiary information (continued)

4. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust_____
   ☐ Check here if this beneficiary is irrevocable.

   Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

   Business name_____
   Relationship_____
   Birth date/Trust date_____
   Social Security #/TIN #_____
   Benefit Percentage_____

5. ☐ Primary **(or)** ☑ Contingent
   ☐ Check here if this beneficiary is irrevocable.
   Benefit Percentage 100%
   Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, John J. Doe, equally.

Last	First	MI
Doe, Jr.	John	J
Doe	Sally	A

Insurance in force for Proposed Insured 2

1. Does Proposed Insured 2 have personal and/or business life insurance?
   (If Yes, give total amounts. Total amount should not include Group coverage.) ☐ Yes ☑ No
   Total life insurance $_____ Total accidental death insurance $_____
2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below are answered Yes, please identify question number and provide specifics in d.
   a. Does Proposed Insured 2 have any existing insurance policies or annuity contracts in force? ☐ Yes ☑ No
   b. Does Proposed Insured 2 have any pending (within the last six months) insurance policies or annuity contracts? ☐ Yes ☑ No
   c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract? ☐ Yes ☑ No
   d. Details for any question answered Yes in a., b., or c. above.

Quest. #	Company name	Policy/ contract # or pending	Business (B) or Personal (P)? Life (L) or Annuity (A)?	Issue Year	Amount	Replacing?
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N

3. Has Proposed Insured 2 had coverage declined, postponed or modified, or has Proposed Insured 2 been denied reinstatement of coverage or been offered coverage other than as applied for? ☐ Yes ☑ No
   If Yes, please explain. _____
4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form. ☐ Yes ☑ No

Health history for Proposed Insured 2

Height 5 ft. 7 in. Weight 140 lbs.

Have you lost weight in the last 12 months? ☐ Yes ☑ No

If Yes, give amount lost and reasons why:

Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco? ☐ Yes ☑ No
If Yes, provide type of tobacco and date (mo/yr) last used.

A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

	Physician #1	Physician #2
Physician name and address	Dr. Feel Good 89 Carter Street, Anytown, IL 12345	
Physician telephone #	999-999-9999	
Date and reason last seen	03/01/2012 Checkup	
Tests performed/ Treatment received	Received script for birth control	

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. birth control pills

3. Have you ever been medically treated for or had any known indication of:
   a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system? ☐ Yes ☑ No
   b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder? ☐ Yes ☑ No
   c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system? ☐ Yes ☑ No
   d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood? ☐ Yes ☑ No
   e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines? ☐ Yes ☑ No
   f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system? ☐ Yes ☑ No
   g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands? ☐ Yes ☑ No
   h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder? ☐ Yes ☑ No
   i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints? ☐ Yes ☑ No
   j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder? ☐ Yes ☑ No
   k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease? ☐ Yes ☑ No
   l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation? ☐ Yes ☑ No
   m. Any mental or physical disorder or medically or surgically treated condition not listed above? ☐ Yes ☑ No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days? ☐ Yes ☑ No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests? ☐ Yes ☑ No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)? ☐ Yes ☑ No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No

B. General risk information (If any answer is Yes, please provide Details in Section D below.)

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below. ☐ Yes ☑ No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire. ☐ Yes ☑ No

B. General risk information (continued) (If any answer is Yes, please provide Details in Section D below.)

3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire. ☐ Yes ☑ No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire. ☐ Yes ☑ No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire. ☐ Yes ☑ No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below. ☐ Yes ☑ No

C. Family history (If additional space is required, attach the appropriate supplement to application.)

Family History	Age if living & health status		Age at death & cause
Father	Frank, age 60, good health		
Mother	Ruth, age 59, excellent health		
Siblings			
If Proposed Insured 2 is a juvenile, provide the amount of life insurance in force on the parents.			
Mother	$	Father	$

D. Details

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

Section and Question #	Explanation

Fraud notice

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) application for life insurance; (b) supplemental medical application for life insurance, if required; (c) any amendments to the application(s) attached thereto; and (d) any supplements to application (including questionnaires) which are required by Horace Mann Life Insurance Company (the "Company") for the product, amount and benefits applied for.
2. Unless otherwise provided by the conditional receipt for premium deposit, the Company will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; (b) the policy has been issued and delivered to the policy owner; (c) the first premium has been paid to and accepted by the Company; and (d) at the time of delivery of the policy and payment of the first premium, the facts concerning the insurability of each person proposed for coverage, including any child named in the Children's Term Insurance Supplement, if applicable, are as stated in this application and have not changed.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for life insurance; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying my application for life insurance. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for life insurance or for denying benefits.

[Electronic signature agreement

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

☑ I agree to the use of electronic signatures which will constitute legally binding signatures.]

Signatory section

Signed at Anytown, IL (city/state) on 11/02/2012 (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of $ 72.90 faq been 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 18)

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

Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

To be completed by agent/producer only

Do you know or have any reason to believe that replacement of insurance or an annuity is involved? ☐ Yes ☑ No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. _____

Joe Agent, #1234

Printed name and number of Agent/Producer (1)

Printed name and number of Agent/Producer (2)

Signature of Agent/Producer (1)

Signature of Agent/Producer (2)

987654321

State License # (if applicable)

100%

Percentage

State License # (if applicable)

Percentage

Horace Mann
Founded by Educators for Educators

[APP/LFCPSAPP]/Policy #[1234567890]

Horace Mann Life Insurance Company

[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Children's Term Insurance Supplement

Coverage Information – Application for the addition of Children's Term Insurance Rider to:

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe
Policy # 1234567890 Children's Term Insurance Rider Face Amount $ 20,000

Child/Children Proposed for Insurance

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18th birthday.

Name	Date of birth	Social Security #	Height	Weight
John J. Doe, Jr.	06/08/2005	555-55-5555	3' 11"	50
Sally A. Doe	04/25/2009	777-77-7777	2' 9"	30

Beneficiary information

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1. ☒ Primary (or) ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First John | MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Father
   Birth date/Trust date 01/01/1967
   Social Security #/TIN # 222-22-2222
   Benefit Percentage 50%

2. ☒ Primary (or) ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First Jane | MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Mother
   Birth date/Trust date 05/05/1967
   Social Security #/TIN # 444-44-4444
   Benefit Percentage 50%

Life insurance in force

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance? ☐ Yes ☒ No

   If Yes, please explain.

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.) ☐ Yes ☒ No

Child's name	Company name	Policy/contract #, if applicable	Amount

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". NONE

Child's name	Company name	Policy/contract #, if known	Year issued	Amount	Replacing?
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N

Medical information (If any answer is Yes, please provide details below.)

1. Has any child proposed for insurance:
   a. had treatment or advice from a doctor within the last 3 years? ☒ Yes ☐ No
   b. been a patient in a hospital, clinic or emergency room within the last 3 years? ☐ Yes ☒ No
   c. had rheumatic fever, heart murmur or asthma? ☐ Yes ☒ No
   d. had a birth defect or impairment of sight, hearing or speech? ☐ Yes ☒ No
   e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder? ☐ Yes ☒ No
2. Does any child proposed for insurance have any other medical impairments other than listed above? ☐ Yes ☒ No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

No.	Name of Person Affected	Details
1a	John J. Doe, Jr.	2/3/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777
1a	Sally A. Doe	1/25/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777 10/2010 – Immunizations. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777

Fraud notice

[Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.]

Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children's Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children's Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children's Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

Signature of Proposed Owner (1)	Signature of Proposed Owner (2)
Signature of Child 15 or older	Signature of Parent/Guardian of Child under 15 years of age
Signature of Child 15 or older	Signature of Child 15 or older
Signature of Child 15 or older	Signature of Child 15 or older

To be completed by agent/producer only

Do you know or have any reason to believe that replacement of insurance or an annuity is involved? ☐ Yes ☒ No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. _____

Signature of Agent/Producer (1)	Signature of Agent/Producer (2)

Horace Mann
Founded by Educators for Educators

Horace Mann Life Insurance Company
[1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

Supplement to application – foreign travel/residence questionnaire

Name of Proposed Insured or child proposed for coverage John Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Are you a citizen of the United States? ☑ Yes ☐ No
   (If No, of what country are you a citizen?) Mexico
2. If applicable, what type of Visa do you have? _____
3. What is your country of permanent residence? United States
4. How long have you resided in the United States? 5 years
5. What is the country of your birthplace? Tijuana, Mexico
6. What is your past travel history outside the United States? Please list each city and country to which you have traveled in the past 5 years, the length of stay in each location, and the dates of travel.
   None
7. What are your future travel plans outside the United States? None
8. Describe the nature and purpose of your past and future travel (vacation, business/employment, missionary work, etc.) If your travel is business-related, please describe your duties.
   None

I agree that this questionnaire shall become a part of my application for insurance.

Signature of Proposed Insured (Age 15 and over)	Signature of parent (Required if Proposed Insured is under age 18)
Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)	Signature of Owner (1)
11/06/2012 Date	Signature of Owner (2)

All information has been accurately recorded as given to me by the Proposed Insured or child proposed for coverage.

Signature of Agent/Producer (1)	Signature of Agent/Producer (2)

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Horace Mann Life Insurance Company
[1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

Supplement to application – financial questionnaire

Name of Proposed Insured John J Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Purpose of insurance: ☑ Estate planning ☐ Buy/sell ☐ Key person ☐ Loan indebtedness ☐ Income replacement ☐ Other (explain)

2. How was the amount of coverage determined? (Attach copies of relevant calculations, insurance needs discussed, estate analysis, etc.)
   Amount was determined by using need analysis tool

3. Please complete the following table.

	Proposed Insured 1		Proposed Insured 2	
Life Insurance	Amount	Annual Premium	Amount	Annual Premium
Insurance in force	250,000	2,000		
Insurance applied for with this company	1,000,000	8,000		
Insurance applied for with other companies	0	0		
Total	1,500,000	10,000		

4. Please complete the following table.

	Proposed Insured 1		Proposed Insured 2	
Income	This Year	Last Year	This Year	Last Year
Annual salary	200,000	150,000		
Dividends, etc.	1,000	1,000		
Other income (describe)	5,000	4,000		
Total	206,000	155,000		

5. Personal banking references (Please list the bank names and addresses.)
   USA Bank, 12 Fifteenth Street, Anytown, IL 12345

6. List any financial advisors (accountants, attorneys, brokers, etc.) who assist you in making financial decisions.
   Attorney - John Smith; Accountant - Larry Brown

7.

Assets		Liabilities	
Cash in banks	$ 20,000	Notes payable to banks	$ 100,000
Accounts receivable	$ 10,000	Notes payable to others	$ 100,000
Notes receivable	$ 10,000	Accounts payable	$ 500,000
Cash value of life insurance	$ 10,000	Loans on life insurance	$ 0
Real estate	$ 500,000	Taxes and interest due	$ 100,000
Stocks and bonds (not included above)	$ 2,000,000	Mortgages or liens on real estate	$ 300,000
Personal property (auto, furniture, etc.)	$ 50,000	Other liabilities	$ 0
Total assets	$ 2,600,000	Total liabilities	$ 1,100,000

Net Worth $ 1,000,000

I agree that this questionnaire shall become a part of my application for insurance.

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 18)

Signature of Owner (1) (Give title if signed on behalf of a business)

Signature of Owner (2) (Give title if signed on behalf of a business)

11/06/2012

Date

All information has been accurately recorded as given to me by the Proposed Insured.

Signature of Agent/Producer (1)

Signature of Agent/Producer (2)

Horace Mann
Founded by Educators for Educators

Horace Mann Life Insurance Company
[1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

Supplement to application – additional information

	Name	Birth date (MM/DD/YYYY)
Proposed Insured 1	John J. Doe	01/01/1967
Proposed Insured 2		
Child proposed for coverage		
Child proposed for coverage		
Child proposed for coverage		
Child proposed for coverage		

Please use the space below to provide any additional information that will not fit in the space allotted on the application.

Family History - Siblings
Mary, age 40, excellent health
Sam, age 36, excellent health
Michael, age 32, excellent health

I agree that this supplement to application shall become a part of my application for insurance.

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 18)

Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)

Signature of Owner (1) (Give title if signed on behalf of a business)

Signature of Owner (2) (Give title if signed on behalf of a business)

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

11/06/2012
Date

All information has been accurately recorded as given to me by the Proposed Insured(s) or child proposed for coverage.

Signature of Agent/Producer (1)

Signature of Agent/Producer (2)

Agent/Producer report

[LNB/LFNB/Policy Number_____]

School District Code_____

1. Send policy to: ☐ Agent/Producer
   ☐ Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #12.) ☐ Yes ☐ No
3. Does any Proposed Insured or any child proposed for coverage have any obvious impairments or limitations? (If Yes, please explain in #12.) ☐ Yes ☐ No
4. Are you related to the Proposed Insured(s)? If Yes, relationship? _____ ☐ Yes ☐ No
5. How long have you known: **Proposed Insured 1**?_____
   Proposed Insured 2?_____
6. Was the conditional receipt explained and given to the Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)? (If no, provide information for appropriate option below.) ☐ Yes ☐ No
   ☐ Trial application
   ☐ Payment on delivery
   ☐ Other (Please explain.)_____
   _____
7. Do you have any reason to believe that any answer on the application regarding the Proposed Insured(s) or any child proposed for coverage is not completely true? (If Yes, please explain in #12.) ☐ Yes ☐ No
8. Purpose of insurance: ☐ Estate planning ☐ Buy/sell ☐ Key person ☐ Loan indebtedness
   ☐ Income replacement ☐ Other (explain)_____
9. Rate applied for? ☐ Standard ☐ Preferred ☐ Preferred Plus
10. Medical examination arrangements (Note: Complete all health questions on application even if examination is required.)

Proposed Insured 1	**Proposed Insured 2**
Date_____	Date_____
Examiner_____	Examiner_____
☐ Paramedical Exam	☐ Paramedical Exam
☐ Blood/urinalysis	☐ Blood/urinalysis
☐ Other_____	☐ Other_____

11. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. _____
12. Additional details and/or remarks_____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____

Agent/Producer Certification

I have reviewed all of the questions on this application and certify that the answers have been recorded accurately. All information I have on the insurability of the Proposed Insured(s) and any child proposed for coverage has been disclosed on the application or in item 12 above.

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer _____ Agent/Producer #_____ Date_____

Horace Mann
Founded by Educators for Educators

Horace Mann Life Insurance Company
[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Consumer privacy notice

Welcome to Horace Mann Life Insurance Company – We take our responsibility to you and your family very seriously, and we will work hard to maintain your trust in us. You may wonder why we've asked so many questions and how we intend to use the information you've provided. Your answers provide information we need to calculate the cost of your insurance policy, for example, your age, sex, and the amount and insurance product applied for. Other questions are asked so we can determine if you are eligible for the policy applied for and to help our agent update your insurance program.

Sources of information – Your application for insurance is our main source of information. Your health and lifestyle are the most important factors we take into account. As part of our evaluation we may, at our expense:

- Interview you or an adult family member by telephone.
- Ask you to be examined by a paramedic or physician. The examination may include such tests as an electrocardiogram, chest x-ray, blood studies, or urinalysis.
- Ask physicians, clinics, hospitals, or other health care providers for information about you.
- Obtain information from the MIB, Inc., and/or a consumer reporting agency. Please refer to later sections for details about this procedure.
- Obtain information from other insurance companies you have applied to in the past. We use this information only for evaluating your application for insurance.

Safeguarding your privacy – We use information about you to underwrite, issue and service insurance policies and to process claims. We may share information about you with certain parties without your consent. The extent that we may do so depends on the law. Some parties who may receive information include your agent, a medical professional to tell you of a medical condition you may not know about, or a court, governmental or law enforcement agency. To the extent permitted by law, this information may be shared with nonaffiliated parties that perform marketing or other services on our behalf or with whom we have joint marketing arrangements. This information may also be shared, as permitted by law, within the Horace Mann Companies for auditing, marketing, or other permitted purposes.

Within 30 days of our receipt of your written request, we will send you a copy of all personal information about you in our records or allow you to view this information at our home office. We will identify the source of any such information if such source is an institution. In most cases, medical information will be disclosed either directly to you or to a medical professional designated by you, whichever you prefer. At your request, a copy of any consumer report we obtain on you will be provided to you by the responsible agency.

We will not send you or allow you to view information collected in connection with any claim or civil or criminal proceedings. This would include information relating to suspected fraud or material misrepresentation. We may gather information from you which is used for statistical purposes or marketing research. We will not identify you individually.

Underwriting your request for coverage – Once we receive your application for insurance, we will begin the underwriting process to determine whether you are eligible for insurance, and if so, the rate you should pay for that insurance. In most instances, we are able to provide you with insurance coverage exactly as applied for. However, we may find that we are unable to give you the insurance you applied for or that we are able to offer you such insurance only on a modified basis or at a premium rate greater than our lowest premium rate. If we are unable to provide the coverage you applied for, we will notify you of our decision in writing. We will also provide you with specific reasons for our actions should you send us a written request to do so.

How you may correct our information – If you think any information in our file is not correct or complete, you may ask us in writing to review it. We will respond within 30 days of our receipt of your written request. If we agree with you, we will make any necessary corrections and inform anyone specified by you who may have received such information in the past two years. We will also inform any insurance support organization which has received such information from us within the past seven years.

If we do not agree with you, you may file a statement of dispute with us. That statement will be sent to anyone receiving such information in the past as stated in the preceding paragraph and included in any future disclosure of the disputed information.

Consumer reports – An investigative consumer report may be made to help us determine your eligibility for the insurance you requested. This report may concern your lifestyle, character, general reputation, and personal characteristics, such as health, occupation, and finances. When applicable, it will also involve such matters as your driving record, health history, smoking habits, use of alcohol or drugs, aviation, and hazardous sports participation.

Inquiries will not be directed toward determining your sexual orientation. Also, no adverse underwriting decision will be made because a report shows that you have demonstrated AIDS-related concerns or have sought AIDS-related counseling. AIDS test results received at anonymous counseling and testing sites are confidential and need not be disclosed. Any AIDS testing is limited to FDA-licensed blood tests and a member of the medical profession must make the diagnosis of AIDS.

The consumer reporting agency may obtain information by interviewing you or members of your family, business associates, financial institutions, and acquaintances. You may ask that the agency interview you in person or by telephone. The agency may also check public records, such as police or motor vehicle records.

This information is for insurance purposes only. The consumer reporting agency may retain and release information to others under certain circumstances. If you ask and give proper identification, the agency will provide you with a copy of the report and explain their retention and release practices. Please contact us if you wish to know more about the nature and scope of these reports and how we use them.

MIB, Inc. (MIB) – Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates as an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB upon request, will supply such company with information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in its file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [Post Office Box 105, Essex Station, Boston, Massachusetts 02112].

We or our reinsurers may also release information in our file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Any more questions – If you would like to know more about how we collect, evaluate, and control information about you as one of our applicants for insurance, you may contact us at Horace Mann Life Insurance Company, 1 Horace Mann Plaza, Springfield, IL 62715-0001, telephone 1-800-999-1030.

Acknowledgement and authorization

As part of your application for insurance to Horace Mann Life Insurance Company, you have signed the following statements.

Acknowledgement – All Proposed Insured(s) and Proposed Owner(s) agree that they have received a copy of the following:

Consumer privacy notice which: (a) details the methods you must use to exercise your rights to access, correct, and amend any information gathered about the Proposed Insured(s) or any child proposed for coverage which relates to this application for insurance; and (b) includes information about consumer reports and the MIB, Inc.; and

Authorization – The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) and any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

Information obtained will be used to determine eligibility for insurance for each Proposed Insured or child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. A photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. You or one of your authorized representatives has a right to a copy of this authorization.

Failure to make the authorization may be a basis for denying your application for insurance. You can provide written revocation of the authorization to the company at any time, except if: (1) the company has taken action in reliance on the authorization; or (2) the company is using the authorization in connection with a contestable claim under your policy. Revoking the authorization may be a basis for denying your application for insurance or for denying benefits.

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		R-IC-351000	IC-351000	New		IC-351000 Premiums.pdf

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

Level Term to Age 95
Specified Period = 20 Years
Annual Gross Premiums per $1,000 for the Specified Period
Female Non-educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.60
19	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.60
20	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.60
21	3.05	2.44	2.39	2.37	2.31	2.30	2.24	4.26	3.80	3.60
22	3.08	2.46	2.40	2.39	2.33	2.31	2.25	4.26	3.80	3.60
23	3.10	2.48	2.42	2.40	2.34	2.33	2.27	4.26	3.80	3.60
24	3.13	2.50	2.43	2.42	2.36	2.34	2.28	4.26	3.80	3.60
25	3.15	2.52	2.45	2.44	2.37	2.36	2.29	4.26	3.80	3.60
26	3.22	2.57	2.50	2.49	2.42	2.41	2.34	4.51	4.08	3.90
27	3.28	2.62	2.55	2.54	2.47	2.46	2.39	4.76	4.36	4.20
28	3.35	2.68	2.60	2.60	2.52	2.52	2.44	5.01	4.64	4.50
29	3.41	2.73	2.65	2.65	2.57	2.57	2.49	5.26	4.92	4.80
30	3.48	2.78	2.70	2.70	2.62	2.62	2.54	5.51	5.20	5.10
31	3.66	3.01	2.93	2.92	2.84	2.83	2.75	6.12	5.82	5.71
32	3.84	3.23	3.16	3.14	3.06	3.04	2.96	6.73	6.43	6.32
33	4.02	3.46	3.38	3.35	3.28	3.25	3.18	7.33	7.05	6.93
34	4.20	3.68	3.61	3.57	3.50	3.46	3.39	7.94	7.66	7.54
35	4.38	3.91	3.84	3.79	3.72	3.67	3.60	8.55	8.28	8.15
36	4.76	4.34	4.24	4.18	4.09	4.03	3.94	9.26	8.90	8.77
37	5.15	4.76	4.64	4.57	4.46	4.38	4.27	9.97	9.52	9.39
38	5.53	5.19	5.05	4.96	4.82	4.74	4.61	10.69	10.13	10.02
39	5.92	5.61	5.45	5.35	5.19	5.09	4.94	11.40	10.75	10.64
40	6.30	6.04	5.85	5.74	5.56	5.45	5.28	12.11	11.37	11.26
41	6.91	6.56	6.38	6.23	6.06	5.91	5.76	12.81	11.97	11.84
42	7.52	7.08	6.91	6.72	6.56	6.38	6.23	13.50	12.58	12.43
43	8.13	7.59	7.44	7.21	7.07	6.84	6.71	14.20	13.18	13.01
44	8.74	8.11	7.97	7.70	7.57	7.31	7.18	14.89	13.79	13.60
45	9.35	8.63	8.50	8.19	8.07	7.77	7.66	15.59	14.39	14.18
46	10.05	9.22	9.09	8.76	8.63	8.31	8.19	16.42	15.10	14.86
47	10.75	9.82	9.67	9.32	9.19	8.85	8.72	17.26	15.82	15.54
48	11.46	10.41	10.26	9.89	9.74	9.39	9.26	18.09	16.53	16.22
49	12.16	11.01	10.84	10.45	10.30	9.93	9.79	18.93	17.25	16.90
50	12.86	11.60	11.43	11.02	10.86	10.47	10.32	19.76	17.96	17.58
51	13.49	12.16	11.97	11.51	11.33	10.90	10.73	20.75	18.81	18.38
52	14.12	12.72	12.50	12.00	11.80	11.32	11.13	21.74	19.66	19.18
53	14.75	13.28	13.04	12.49	12.26	11.75	11.54	22.74	20.51	19.99
54	15.38	13.84	13.57	12.98	12.73	12.17	11.94	23.73	21.36	20.79
55	16.01	14.40	14.11	13.47	13.20	12.60	12.35	24.72	22.21	21.59
56	16.91	15.32	14.89	14.20	13.80	13.23	12.86	26.18	23.43	22.77
57	17.81	16.24	15.67	14.92	14.40	13.85	13.37	27.63	24.66	23.95
58	18.71	17.16	16.44	15.65	15.00	14.48	13.88	29.09	25.88	25.12
59	19.61	18.08	17.22	16.37	15.60	15.10	14.39	30.54	27.11	26.30
60	20.51	19.00	18.00	17.10	16.20	15.73	14.90	32.00	28.33	27.48
61	21.76	20.12	19.00	18.11	17.10	16.66	15.73	33.76	29.89	29.02
62	23.02	21.24	20.00	19.12	18.00	17.59	16.56	35.52	31.46	30.56
63	24.27	22.36	21.00	20.12	18.90	18.51	17.39	37.28	33.02	32.10
64	25.53	23.48	22.00	21.13	19.80	19.44	18.22	39.04	34.59	33.64
65	26.78	24.60	23.00	22.14	20.70	20.37	19.05	40.80	36.15	35.18
66	28.71	26.02	24.49	23.42	22.04	21.55	20.28	43.04	38.00	37.08
67	30.64	27.45	25.98	24.70	23.38	22.73	21.52	45.28	39.85	38.99
68	32.57	28.87	27.47	25.99	24.73	23.91	22.75	47.52	41.70	40.89
69	34.50	30.30	28.96	27.27	26.07	25.09	23.99	49.76	43.55	42.80
70	36.43	31.72	30.45	28.55	27.41	26.27	25.22	52.00	45.40	44.70

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 20 Years
Annual Gross Premiums per $1,000 for the Specified Period
Female Educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.46
19	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.46
20	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.46
21	2.87	2.29	2.24	2.23	2.17	2.16	2.11	4.09	3.65	3.46
22	2.89	2.31	2.26	2.24	2.19	2.17	2.12	4.09	3.65	3.46
23	2.92	2.33	2.27	2.26	2.20	2.19	2.13	4.09	3.65	3.46
24	2.94	2.35	2.29	2.27	2.22	2.20	2.14	4.09	3.65	3.46
25	2.96	2.37	2.30	2.29	2.23	2.22	2.15	4.09	3.65	3.46
26	3.02	2.42	2.35	2.34	2.28	2.27	2.20	4.33	3.92	3.75
27	3.08	2.47	2.40	2.39	2.32	2.32	2.25	4.57	4.19	4.04
28	3.15	2.51	2.44	2.44	2.37	2.36	2.29	4.81	4.45	4.32
29	3.21	2.56	2.49	2.49	2.41	2.41	2.34	5.05	4.72	4.61
30	3.27	2.61	2.54	2.54	2.46	2.46	2.39	5.29	4.99	4.90
31	3.44	2.82	2.75	2.74	2.67	2.66	2.59	5.87	5.58	5.48
32	3.61	3.04	2.97	2.95	2.88	2.86	2.79	6.46	6.17	6.07
33	3.78	3.25	3.18	3.15	3.08	3.05	2.98	7.04	6.77	6.65
34	3.95	3.47	3.40	3.36	3.29	3.25	3.18	7.63	7.36	7.24
35	4.12	3.68	3.61	3.56	3.50	3.45	3.38	8.21	7.95	7.82
36	4.48	4.08	3.99	3.93	3.85	3.78	3.70	8.89	8.54	8.42
37	4.84	4.48	4.37	4.30	4.19	4.12	4.01	9.58	9.14	9.02
38	5.20	4.88	4.74	4.66	4.54	4.45	4.33	10.26	9.73	9.61
39	5.56	5.28	5.12	5.03	4.88	4.79	4.64	10.95	10.33	10.21
40	5.92	5.68	5.50	5.40	5.23	5.12	4.96	11.63	10.92	10.81
41	6.49	6.17	6.00	5.86	5.70	5.56	5.41	12.30	11.50	11.37
42	7.07	6.66	6.50	6.32	6.17	5.99	5.86	12.97	12.08	11.93
43	7.64	7.14	6.99	6.78	6.65	6.43	6.30	13.63	12.65	12.49
44	8.22	7.63	7.49	7.24	7.12	6.86	6.75	14.30	13.23	13.05
45	8.79	8.12	7.99	7.70	7.59	7.30	7.20	14.97	13.81	13.61
46	9.45	8.68	8.54	8.23	8.11	7.81	7.70	15.77	14.50	14.26
47	10.11	9.23	9.09	8.76	8.64	8.32	8.20	16.57	15.18	14.92
48	10.77	9.79	9.64	9.30	9.16	8.82	8.70	17.37	15.87	15.57
49	11.43	10.34	10.19	9.83	9.69	9.33	9.20	18.17	16.55	16.23
50	12.09	10.90	10.74	10.36	10.21	9.84	9.70	18.97	17.24	16.88
51	12.68	11.43	11.24	10.82	10.65	10.24	10.08	19.92	18.06	17.65
52	13.27	11.96	11.75	11.28	11.09	10.64	10.46	20.87	18.87	18.42
53	13.87	12.48	12.25	11.74	11.53	11.04	10.85	21.83	19.69	19.19
54	14.46	13.01	12.76	12.20	11.97	11.44	11.23	22.78	20.50	19.96
55	15.05	13.54	13.26	12.66	12.41	11.84	11.61	23.73	21.32	20.73
56	15.90	14.40	13.99	13.34	12.97	12.43	12.09	25.13	22.50	21.86
57	16.74	15.27	14.72	14.02	13.54	13.02	12.57	26.53	23.67	22.99
58	17.59	16.13	15.46	14.71	14.10	13.61	13.05	27.92	24.85	24.12
59	18.43	17.00	16.19	15.39	14.67	14.20	13.53	29.32	26.02	25.25
60	19.28	17.86	16.92	16.07	15.23	14.79	14.01	30.72	27.20	26.38
61	20.46	18.91	17.86	17.02	16.08	15.66	14.79	32.41	28.70	27.86
62	21.64	19.96	18.80	17.97	16.92	16.53	15.57	34.10	30.20	29.34
63	22.81	21.02	19.74	18.91	17.77	17.41	16.35	35.79	31.70	30.81
64	23.99	22.07	20.68	19.86	18.61	18.28	17.13	37.48	33.20	32.29
65	25.17	23.12	21.62	20.81	19.46	19.15	17.91	39.17	34.70	33.77
66	26.98	24.46	23.02	22.02	20.72	20.26	19.07	41.32	36.48	35.60
67	28.80	25.80	24.42	23.22	21.98	21.37	20.23	43.47	38.25	37.43
68	30.61	27.14	25.82	24.43	23.25	22.47	21.39	45.62	40.03	39.25
69	32.43	28.48	27.22	25.63	24.51	23.58	22.55	47.77	41.80	41.08
70	34.24	29.82	28.62	26.84	25.77	24.69	23.71	49.92	43.58	42.91

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 20 Years
Annual Gross Premiums per $1,000 for the Specified Period
Male Non-educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
19	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
20	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
21	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
22	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
23	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
24	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
25	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
26	4.13	3.45	3.35	3.33	3.26	3.23	3.16	8.37	7.43	7.09
27	4.23	3.55	3.44	3.40	3.33	3.29	3.22	8.54	7.71	7.39
28	4.32	3.64	3.54	3.46	3.39	3.36	3.29	8.71	8.00	7.70
29	4.42	3.74	3.63	3.53	3.46	3.42	3.35	8.88	8.28	8.00
30	4.52	3.83	3.72	3.60	3.53	3.49	3.42	9.05	8.56	8.30
31	4.72	4.04	3.92	3.84	3.75	3.72	3.64	9.61	9.11	8.79
32	4.92	4.25	4.12	4.07	3.97	3.95	3.85	10.18	9.66	9.28
33	5.11	4.46	4.33	4.31	4.20	4.18	4.07	10.74	10.20	9.76
34	5.31	4.67	4.53	4.54	4.42	4.41	4.28	11.31	10.75	10.25
35	5.51	4.88	4.73	4.78	4.64	4.64	4.50	11.87	11.30	10.74
36	5.92	5.26	5.10	5.15	5.00	4.98	4.83	12.62	12.02	11.42
37	6.33	5.63	5.46	5.52	5.36	5.33	5.17	13.37	12.74	12.11
38	6.75	6.01	5.83	5.88	5.71	5.67	5.50	14.12	13.47	12.79
39	7.16	6.38	6.19	6.25	6.07	6.02	5.84	14.87	14.19	13.48
40	7.57	6.76	6.56	6.62	6.43	6.36	6.17	15.62	14.91	14.16
41	8.34	7.48	7.26	7.29	7.08	7.00	6.79	16.61	15.85	14.97
42	9.11	8.21	7.96	7.96	7.73	7.64	7.42	17.60	16.79	15.79
43	9.88	8.93	8.67	8.62	8.37	8.29	8.04	18.60	17.72	16.60
44	10.65	9.66	9.37	9.29	9.02	8.93	8.67	19.59	18.66	17.42
45	11.42	10.38	10.07	9.96	9.67	9.57	9.29	20.58	19.60	18.23
46	12.35	11.31	10.97	10.73	10.42	10.31	10.01	21.95	20.81	19.30
47	13.28	12.24	11.87	11.51	11.17	11.05	10.72	23.32	22.02	20.37
48	14.22	13.17	12.78	12.28	11.91	11.79	11.44	24.69	23.22	21.45
49	15.15	14.10	13.68	13.06	12.66	12.53	12.15	26.06	24.43	22.52
50	16.08	15.03	14.58	13.83	13.41	13.27	12.87	27.43	25.64	23.59
51	17.01	15.82	15.27	14.48	14.05	13.87	13.45	29.33	27.11	25.14
52	17.93	16.62	15.97	15.14	14.68	14.46	14.03	31.24	28.58	26.69
53	18.86	17.41	16.66	15.79	15.32	15.06	14.61	33.14	30.05	28.24
54	19.78	18.21	17.36	16.45	15.95	15.65	15.19	35.05	31.52	29.79
55	20.71	19.00	18.05	17.10	16.59	16.25	15.77	36.95	32.99	31.34
56	22.12	20.29	19.28	18.26	17.63	17.22	16.62	39.71	35.37	33.60
57	23.53	21.59	20.51	19.43	18.67	18.19	17.48	42.47	37.76	35.87
58	24.94	22.88	21.74	20.59	19.70	19.15	18.33	45.23	40.14	38.13
59	26.35	24.18	22.97	21.76	20.74	20.12	19.19	47.99	42.53	40.40
60	27.76	25.47	24.20	22.92	21.78	21.09	20.04	50.75	44.91	42.66
61	29.67	26.98	25.63	24.28	23.07	22.34	21.22	54.39	47.61	45.22
62	31.57	28.48	27.06	25.63	24.36	23.58	22.41	58.03	50.31	47.79
63	33.48	29.99	28.49	26.99	25.64	24.83	23.59	61.66	53.00	50.35
64	35.38	31.49	29.92	28.34	26.93	26.07	24.78	65.30	55.70	52.92
65	37.29	33.00	31.35	29.70	28.22	27.32	25.96	68.94	58.40	55.48
66	40.43	35.87	34.07	31.81	30.38	29.26	27.95	74.03	62.72	59.59
67	43.58	38.73	36.79	33.91	32.54	31.20	29.94	79.13	67.04	63.69
68	46.72	41.60	39.52	36.02	34.70	33.13	31.92	84.22	71.37	67.80
69	49.87	44.46	42.24	38.12	36.86	35.07	33.91	89.32	75.69	71.90
70	53.01	47.33	44.96	40.23	39.02	37.01	35.90	94.41	80.01	76.01

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 20 Years
Annual Gross Premiums per $1,000 for the Specified Period
Male Educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
19	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
20	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
21	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
22	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
23	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
24	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
25	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
26	3.88	3.25	3.15	3.12	3.06	3.03	2.96	7.87	6.99	6.66
27	3.97	3.34	3.23	3.19	3.13	3.09	3.02	8.03	7.25	6.95
28	4.07	3.42	3.32	3.25	3.19	3.16	3.09	8.19	7.52	7.23
29	4.16	3.51	3.40	3.32	3.26	3.22	3.15	8.35	7.78	7.52
30	4.25	3.60	3.49	3.38	3.32	3.28	3.21	8.51	8.05	7.80
31	4.44	3.80	3.68	3.60	3.53	3.50	3.41	9.04	8.56	8.26
32	4.62	4.00	3.87	3.83	3.74	3.71	3.62	9.57	9.08	8.72
33	4.81	4.19	4.07	4.05	3.94	3.93	3.82	10.10	9.59	9.18
34	4.99	4.39	4.26	4.28	4.15	4.14	4.03	10.63	10.11	9.64
35	5.18	4.59	4.45	4.50	4.36	4.36	4.23	11.16	10.62	10.10
36	5.57	4.94	4.79	4.85	4.70	4.68	4.54	11.86	11.30	10.74
37	5.96	5.29	5.13	5.19	5.03	5.01	4.86	12.57	11.98	11.38
38	6.34	5.65	5.48	5.54	5.37	5.33	5.17	13.27	12.66	12.03
39	6.73	6.00	5.82	5.88	5.70	5.66	5.49	13.98	13.34	12.67
40	7.12	6.35	6.16	6.23	6.04	5.98	5.80	14.68	14.02	13.31
41	7.84	7.03	6.82	6.86	6.65	6.58	6.39	15.61	14.90	14.08
42	8.56	7.72	7.48	7.49	7.26	7.19	6.97	16.55	15.78	14.84
43	9.29	8.40	8.14	8.11	7.87	7.79	7.56	17.48	16.66	15.61
44	10.01	9.09	8.80	8.74	8.48	8.40	8.14	18.42	17.54	16.37
45	10.73	9.77	9.46	9.37	9.09	9.00	8.73	19.35	18.42	17.14
46	11.61	10.64	10.31	10.10	9.79	9.69	9.40	20.64	19.56	18.15
47	12.49	11.51	11.16	10.82	10.50	10.39	10.08	21.92	20.69	19.15
48	13.36	12.38	12.00	11.55	11.20	11.08	10.75	23.21	21.83	20.16
49	14.24	13.25	12.85	12.27	11.91	11.78	11.43	24.49	22.96	21.16
50	15.12	14.12	13.70	13.00	12.61	12.47	12.10	25.78	24.10	22.17
51	15.99	14.87	14.35	13.61	13.21	13.03	12.64	27.57	25.48	23.63
52	16.86	15.62	15.01	14.23	13.80	13.59	13.19	29.36	26.86	25.09
53	17.73	16.36	15.66	14.84	14.40	14.16	13.73	31.15	28.25	26.54
54	18.60	17.11	16.32	15.46	14.99	14.72	14.28	32.94	29.63	28.00
55	19.47	17.86	16.97	16.07	15.59	15.28	14.82	34.73	31.01	29.46
56	20.79	19.08	18.12	17.17	16.57	16.19	15.62	37.33	33.25	31.59
57	22.12	20.29	19.28	18.26	17.54	17.10	16.43	39.92	35.49	33.72
58	23.44	21.51	20.43	19.36	18.52	18.00	17.23	42.52	37.74	35.84
59	24.77	22.72	21.59	20.45	19.49	18.91	18.04	45.11	39.98	37.97
60	26.09	23.94	22.74	21.55	20.47	19.82	18.84	47.71	42.22	40.10
61	27.88	25.36	24.09	22.82	21.68	20.99	19.95	51.13	44.76	42.51
62	29.67	26.77	25.43	24.10	22.89	22.16	21.06	54.55	47.29	44.92
63	31.47	28.19	26.78	25.37	24.11	23.34	22.18	57.96	49.83	47.33
64	33.26	29.60	28.12	26.65	25.32	24.51	23.29	61.38	52.36	49.74
65	35.05	31.02	29.47	27.92	26.53	25.68	24.40	64.80	54.90	52.15
66	38.01	33.71	32.03	29.90	28.56	27.50	26.27	69.59	58.96	56.01
67	40.96	36.41	34.59	31.88	30.59	29.32	28.14	74.38	63.02	59.87
68	43.92	39.10	37.15	33.86	32.62	31.15	30.01	79.17	67.09	63.73
69	46.87	41.80	39.71	35.84	34.65	32.97	31.88	83.96	71.15	67.59
70	49.83	44.49	42.27	37.82	36.68	34.79	33.75	88.75	75.21	71.45

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 30 Years
Annual Gross Premiums per $1,000 for the Specified Period
Female Non-educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.69
19	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.69
20	3.03	2.42	2.37	2.35	2.30	2.28	2.23	4.26	3.80	3.69
21	3.05	2.44	2.39	2.37	2.31	2.30	2.24	4.26	3.80	3.69
22	3.08	2.46	2.40	2.39	2.33	2.31	2.25	4.26	3.80	3.69
23	3.10	2.48	2.42	2.40	2.34	2.33	2.27	4.26	3.80	3.69
24	3.13	2.50	2.43	2.42	2.36	2.34	2.28	4.26	3.80	3.69
25	3.15	2.52	2.45	2.44	2.37	2.36	2.29	4.26	3.80	3.69
26	3.22	2.57	2.50	2.49	2.42	2.41	2.34	4.66	4.23	4.11
27	3.28	2.62	2.55	2.54	2.47	2.46	2.39	5.06	4.66	4.52
28	3.35	2.68	2.60	2.60	2.52	2.52	2.44	5.45	5.09	4.94
29	3.41	2.73	2.65	2.65	2.57	2.57	2.49	5.85	5.52	5.35
30	3.48	2.78	2.70	2.70	2.62	2.62	2.54	6.25	5.95	5.77
31	3.66	3.01	2.93	2.92	2.84	2.83	2.75	6.79	6.45	6.25
32	3.84	3.23	3.16	3.14	3.06	3.04	2.96	7.32	6.94	6.73
33	4.02	3.46	3.38	3.35	3.28	3.25	3.18	7.86	7.44	7.22
34	4.20	3.68	3.61	3.57	3.50	3.46	3.39	8.39	7.93	7.70
35	4.38	3.91	3.84	3.79	3.72	3.67	3.60	8.93	8.43	8.18
36	4.81	4.34	4.24	4.18	4.09	4.03	3.94	9.57	9.02	8.80
37	5.25	4.76	4.64	4.57	4.46	4.38	4.27	10.20	9.61	9.41
38	5.68	5.19	5.05	4.96	4.82	4.74	4.61	10.84	10.19	10.03
39	6.12	5.61	5.45	5.35	5.19	5.09	4.94	11.47	10.78	10.64
40	6.55	6.04	5.85	5.74	5.56	5.45	5.28	12.11	11.37	11.26
41	7.18	6.58	6.38	6.25	6.06	5.93	5.76	12.87	11.97	11.84
42	7.82	7.12	6.91	6.76	6.56	6.42	6.23	13.62	12.58	12.43
43	8.45	7.67	7.44	7.28	7.07	6.90	6.71	14.38	13.18	13.01
44	9.09	8.21	7.97	7.79	7.57	7.39	7.18	15.13	13.79	13.60
45	9.72	8.75	8.50	8.30	8.07	7.87	7.66	15.89	14.39	14.18
46	10.37	9.32	9.09	8.84	8.63	8.39	8.19	16.92	15.28	15.00
47	11.02	9.89	9.67	9.39	9.19	8.91	8.72	17.95	16.17	15.82
48	11.66	10.46	10.26	9.93	9.74	9.43	9.26	18.98	17.06	16.63
49	12.31	11.03	10.84	10.48	10.30	9.95	9.79	20.01	17.95	17.45
50	12.96	11.60	11.43	11.02	10.86	10.47	10.32	21.04	18.84	18.27
51	13.86	12.32	12.14	11.67	11.50	11.06	10.90	22.34	19.99	19.39
52	14.76	13.04	12.85	12.33	12.14	11.65	11.48	23.63	21.14	20.51
53	15.66	13.76	13.55	12.98	12.79	12.25	12.06	24.93	22.30	21.62
54	16.56	14.48	14.26	13.64	13.43	12.84	12.64	26.22	23.45	22.74
55	17.46	15.20	14.97	14.29	14.07	13.43	13.22	27.52	24.60	23.86
56	18.79	16.32	16.08	15.26	15.03	14.27	14.04	29.22	26.08	25.30
57	20.12	17.45	17.18	16.23	15.99	15.10	14.87	30.91	27.56	26.73
58	21.46	18.57	18.29	17.21	16.94	15.94	15.69	32.61	29.04	28.17
59	22.79	19.70	19.39	18.18	17.90	16.77	16.52	34.30	30.52	29.60
60	24.12	20.82	20.50	19.15	18.86	17.61	17.34	36.00	32.00	31.04

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 30 Years
Annual Gross Premiums per $1,000 for the Specified Period
Female Educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.54
19	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.54
20	2.85	2.27	2.23	2.21	2.16	2.14	2.10	4.09	3.65	3.54
21	2.87	2.29	2.24	2.23	2.17	2.16	2.11	4.09	3.65	3.54
22	2.89	2.31	2.26	2.24	2.19	2.17	2.12	4.09	3.65	3.54
23	2.92	2.33	2.27	2.26	2.20	2.19	2.13	4.09	3.65	3.54
24	2.94	2.35	2.29	2.27	2.22	2.20	2.14	4.09	3.65	3.54
25	2.96	2.37	2.30	2.29	2.23	2.22	2.15	4.09	3.65	3.54
26	3.02	2.42	2.35	2.34	2.28	2.27	2.20	4.47	4.06	3.94
27	3.08	2.47	2.40	2.39	2.32	2.32	2.25	4.85	4.47	4.34
28	3.15	2.51	2.44	2.44	2.37	2.36	2.29	5.24	4.89	4.74
29	3.21	2.56	2.49	2.49	2.41	2.41	2.34	5.62	5.30	5.14
30	3.27	2.61	2.54	2.54	2.46	2.46	2.39	6.00	5.71	5.54
31	3.44	2.82	2.75	2.74	2.67	2.66	2.59	6.51	6.19	6.00
32	3.61	3.04	2.97	2.95	2.88	2.86	2.79	7.03	6.66	6.46
33	3.78	3.25	3.18	3.15	3.08	3.05	2.98	7.54	7.14	6.93
34	3.95	3.47	3.40	3.36	3.29	3.25	3.18	8.06	7.61	7.39
35	4.12	3.68	3.61	3.56	3.50	3.45	3.38	8.57	8.09	7.85
36	4.53	4.08	3.99	3.93	3.85	3.78	3.70	9.18	8.66	8.44
37	4.94	4.48	4.37	4.30	4.19	4.12	4.01	9.79	9.22	9.03
38	5.34	4.88	4.74	4.66	4.54	4.45	4.33	10.41	9.79	9.63
39	5.75	5.28	5.12	5.03	4.88	4.79	4.64	11.02	10.35	10.22
40	6.16	5.68	5.50	5.40	5.23	5.12	4.96	11.63	10.92	10.81
41	6.76	6.19	6.00	5.88	5.70	5.58	5.41	12.35	11.50	11.37
42	7.35	6.70	6.50	6.36	6.17	6.03	5.86	13.08	12.08	11.93
43	7.95	7.21	6.99	6.84	6.65	6.49	6.30	13.80	12.65	12.49
44	8.54	7.72	7.49	7.32	7.12	6.94	6.75	14.53	13.23	13.05
45	9.14	8.23	7.99	7.80	7.59	7.40	7.20	15.25	13.81	13.61
46	9.75	8.76	8.54	8.31	8.11	7.89	7.70	16.24	14.67	14.40
47	10.36	9.30	9.09	8.82	8.64	8.38	8.20	17.23	15.52	15.18
48	10.96	9.83	9.64	9.34	9.16	8.86	8.70	18.22	16.38	15.97
49	11.57	10.37	10.19	9.85	9.69	9.35	9.20	19.21	17.23	16.75
50	12.18	10.90	10.74	10.36	10.21	9.84	9.70	20.20	18.09	17.54
51	13.03	11.58	11.41	10.97	10.81	10.40	10.25	21.11	18.90	18.33
52	13.87	12.26	12.07	11.59	11.42	10.95	10.79	22.03	19.71	19.11
53	14.72	12.93	12.74	12.20	12.02	11.51	11.34	22.94	20.52	19.90
54	15.56	13.61	13.40	12.82	12.63	12.06	11.88	23.86	21.33	20.68
55	16.41	14.29	14.07	13.43	13.23	12.62	12.43	24.77	22.14	21.47
56	17.66	15.35	15.11	14.34	14.13	13.41	13.20	26.51	23.66	22.95
57	18.91	16.40	16.15	15.26	15.03	14.19	13.98	28.25	25.19	24.43
58	20.17	17.46	17.19	16.17	15.93	14.98	14.75	30.00	26.71	25.91
59	21.42	18.51	18.23	17.09	16.83	15.76	15.53	31.74	28.24	27.39
60	22.67	19.57	19.27	18.00	17.73	16.55	16.30	33.48	29.76	28.87

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 30 Years
Annual Gross Premiums per $1,000 for the Specified Period
Male Non-educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
19	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
20	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
21	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
22	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
23	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
24	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
25	4.03	3.36	3.26	3.26	3.19	3.16	3.09	8.20	7.15	6.79
26	4.13	3.45	3.35	3.33	3.26	3.23	3.16	8.37	7.43	7.09
27	4.23	3.55	3.44	3.40	3.33	3.29	3.22	8.54	7.71	7.39
28	4.32	3.64	3.54	3.46	3.39	3.36	3.29	8.71	8.00	7.70
29	4.42	3.74	3.63	3.53	3.46	3.42	3.35	8.88	8.28	8.00
30	4.52	3.83	3.72	3.60	3.53	3.49	3.42	9.05	8.56	8.30
31	4.77	4.12	4.00	3.84	3.77	3.72	3.65	9.61	9.11	8.79
32	5.02	4.41	4.28	4.07	4.00	3.95	3.88	10.18	9.66	9.28
33	5.26	4.70	4.56	4.31	4.24	4.18	4.11	10.74	10.20	9.76
34	5.51	4.99	4.84	4.54	4.47	4.41	4.34	11.31	10.75	10.25
35	5.76	5.28	5.12	4.78	4.71	4.64	4.57	11.87	11.30	10.74
36	6.33	5.85	5.67	5.29	5.21	5.13	5.05	12.69	12.02	11.42
37	6.90	6.42	6.22	5.79	5.70	5.62	5.53	13.50	12.74	12.11
38	7.47	6.98	6.78	6.30	6.20	6.11	6.02	14.32	13.47	12.79
39	8.04	7.55	7.33	6.80	6.69	6.60	6.50	15.13	14.19	13.48
40	8.61	8.12	7.88	7.31	7.19	7.09	6.98	15.95	14.91	14.16
41	9.35	8.82	8.51	7.94	7.78	7.70	7.55	17.08	15.86	15.06
42	10.10	9.52	9.15	8.57	8.37	8.31	8.12	18.21	16.80	15.96
43	10.84	10.23	9.78	9.21	8.97	8.93	8.70	19.34	17.75	16.86
44	11.59	10.93	10.42	9.84	9.56	9.54	9.27	20.47	18.69	17.76
45	12.33	11.63	11.05	10.47	10.15	10.15	9.84	21.60	19.64	18.66
46	13.27	12.46	11.84	11.22	10.82	10.82	10.45	23.14	21.04	19.99
47	14.21	13.29	12.63	11.96	11.49	11.49	11.05	24.67	22.43	21.31
48	15.16	14.12	13.41	12.71	12.15	12.15	11.66	26.21	23.83	22.64
49	16.10	14.95	14.20	13.45	12.82	12.82	12.26	27.74	25.22	23.96
50	17.04	15.78	14.99	14.20	13.49	13.49	12.87	29.28	26.62	25.29
51	18.41	16.97	16.12	15.27	14.51	14.51	13.82	31.43	28.44	27.02
52	19.78	18.16	17.25	16.34	15.52	15.52	14.78	33.58	30.27	28.75
53	21.15	19.34	18.37	17.41	16.54	16.54	15.73	35.73	32.09	30.49
54	22.52	20.53	19.50	18.48	17.55	17.55	16.69	37.88	33.92	32.22
55	23.89	21.72	20.63	19.55	18.57	18.57	17.64	40.03	35.74	33.95
56	25.74	23.51	22.33	20.98	19.93	19.93	18.93	42.98	37.95	36.05
57	27.58	25.30	24.03	22.40	21.28	21.28	20.22	45.93	40.17	38.16
58	29.43	27.09	25.74	23.83	22.64	22.64	21.50	48.87	42.38	40.26
59	31.27	28.88	27.44	25.25	23.99	23.99	22.79	51.82	44.60	42.37
60	33.12	30.67	29.14	26.68	25.35	25.35	24.08	54.77	46.81	44.47

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Specified Period = 30 Years
Annual Gross Premiums per $1,000 for the Specified Period
Male Educator

	Non-Tobacco			Preferred Non-Tobacco		Preferred Plus Non-Tobacco		Tobacco		
Issue Age	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$100,000 - $249,999	$250,000 - and up	$25,000 - $99,999	$100,000 - $249,999	$250,000 - and up
18	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
19	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
20	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
21	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
22	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
23	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
24	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
25	3.79	3.16	3.06	3.06	3.00	2.97	2.90	7.71	6.72	6.38
26	3.88	3.25	3.15	3.12	3.06	3.03	2.96	7.87	6.99	6.66
27	3.97	3.34	3.24	3.19	3.13	3.09	3.02	8.03	7.25	6.95
28	4.07	3.42	3.32	3.25	3.19	3.16	3.09	8.19	7.52	7.23
29	4.16	3.51	3.41	3.32	3.26	3.22	3.15	8.35	7.78	7.52
30	4.25	3.60	3.50	3.38	3.32	3.28	3.21	8.51	8.05	7.80
31	4.48	3.87	3.76	3.60	3.54	3.50	3.43	9.04	8.56	8.26
32	4.71	4.14	4.02	3.83	3.76	3.71	3.65	9.57	9.08	8.72
33	4.95	4.42	4.29	4.05	3.99	3.93	3.86	10.10	9.59	9.18
34	5.18	4.69	4.55	4.28	4.21	4.14	4.08	10.63	10.11	9.64
35	5.41	4.96	4.81	4.50	4.43	4.36	4.30	11.16	10.62	10.10
36	5.95	5.49	5.33	4.97	4.90	4.82	4.75	11.93	11.30	10.74
37	6.48	6.03	5.85	5.45	5.36	5.28	5.20	12.69	11.98	11.38
38	7.02	6.56	6.36	5.92	5.83	5.74	5.66	13.46	12.66	12.03
39	7.55	7.10	6.88	6.40	6.29	6.20	6.11	14.22	13.34	12.67
40	8.09	7.63	7.40	6.87	6.76	6.66	6.56	14.99	14.02	13.31
41	8.79	8.29	8.00	7.46	7.32	7.24	7.10	16.05	14.91	14.16
42	9.49	8.95	8.60	8.06	7.87	7.81	7.64	17.11	15.80	15.00
43	10.19	9.61	9.19	8.65	8.43	8.39	8.17	18.18	16.68	15.85
44	10.89	10.27	9.79	9.25	8.98	8.96	8.71	19.24	17.57	16.69
45	11.59	10.93	10.39	9.84	9.54	9.54	9.25	20.30	18.46	17.54
46	12.48	11.71	11.13	10.54	10.17	10.17	9.82	21.74	19.77	18.79
47	13.36	12.49	11.87	11.24	10.80	10.80	10.39	23.19	21.08	20.03
48	14.25	13.27	12.61	11.95	11.42	11.42	10.96	24.63	22.40	21.28
49	15.13	14.05	13.35	12.65	12.05	12.05	11.53	26.08	23.71	22.52
50	16.02	14.83	14.09	13.35	12.68	12.68	12.10	27.52	25.02	23.77
51	17.31	15.95	15.15	14.36	13.64	13.64	13.00	29.54	26.74	25.40
52	18.60	17.07	16.21	15.36	14.59	14.59	13.89	31.56	28.45	27.03
53	19.88	18.18	17.28	16.37	15.55	15.55	14.79	33.59	30.17	28.65
54	21.17	19.30	18.34	17.37	16.50	16.50	15.68	35.61	31.88	30.28
55	22.46	20.42	19.40	18.38	17.46	17.46	16.58	37.63	33.60	31.91
56	24.19	22.10	21.00	19.72	18.73	18.73	17.79	40.40	35.68	33.89
57	25.93	23.78	22.60	21.06	20.01	20.01	19.00	43.17	37.76	35.87
58	27.66	25.47	24.19	22.40	21.28	21.28	20.22	45.94	39.84	37.84
59	29.40	27.15	25.79	23.74	22.56	22.56	21.43	48.71	41.92	39.82
60	31.13	28.83	27.39	25.08	23.83	23.83	22.64	51.48	44.00	41.80

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

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

Level Term to Age 95
Yearly Renewable Term Premiums per $1,000 after the Specified Period

Attained	Non-Tobacco		Tobacco	
Age	Female	Male	Female	Male
38	1.10	1.33	1.94	2.48
39	1.16	1.41	2.06	2.67
40	1.23	1.52	2.19	2.90
41	1.31	1.65	2.34	3.18
42	1.40	1.81	2.53	3.51
43	1.51	2.00	2.74	3.90
44	1.64	2.21	2.99	4.34
45	1.79	2.44	3.28	4.78
46	1.97	2.67	3.62	5.22
47	2.18	2.86	4.04	5.59
48	2.41	3.01	4.54	5.87
49	2.67	3.20	5.10	6.23
50	2.96	3.45	5.70	6.70
51	3.29	3.77	6.36	7.31
52	3.66	4.16	7.07	8.05
53	4.05	4.61	7.84	8.94
54	4.46	5.18	8.66	10.00
55	4.93	5.82	9.53	11.13
56	5.44	6.48	10.46	12.30
57	5.98	7.12	11.40	13.38
58	6.54	7.76	12.38	14.41
59	7.11	8.51	13.43	15.62
60	7.71	9.42	14.52	17.11
61	8.37	10.53	15.70	18.93
62	9.07	11.82	16.95	21.02
63	9.81	13.23	18.23	23.26
64	10.62	14.70	19.61	25.50
65	11.52	16.23	21.10	27.69
66	12.50	17.78	22.72	29.81

Attained	Non-Tobacco		Tobacco	
Age	Female	Male	Female	Male
67	13.59	19.40	24.52	31.95
68	14.80	21.11	26.49	34.14
69	16.12	23.03	28.66	36.55
70	17.61	25.27	31.11	39.31
71	19.31	27.99	33.85	42.70
72	21.17	31.17	36.83	46.64
73	23.20	34.52	40.08	50.61
74	25.45	38.12	43.48	54.91
75	27.92	42.04	47.05	59.69
76	30.63	46.46	50.91	64.99
77	33.63	51.60	55.07	71.12
78	36.90	57.57	59.56	78.15
79	40.49	64.26	64.39	85.89
80	44.95	71.72	70.41	94.35
81	50.43	79.83	77.77	103.34
82	56.23	88.42	85.35	112.59
83	62.32	97.80	93.09	122.45
84	69.11	108.23	101.15	133.60
85	75.99	119.83	108.60	146.24
86	84.12	132.59	117.21	159.95
87	94.16	146.38	127.89	174.52
88	104.75	161.04	138.58	189.71
89	115.29	176.42	148.36	205.33
90	123.05	191.74	153.92	220.42
91	130.47	206.82	158.48	234.78
92	142.77	222.62	168.33	249.52
93	159.44	239.28	182.27	264.76
94	180.20	256.83	201.70	281.02

Semi -Annual	0.520	Quarterly	0.270
Monthly (COM & Payroll)	0.086	Monthly (Direct)	0.100

R-IC-351000 11/6/12

State: Arkansas **Filing Company:** Horace Mann Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Cash value term life insurance
Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
IC-351000 Readability Certification.pdf Base Non-compact Application & Related Forms Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of variability		
Comments:			
Attachment(s):			
351SOV Statement of variability.pdf Base Non-compact APPSOV Statement of variability 11-12-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cost Disclosure		
Comments:			
Attachment(s):			
351 Cost Disclosure - Standard.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Guaranty Association Notice		
Comments:			
Attachment(s):			
IL-M513AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certification		

State: *Arkansas* **Filing Company:** *Horace Mann Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium*
Product Name: *Cash value term life insurance*
Project Name/Number: */*

Comments:	

Attachment(s):

Arkansas Certification.pdf

HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715-0001

Date: 11/08/2012

CERTIFICATION FOR FLESCH READABILITY TEST SCORE

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 _____.

[X] 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:

Form	Form Number	Flesch Score
Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	IC-351000	50.01

B. Test option selected

[X] 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.

[X] 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.

[X] 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)

[X] 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

[X] 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.

[X] 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

[X] 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.

[X] 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 H. Leitermann

John Leitermann, ASA, MAAA

Vice President
Officer's Title

HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715-0001

Date: 11/08/2012

CERTIFICATION FOR FLESCH READABILITY TEST SCORE

A. Option Selected

[X] 1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 50.178 .

[ ] 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:

Form	Form Number
IL-L25200	Application for individual life insurance
IL-L25300	Children's Term Insurance Supplement
IL-L37500	Supplement to application – foreign residence questionnaire
IL-L39000	Supplement to application – financial questionnaire
IL-L39100	Supplement to application – additional information
IL-L38600	Agent/Producer report
IL-L38700	Consumer privacy notice

B. Test option selected

[X] 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.

[X] 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.

[X] 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)

[X] 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.

[X] 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.

[X] 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.

[X] 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.

[X] 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 H. Leitermann

John Leitermann, ASA, MAAA

Vice President
Officer's Title

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 face page

The company address, phone number, web address and officer signatures are bracketed on the cover page. These items will be updated as needed.

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. For West Virginia, the minimum amount will be $30,000.

Specified Period
This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

State Insurance Department and Telephone Number
The name and telephone number of the insurance department where the policy is issued will print in these fields.

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.

Specified Period
This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

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. For West Virginia, the minimum amount will be $30,000.

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

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

Parenthetical Following Premium
On rated cases, the phrase "and rated premium charge" will print.

Rated Class Extra Annual Premium
On rated cases, additional charges may be included on the level life coverage and can be on either a permanent or temporary basis. There may be two Rated Class Extra Annual Premium sections depending on the outcome of the underwriting process.

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
On rated cases, the phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will print.

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 purchased: Benefit Amount, Coverage Effective Date, Issue Date, Coverage Period, Years Payable, and Amount.

Premium Class
This field is variable according to the children's health status.

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
On rated cases, the phrase "Includes rated premium charge" and the "Rated Class Extra Annual Premium" section will print.

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

Table of Guaranteed Values, Page 3

Insured, Policy Number, Date Prepared, Insurance Amount, Coverage Effective as of, Attained Age, Policy year-end, Cash Values and Reduced paid-up term life insurance
These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

Specified Period
This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

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. For West Virginia, the minimum amount will be $30,000.

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

Table of Guaranteed Annual Premiums, Pages 3(1) & 3(2)

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.

Specified Period
This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

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. For West Virginia, the minimum amount will be $30,000.

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

Cost Disclosure

Insured, Policy Number, Date Prepared, Effective Date, Guaranteed Annual Premium, Guaranteed Surrender Value, Terminates date, Surrender Cost Index, and Net Payment Cost Index
These fields represent items that are specific for each owner's contract. As such these fields will vary for each contract issued.

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

Specified Period
This field will vary depending on the term period chosen by the owner at the time of issue. The term periods available are 20 years and 30 years.

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. For West Virginia, the minimum amount will be $30,000.

Optional Benefits Included:
This section will print when the waiver of premium rider has been purchased to cover premiums on the level term coverage. Annual Premium and Coverage Expires will contain information specific to what has been purchased. If the coverage is rated, the phrase "(Includes rate premium charge)" will print directly behind the premium amount.

Footnote *1*
This variable will only appear when the insured's coverage is issued as rated.

Agent
The name and address of the agent that sold the policy will be printed in this section.

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

Statement of Variability
Application and related forms

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

Form IL-L25200

Company information
The company's address and phone number are variable to allow for updating as needed.

Coverage selection
Our product section is variable to allow us the flexibility to add or remove products as needed.

Payment information
Our payment information section is variable to allow us to add or remove any payment options as needed.

Pages 5C through 5F
If there is no coverage being requested for Proposed Insured 2, these pages will not print in the electronic version. For the paper version, the agent will discard these pages as needed.

Electronic signature agreement
Our electronic signature agreement is variable so that when this form is completed paper format, the entire electronic signature agreement section will be deleted.

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

Fraud Notice
The fraud notice is variable to accommodate alternate state fraud notice when required. If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

Forms IL-L25300; IL-L37500; IL-L39000; IL-L39100

Company information on all forms
The company's address and phone number are variable to allow for updating as needed.

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

Form IL-L38600

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

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

Form IL-L38700

Company information on all forms

The company's address and phone number are variable to allow for updating as needed.

MIB, Inc. contact information

The contact information for MIB, Inc. is variable to accommodate any changes to the company contact information the future.

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 0000000 0]
Date Prepared:	[08-01-2012]
Coverage:	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
Specified Period:	[20] Years
Effective Date:	[08-01-2012]
Class:	[Standard (Nontobacco), male, age 35]
Policy Fee:	$50 annual fee

Policy Year	Guaranteed Annual Premium*31*	Guaranteed Death Benefit	Guaranteed Surrender Value
1	[$ 179.50	$ 25,000.00	$ 0.00
2	179.50	25,000.00	0.00
3	179.50	25,000.00	0.00
4	179.50	25,000.00	39.50
5	179.50	25,000.00	146.75
10	179.50	25,000.00	762.00
15	179.50	25,000.00	1542.00
20	179.50	25,000.00	2545.00]
[AGE]			
[60	285.50	25,000.00	2545.00]
[62	345.50	25,000.00	2545.00]
[65	455.75	25,000.00	2545.00]

Terminates: [08-01-2072] (Final Expiry Date)

Based on Guaranteed Annual Premium

Policy Year	Surrender Cost Index	Net Payment Cost Index
10	[$ 4.87*1*]	[$ 7.18*1*]
20	[4.25*1*]	[7.18*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 0000000 0]
Date Prepared:	[08-01-2012]
Coverage:	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
Specified Period:	[20] Years
Effective Date:	[08-01-2012]
Class:	[Standard (Nontobacco), male, age 35]
Policy Fee:	$50 annual fee

[Optional Benefits Included:]

[Benefit:	Waiver of Premium Benefit Rider
Annual Premium:	$8.00
Coverage Expires:	08-01-2037
Death benefits are not applicable	to this rider’s coverage.]

31 The policy fee is not included in the premiums.

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

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

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

DISCLAIMER

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

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

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

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

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

COVERAGE

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

(Continued on next page)

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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

HORACE MANN LIFE INSURANCE COMPANY
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

November 27, 2012
Date

State: Arkansas **Filing Company:** Horace Mann Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Cash value term life insurance
Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/20/2012	Replaced 11/29/2012	Form	Children's Term Insurance Supplement	11/20/2012	IL-L25300 Children's Supplement 11-20-12 John Doe.pdf (Superceded)
11/08/2012	Replaced 11/29/2012	Form	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost	11/13/2012	IC-351000.pdf (Superceded)
11/08/2012	Replaced 11/29/2012	Form	Application for individual life insurance	11/12/2012	IL-L25200 Individual Life Application 11-07-2012 - John Doe.pdf (Superceded)
11/08/2012	Replaced 11/29/2012	Form	Children's Term Insurance Supplement	11/20/2012	IL-L25300 Children's Supplement 11-07-12 - John Doe.pdf (Superceded)
11/08/2012	Replaced 11/29/2012	Form	Supplement to application - foreign travel/residence questionnaire	11/21/2012	IL-L37500 Foreign travel residence questionnaire 11-08-2012 - John Doe.pdf (Superceded)
11/08/2012	Replaced 12/13/2012	Form	Agent/Producer report	12/12/2012	IL-L38600 Agent-Producer report 11-07-12 - John Doe.pdf (Superceded)
11/08/2012	Replaced 11/29/2012	Supporting Document	Statement of variability	11/12/2012	351SOV Statement of variability.pdf Base Non-compact APPSOV Statement of variability.pdf (Superceded)

Horace Mann
Founded by Educators for Educators

[APP/LFCPSAPP]/Policy #[1234567890]

Horace Mann Life Insurance Company

[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Children's Term Insurance Supplement

Coverage Information – Application for the addition of Children's Term Insurance Rider to:

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe
Policy # 1234567890 Children's Term Insurance Rider Face Amount $ 20,000

Child/Children Proposed for Insurance

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18th birthday.

Name	Date of birth	Social Security #	Height	Weight
John J. Doe, Jr.	06/08/2005	555-55-5555	3' 11"	50
Sally A. Doe	04/25/2009	777-77-7777	2' 9"	30

Beneficiary information

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1. ☒ Primary (or) ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First John | MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Father
   Birth date/Trust date 01/01/1967
   Social Security #/TIN # 222-22-2222
   Benefit Percentage 50%

2. ☒ Primary (or) ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First Jane | MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Mother
   Birth date/Trust date 05/05/1967
   Social Security #/TIN # 444-44-4444
   Benefit Percentage 50%

Life insurance in force

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance? ☐ Yes ☒ No

   If Yes, please explain.

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.) ☐ Yes ☒ No

Child's name	Company name	Policy/contract #, if applicable	Amount

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". NONE

Child's name	Company name	Policy/contract #, if known	Year issued	Amount	Replacing?
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N
					☐ Y ☐ N

Medical information (If any answer is Yes, please provide details below.)

1. Has any child proposed for insurance:
   a. had treatment or advice from a doctor within the last 3 years? ☒ Yes ☐ No
   b. been a patient in a hospital, clinic or emergency room within the last 3 years? ☐ Yes ☒ No
   c. had rheumatic fever, heart murmur or asthma? ☐ Yes ☒ No
   d. had a birth defect or impairment of sight, hearing or speech? ☐ Yes ☒ No
   e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder? ☐ Yes ☒ No
2. Does any child proposed for insurance have any other medical impairments other than listed above? ☐ Yes ☒ No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

No.	Name of Person Affected	Details
1a	John J. Doe, Jr.	2/3/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777
1a	Sally A. Doe	1/25/2012 – Ear infection – received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777 10/2010 – Immunizations. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777

Fraud notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children's Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children's Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children's Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

Signature of Proposed Owner (1)	Signature of Proposed Owner (2)
Signature of Child 15 or older	Signature of Parent/Guardian of Child under 15 years of age
Signature of Child 15 or older	Signature of Child 15 or older
Signature of Child 15 or older	Signature of Child 15 or older

To be completed by agent/producer only

Do you know or have any reason to believe that replacement of insurance or an annuity is involved? ☐ Yes ☒ No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. _____

Signature of Agent/Producer (1)	Signature of Agent/Producer (2)

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 policy:

- provides level term life insurance on the life of the Insured to the Final Expiry Date;
- has guaranteed premiums for all policy years;
- has premiums that will not increase during the Specified Period;
- is annually Renewable following the Specified Period to the Final Expiry Date;
- 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; and
- will develop Cash Value.

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

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

[President | Corporate Secretary]

Right to examine this policy — It is important for You to be satisfied with this policy. We hope that it meets Your insurance goals. If You are not satisfied, You may return the policy to Us or the agent from whom You purchased it within 20 days after it is delivered to You, and We will refund any 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, the right to examine this policy will be extended to 30 days.

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 and are payable as shown on the Table of Guaranteed Annual Premiums. Premiums for this contract will not increase during the Specified Period. After the Specified Period, this policy will automatically Renew annually to the Final Expiry Date.

This term life 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. This term life insurance will develop Cash Value that may be used to continue the policy as reduced paid-up term life insurance.

Policy contents	**Page number**
Policy Data	2
Table of Guaranteed Values	3
Table of Guaranteed Annual Premiums	3
Settlement Option Tables	4
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Additional benefit provisions or restrictions, if any, and a copy of the application are attached.

POLICY DATA

Policy Number:	[00 0000000 0]
Policy Date:	[08-01-2012]
Date of Issue:	[08-01-2012]
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:	[08-01-2012]
Specified Period:	[20] Years
Policy Fee:	$50 charged each year throughout the lifetime of the policy.
Premium Payment Options:	$[270.00] annual $[140.40] semi-annual $[72.90] quarterly [Quarterly] payment frequency selected $[72.90] 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:	$[72.90] due on [08-01-2012] 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.
[Illinois Department of Insurance] Telephone Number:	[217-555-1234]

POLICY DATA (CONTINUED)

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Policy Data page prepared as of:	[08-01-2012]

Benefits

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

Specified Period:	[20] Years
Insurance Amount:	$[25,000]
Coverage Effective Date:	[08-01-2012]
Final Expiry Date:	[08-01-2072] (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:	$[179.50] (Includes $50 policy fee)
	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.

[Waiver of Premium Benefit Rider

Insurance Amount (covered by rider):	$25,000
Coverage Effective Date:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Terminates 08-01-2037
Premium Class:	Standard (Nontobacco), male, age 35
Annual Premium:	
Years Payable -	25 Years
Amount -	$8.00]

POLICY DATA (CONTINUED)

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Policy Data page prepared as of:	[08-01-2012]

Benefits

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

Benefit Amount:	$10,000 On Each Insured Child
Coverage Effective Date:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Rider terminates 08-01-2039. 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:	08-01-2012
Issue Date:	08-01-2012
Coverage Period:	Terminates 08-01-2037
Premium Class:	Standard, male, age 35
Annual Premium:	
Years Payable -	25 Years
Amount -	$2.50]

TABLE OF GUARANTEED VALUES

Insured:	[John Doe]
Policy Number:	[00 0000000 0]
Date Prepared:	[08-01-2012]
Coverage:	Level Term Life Insurance to Age 95, Annually Renewable Following the Specified Period, Guaranteed Cost
Specified Period:	[20] Years
Insurance Amount:	$[25,000]
Coverage effective as of:	[08-01-2012]
Class:	[Standard (Nontobacco), male, age 35]

Attained age	Policy year-end	Cash Values	Reduced paid-up term life insurance
[36	1	$0.00	0.00
37	2	0.00	0.00
38	3	0.00	0.00
39	4	39.50	200.50
40	5	146.75	716.50
41	6	258.75	1,215.75
42	7	376.00	1,700.25
43	8	498.75	2,171.25
44	9	627.25	2,629.75
45	10	762.00	3,077.75
46	11	903.25	3,515.75
47	12	1,051.50	3,945.50
48	13	1,207.00	4,366.25
49	14	1,370.50	4,779.75
50	15	1,542.00	5,185.25
51	16	1,722.50	5,585.75
52	17	1,912.25	5,981.50
53	18	2,112.25	6,375.75
54	19	2,322.75	6,768.50
55	20	2,545.00	7,163.50
Age 60	25	2,545.00	6,069.75
Age 62	27	2,545.00	5,700.50
Age 65	30	2,545.00	5,218.25]

All guaranteed Cash Values and reduced paid-up insurance values shown assume that the premiums are paid to the policy year-end. All of these guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy in delivered. We have given the insurance officials there a detailed statement of how We computed the values and benefits. All guaranteed values are based on the 2001 Commissioners Standard Ordinary Mortality Table. The basis for the Mortality Table is age last birthday, sex distinct, smoker distinct and assumes deaths occur at the end of the policy year. The interest rate used to compute the guaranteed values is 4.50% per year. The adjusted premiums used to determine the guaranteed Cash Values are determined using the nonforfeiture net level premium method assuming a level premium. You may obtain values for all years after 20 years by writing Our Home Office.

TABLE OF GUARANTEED ANNUAL PREMIUMS

Insured: [John Doe]

Policy Number: [00 0000000 0]
Date Prepared: [08-01-2012]

Specified Period: [20] Years
Insurance Amount: $[25,000]
Coverage effective as of: [08-01-2012]
Class: [Standard (Nontobacco), male, age 35]

Attained Age	Policy Year	Guaranteed Annual Premiums
[35	1	$179.50]
[36	2	179.50]
[37	3	179.50]
[38	4	179.50]
[39	5	179.50]
[40	6	179.50]
[41	7	179.50]
[42	8	179.50]
[43	9	179.50]
[44	10	179.50]
[45	11	179.50]
[46	12	179.50]
[47	13	179.50]
[48	14	179.50]
[49	15	179.50]
[50	16	179.50]
[51	17	179.50]
[52	18	179.50]
[53	19	179.50]
[54	20	179.50]
[55	21	195.50]
[56	22	212.00]
[57	23	228.00]
[58	24	244.00]
[59	25	262.75]
[60	26	285.50]
[61	27	313.25]
[62	28	345.50]
[63	29	380.75]
[64	30	417.50]
[65	31	455.75]
[66	32	494.50]
[67	33	535.00]
[68	34	577.75]
[69	35	625.75]
[70	36	681.75]
[71	37	749.75]
[72	38	829.25]
[73	39	913.00]
[74	40	1,003.00]

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

TABLE OF GUARANTEED ANNUAL PREMIUMS (CONTINUED)

Insured: [John Doe]

Policy Number: [00 0000000 0]
Date Prepared: [08-01-2012]

Specified Period: [20] Years
Insurance Amount: $[25,000]
Coverage effective as of: [08-01-2012]
Class: [Standard (Nontobacco), male, age 35]

Attained Age	Policy Year	Guaranteed Annual Premiums
[75	41	$1,101.00]
[76	42	1,211.50]
[77	43	1,340.00]
[78	44	1,489.25]
[79	45	1,656.50]
[80	46	1,843.00]
[81	47	2,045.75]
[82	48	2,260.50]
[83	49	2,495.00]
[84	50	2,755.75]
[85	51	3,045.75]
[86	52	3,364.75]
[87	53	3,709.50]
[88	54	4,076.00]
[89	55	4,460.50]
[90	56	4,843.50]
[91	57	5,220.50]
[92	58	5,615.50]
[93	59	6,032.00]
[94	60	6,470.75]

All premiums for this policy are guaranteed. The above table shows the guaranteed annual premiums for the level term life insurance. The policy fee and any applicable rated class extra premiums for the level term life insurance are included in the premiums above.

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

Option A and B Tables										
Age of Payee	Life income with payments guaranteed for Life only, 10, 15 or 20 years								Income payments for a Fixed Period	
	Life Only		10 Years		15 Years		20 Years		Number of Years in Fixed Period	Fixed Period Income
	Male	Female	Male	Female	Male	Female	Male	Female		
50	3.02	2.78	3.00	2.77	2.97	2.75	2.92	2.73	10	8.75
51	3.09	2.84	3.07	2.83	3.04	2.81	2.98	2.78	11	7.99
52	3.17	2.90	3.14	2.89	3.10	2.87	3.04	2.84	12	7.36
53	3.25	2.97	3.22	2.96	3.18	2.94	3.11	2.90	13	6.83
54	3.33	3.04	3.30	3.03	3.25	3.00	3.17	2.96	14	6.37
55	3.42	3.12	3.38	3.10	3.33	3.07	3.24	3.02	15	5.98
56	3.51	3.20	3.47	3.18	3.41	3.15	3.30	3.09	16	5.63
57	3.61	3.29	3.56	3.26	3.49	3.22	3.37	3.16	17	5.33
58	3.72	3.38	3.66	3.35	3.58	3.30	3.44	3.23	18	5.05
59	3.83	3.47	3.76	3.44	3.67	3.39	3.51	3.30	19	4.81
60	3.95	3.57	3.87	3.53	3.76	3.47	3.59	3.37	20	4.59
61	4.07	3.68	3.99	3.63	3.86	3.57	3.66	3.45	21	4.40
62	4.21	3.79	4.11	3.74	3.96	3.66	3.73	3.53	22	4.22
63	4.35	3.91	4.23	3.85	4.06	3.76	3.80	3.60	23	4.05
64	4.50	4.04	4.36	3.97	4.16	3.86	3.87	3.68	24	3.90
65	4.67	4.18	4.50	4.10	4.27	3.97	3.94	3.76	25	3.76
66	4.84	4.32	4.65	4.23	4.38	4.08	4.00	3.84	26	3.64
67	5.02	4.48	4.80	4.37	4.48	4.19	4.07	3.91	27	3.52
68	5.22	4.65	4.95	4.51	4.59	4.31	4.13	3.99	28	3.41
69	5.43	4.83	5.11	4.67	4.70	4.42	4.18	4.06	29	3.31
70	5.66	5.03	5.28	4.83	4.81	4.54	4.24	4.13	30	3.21
71	5.90	5.24	5.45	5.00	4.91	4.66	4.29	4.19		
72	6.15	5.47	5.62	5.18	5.01	4.78	4.33	4.25		
73	6.42	5.71	5.80	5.37	5.11	4.90	4.37	4.30		
74	6.71	5.98	5.98	5.56	5.21	5.02	4.41	4.35		
75	7.02	6.26	6.17	5.76	5.30	5.13	4.44	4.39		

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 or Cash Value

Option C Table					
Joint and Survivor with 50 Percent to Survivor					
Age of Payees	Male Age 55	Male Age 60	Male Age 65	Male Age 70	Male Age 75
Female Age 55	3.26	3.48	3.74	4.02	4.32
Female Age 60	3.49	3.75	4.05	4.38	4.73
Female Age 65	3.76	4.06	4.41	4.81	5.24
Female Age 70	4.07	4.42	4.84	5.32	5.86
Female Age 75	4.42	4.84	5.35	5.94	6.62
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	3.08	3.26	3.44	3.62	3.80
Female Age 60	3.29	3.51	3.75	3.99	4.21
Female Age 65	3.51	3.79	4.09	4.41	4.72
Female Age 70	3.73	4.08	4.47	4.90	5.32
Female Age 75	3.97	4.39	4.88	5.44	6.03
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	2.76	2.88	2.97	3.03	3.06
Female Age 60	2.94	3.12	3.27	3.38	3.46
Female Age 65	3.09	3.34	3.58	3.78	3.93
Female Age 70	3.21	3.54	3.89	4.22	4.50
Female Age 75	3.29	3.69	4.16	4.64	5.11

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.

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

"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 end 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 is 1 Horace Mann Plaza, Springfield, Illinois 62715. The Company web site and telephone number are: horacemann.com; 800-999-1030.

"In Force" means this policy has not terminated due to lapse, nonrenewal, surrender for Cash Value, 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).

“Single Premium Whole Life insurance policy” is a whole life insurance policy that is purchased with a single premium payment and that provides coverage until death.

"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. Annual premiums for this level term life insurance are guaranteed for all policy years as shown on the

Table of Guaranteed Annual Premiums page(s). This policy will develop Cash Value. For details, see the Table of Guaranteed Values, page 3.

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 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 will be the person(s) named as such in the application, unless later changed by Written Request. The Beneficiary 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 or assignee. The written consent of each Irrevocable Beneficiary or assignee 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.

Upon receipt of Your Written Request at Our Home Office, the change will take effect on the date You signed the request, unless otherwise specified by You. Your request is subject to any payment We make or other action We take before receipt of the request.

Assignment

An assignment is a transfer of all or some of the policy's rights and benefits to someone else. 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. The written consent of any Irrevocable Beneficiary will be required as part of the Written Request. If Your spouse's or ex-spouse's consent is required by law, their consent will also be required. Any assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or action taken by Us prior to receipt of such notice at Our Home Office. 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, or if applicable, the amount of reduced paid-up term life insurance;

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.

Annual premiums for this policy are guaranteed for all policy years as shown on the Table of Guaranteed Annual Premiums page(s). 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.

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.

How Your policy may lapse

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, including any riders, ends for nonpayment of premiums. The lapse date will be the premium due date. (See “What if Your policy lapses?” for details.)

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. All conversions 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. We will send You new Policy Data, Table of Guaranteed Values, and Table of Guaranteed Annual Premiums page(s) when a partial conversion is made. If the entire Insurance Amount is converted, this 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 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.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the conversion. The difference between the Cash Value prior to conversion and the Cash Value after conversion may be paid to You or may be used toward payment of premium for the new permanent policy.

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

- without You 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 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 policy or the reinstatement date, whichever is later; and
- with a suicide period determined from the Date of Issue of this 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 policy;
- the premiums for this 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 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 policy.

This policy may be changed

You may make a Written Request to reduce the Insurance Amount of this policy as long as Your coverage is not being continued as reduced paid-up term life insurance. Additionally, the remaining Insurance Amount cannot be less than $25,000. We must approve this change. We will send You new Policy Data, Table of Guaranteed Values, 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. The new annual premium and annual premiums for subsequent years will be 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 annual premium and annual premiums for subsequent years will be 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.

We will reduce the Cash Value to an amount proportionate to the amount of term life insurance remaining In Force after the reduction. The difference between the Cash Value prior to reduction and the Cash Value after reduction may be paid to You or may be applied as a credit toward the payment of premium for the reduced Insurance Amount.

The Cash Value of this policy

Your policy develops Cash Value

We guarantee the Cash Value as shown in the most recent Table of Guaranteed Values page, under the assumptions stated on that page. The Cash Value may be used to continue the policy In Force as reduced paid-up term life insurance until the Final Expiry Date. While the Insured is living, You may surrender this policy for its Cash Value or surrender this policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

The basis We used for computation

All guaranteed values meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered. We have given the insurance officials in the state in which this policy is delivered a detailed statement of how We computed the values and benefits.

You may give up Your policy

If there is a Cash Value, You may withdraw it and give up Your policy. In this case, all benefits under the policy will end. If You surrender Your policy for its Cash Value within 30 days after a policy anniversary date, the Cash Value will not be less than the Cash Value at the policy anniversary date. If You surrender Your policy at any time other than a policy anniversary date, the Cash Value shall be calculated with allowance for lapse of time and the payment of fractional premiums beyond the last preceding policy anniversary date. At any time, the Cash Value will meet or exceed the minimum requirements of the Standard Nonforfeiture Law for Life Insurance as defined in the laws of the state in which this policy is delivered.

You may purchase Single Premium Whole Life insurance

On or before the policy anniversary date following the Insured's age 80, You may surrender Your policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if:

- the date of surrender is no later than the policy anniversary date following the Insured's age 80;
- the Cash Value on the date of surrender meets Our minimum single premium requirements for issuing a Single Premium Whole Life insurance policy;
- the premium class for this policy as shown in the Policy Data page(s) meets Our minimum requirements for issuing a Single Premium Whole Life Insurance policy; and
- the face amount of the Single Premium Whole Life insurance policy does not exceed that which the Cash Value of this policy on the date of surrender would purchase.

When Your purchase of the new Single Premium Whole Life insurance policy is completed, this policy ends when the new policy becomes effective.

If all of the above conditions have been met, the Single Premium Whole Life insurance policy will be issued as follows:

- without You providing proof that the Insured is insurable;
- for the same premium class as assigned to this policy;

- for the Insured's sex, attained age last birthday, and at premium rates in effect on the date of purchase;
- with an incontestable period determined from the Date of Issue of this policy or the reinstatement date, whichever is later;
- with a suicide period determined from the Date of Issue of this policy; and
- with an effective date equal to the date of termination of this policy.

What if Your policy lapses?

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 benefits under this policy, including any riders, end for nonpayment of premiums, except as provided in the provisions below. The lapse date will be the premium due date.

After Your policy has lapsed, You may:

- apply for reinstatement of the lapsed policy; or
- continue the lapsed policy as reduced paid-up term life insurance until the Final Expiry Date if Your policy has Cash Value;
- surrender the policy for its Cash Value; or
- surrender the policy and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See "You may purchase Single Premium Whole Life insurance" for details.)

You may reinstate Your policy

You may reinstate Your lapsed policy if:

- the policy has not been surrendered for its Cash Value;
- the policy has not been surrendered and the Cash Value used to purchase a Single Premium Whole Life insurance policy;
- 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 5 percent per year compounded annually).

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

You may continue insurance

If Your policy lapses with Cash Value and You do not surrender it for its Cash Value or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, You may continue Your insurance as reduced paid-up term life insurance until the Final Expiry Date. The Cash Value of the policy may be used as a net single premium to purchase such insurance. The net single premium will be equal to the present value of the death benefit.

Reduced paid-up term life insurance will provide paid-up term life insurance on the life of the Insured to the Final Expiry Date. The amount of term life insurance depends on the Insured's attained age and the Cash Value as of the lapse date. The reduced paid-up term life insurance has Cash Value. Information on the available Cash Value will be furnished upon request.

If within 62 days of the date of lapse You do not elect to reinstate Your policy, surrender it for its Cash Value, or surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy, this policy will be continued as reduced paid-up term life insurance. Additionally, if the Insured dies after the grace period but within 62 days of the date of lapse and You have not reinstated Your policy, surrendered it for its Cash Value, or surrendered it and used the Cash Value to purchase a Single Premium Whole Life insurance policy, the amount of insurance payable upon the death of the Insured will be based on the reduced paid-up term life insurance as described above.

If Your coverage is continued

If Your coverage is continued under reduced paid-up term life insurance and the Insured dies

prior to the Final Expiry Date, We will pay the Insurance Benefits according to “The Insurance Benefits We pay” provision.

Your rights under “Changing the owner or Beneficiary” and “Assignment” provisions will continue.

As long as Your policy has a Cash Value, You may surrender it for the Cash Value as described in the “You may give up Your policy” provision; or You may surrender it and use the Cash Value to purchase a Single Premium Whole Life insurance policy if certain conditions are met. (See “You may purchase Single Premium Whole Life insurance” for details.)

How benefits are paid

While the Insured is living, You may:

- elect to surrender the policy for its Cash Value and have all or part of the Cash Value paid in a lump sum or applied to one or more of the settlement options explained below;
- 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 or Cash Value involving more than one of the options must have Our approval. Also, details of all settlement options will be subject to Our rules at the time a supplemental contract takes effect. These include rules on the minimum amount We will apply under an option and minimum amount for income payments; withdrawal or surrender rights; naming Payees and successor Payees; and proving age and survival.

Any income payments made under a settlement option will not be less than those that would be provided by the application of the Cash Value to purchase a single premium immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants.

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 or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option B. Income payments for a fixed period

We will pay income payments for a fixed period of time as elected. The fixed period can be as short as ten 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 or Cash Value applied for this option are located in the Settlement Option Tables. Additional information is available upon Your request.

Option C. Joint and Survivor

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

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

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

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

Other options

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

Basis of settlement option tables

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

The amount of each income payment will never be less than that shown in the Settlement Option Tables. The guaranteed interest rate used for all settlement options is 1 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, and any attached endorsements and riders make up the entire contract.

For any changes made in the future, You will be responsible for attaching the application, endorsements, riders, Policy Data pages, Table of Guaranteed Values page(s), and/or Table of Guaranteed Annual Premiums page(s). If You fail to attach the pages, they will be deemed to be attached as of the date the change is effective.

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

When the policy is incontestable

We have the right to contest the validity of this policy based on material misstatements made in the application for this policy. However, in the absence of fraud, We will not contest the validity of this policy after it has been in effect during the lifetime of the Insured for two years from the

Date of Issue shown on Policy Data page 2(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, 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 5 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 from the Date of Issue, We will limit Our payment to the premiums paid.

We may defer payment

We may defer payment of any Cash Value for up to six months after We receive Your request.

How We measure policy anniversaries

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

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

IC-351000

Horace Mann
Founded by Educators for Educators

[APP/LFCPSAPP/Policy #[1234567890]

Horace Mann Life Insurance Company

[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Application for individual life insurance

☑ Individual **(or)** ☐ Joint (first to die)
☑ New business ☐ Trial application
☐ Internal replacement of policy #_____
☐ Restructure of policy #_____
☐ Exchange of policy #_____ ☐ Rider
☐ Conversion of policy #_____ ☐ Rider
☐ Rating review of policy #_____

Proposed Insured 1 Name (Last, First, Middle Initial)
Last Doe | First John | MI
Birth date (MM/DD/YYYY) 01/01/1967
Gender ☑ Male ☐ Female

Proposed Insured 2 Name (Last, First, Middle Initial)
Last Doe | First Jane | MI
Birth date (MM/DD/YYYY) 05/05/1967
Gender ☐ Male ☑ Female

Coverage selection

[1. Nonparticipating life insurance rate applied for ☑ Nontobacco ☐ Tobacco usage ☐ Save age

2. Product information (Please complete the financial questionnaire for face amounts over $1,000,000.)

Life by Design (Guaranteed premium)
Whole Life to Age 120 — **Face amount**

☐ Premiums payable to age 120 $_____
☐ Single Premium $_____

Level Term to Age 95

☐ 10-Year Specified Period $_____
☐ 20-Year Specified Period $_____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____
☑ 20-Year Cash Value Term $ 25,000
☐ 30-Year Cash Value Term $_____

Life Select (Guaranteed premium)
Whole Life to Age 120 — **Face amount**

☐ Premiums payable to age 120 $_____
☐ Premiums payable for 20 years $_____
☐ Premiums payable to age 65 $_____

Primary Insured Level Term Riders

☐ 20-Year Specified Period $_____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____

Additional Insured Level Term Riders
Rate applied for:
☐ Nontobacco ☐ Tobacco usage ☐ Save age
☐ 20-Year Specified Period $ _____
☐ 30-Year Specified Period $_____
☐ To Age 65 Specified Period $_____

Experience Life (Flexible Premium – Adjustable/Combination Life with Indeterminate Premiums)
No longer sold – existing policy restructure only

Face amount

☐ Whole Life to Age 100 $_____
☐ Level Term to Age 100 $_____
☐ Decreasing Term to Age 100 $_____
☐ Paid-up Whole Life to Age 100 $_____
☐ Lump sum premium ☐ Prescheduled premium
Premium amount $_____

Face amount

☐ Named Insured Rider $_____
☐ Level Term **(or)** ☐ Decreasing Term
Name_____
☐ Additional Insured Rider $_____
☐ Level Term **(or)** ☐ Decreasing Term
☐ Smoker **(or)** ☐ Non-smoker

3. Riders and benefits (Please note, not all riders and benefits are available for all products.)

Face amount

☑ Waiver of Premium
☐ Waiver of Premium in the Event of the Payor's Death or Total Disability

☐ Accidental Death Benefit $_____
☑ Children's Term Insurance $ 10,000
(Complete Children's Term Insurance Supplement)
☐ Guaranteed Insurability Benefit $_____]

Proposed Insured 1 personal information

Name (Last, First, Middle Initial)
Last Doe | First John | J MI

Address (Include mailing and street address)
123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111
Best time to call After 6:00 PM
E-mail address doe.john@gmail.com
Gender ☑ Male ☐ Female
Birth date (MM/DD/YYYY) 01/01/1967
Country of birth United States
State of birth Illinois
Are you a citizen of the US? ☑ Yes ☐ No
If no, what country? _____
Marital Status ☑ Married ☐ Single ☐ Separated ☐ Divorced
Social Security # 222-22-2222
Driver's license # 1234567890 State IL

Employment information

Is Proposed Insured 1 self-employed? ☐ Yes ☑ No
Occupation Teacher Code 10
Description of duties Teach 2nd grade class

Length of employment 4 years
Employer name ABC School District
School building, if applicable Harvard Elementary
Address 456 School Street
City Anytown | ST IL | ZIP 12345
Work telephone # 333-333-3333
Employer E-mail address abcschooldistrict.com

Income

1. Annual earned income 55,000
2. Annual unearned income -0-
3. Total household income 90,000
4. Approximate personal net worth 250,000
5. Have you ever filed for bankruptcy? ☐ Yes ☑ No
6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions? ☐ Yes ☑ No

Beneficiary information

(subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last Doe | First Jane | A MI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Business name _____
   Relationship Spouse
   Birth date/Trust date 05/05/1967
   Social Security #/TIN # 444-44-4444
   Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name _____
   Relationship _____
   Birth date/Trust date _____
   Social Security #/TIN # _____
   Benefit Percentage _____

3. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust _____
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name _____
   Relationship _____
   Birth date/Trust date _____
   Social Security #/TIN # _____
   Benefit Percentage _____

4. ☐ Primary **(or)** ☐ Contingent
☐ If Trust, name of Trust_____
☐ Check here if this beneficiary is irrevocable.

Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Relationship_____
Birth date/Trust date_____
Social Security #/TIN #_____
Benefit Percentage_____

5. ☐ Primary **(or)** ☑ Contingent
☐ Check here if this beneficiary is irrevocable.
Benefit Percentage 100%
Surviving children born of the marriage of and/or legally adopted by Proposed Insured 1 and spouse of Proposed Insured 1, Jane A. Doe, equally.

Last Doe, Jr.	First John	MI J
Last Doe	First Sally	MI A
Last	First	MI
Last	First	MI

Proposed Owner(s) (Unless otherwise specified below, the owner is Proposed Insured 1 for an individual policy or Proposed Insureds 1 and 2 for a joint policy. If someone other than the Proposed Insured(s) is/are to be the owner, name the Proposed Owner(s) below.)

☐ If Trust, name of Trust_____

1. Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Telephone #_____
Relationship_____
Birth date/Trust date_____
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced
Social Security #/TIN#_____
Citizenship_____

2. Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Telephone #_____
Relationship_____
Birth date/Trust date_____
Marital Status ☐ Married ☐ Single ☐ Separated ☐ Divorced
Social Security #/TIN #_____
Citizenship_____

Payor (If someone other than the Proposed Owner(s) is primarily responsible for making the premium payments, name the payor below.)

Name

Last	First	MI
Address		
City	ST	ZIP

Business name_____
Relationship_____
Birth date (MM/DD/YYYY)_____
Social Security #_____
Telephone #_____
Best time to call_____
E-mail address_____

Payment information

[Single Premium

☐ Single Premium $_____
☐ Check **(or)** ☐ Payment on delivery

Initial Premium

☐ Check
☐ E-Pay (ACH, Credit, Debit)
(Complete the appropriate form.)
☑ List Bill
☐ Payment on delivery

Recurring Premium

☐ EFT/Easy Pay (Complete the appropriate form.)
☐ Direct Bill (choose one)
☐ Annually ☐ Semiannually ☐ Quarterly
☑ List Bill
Group # 12-052
Mode 1/12th

Is an employer paying any part of the premium for this insurance? ☐ Yes ☑ No
Employer name ABC School District
Address 456 School Street
Anytown, IL 12345

Automatic premium loan? ☐ Yes ☑ No]

Insurance in force for Proposed Insured 1

1. Does Proposed Insured 1 have personal and/or business life insurance?
(If Yes, give total amounts. Total amount should not include Group coverage.) ☑ Yes ☐ No

Total life insurance $ 75,000 Total accidental death insurance $ 25,000

2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below is answered Yes, please identify question number and provide specifics in d.

a. Does Proposed Insured 1 have any existing insurance policies or annuity contracts in force? ☑ Yes ☐ No

b. Does Proposed Insured 1 have any pending (within the last six months) insurance policies or annuity contracts? ☐ Yes ☑ No

c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract? ☐ Yes ☑ No

d. Explanation for any question answered Yes in a., b., or c. above.

Quest. #	Company name	Policy/ contract # or pending	Business (B) or Personal (P)? Life (L) or Annuity (A)?	Issue Year	Amount	Replacing?
a	XYZ Insurance Company	8517892	☐ B (or) ☑ P ☑ L (or) ☐ A	2005	75,000	☐ Y ☑ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N

3. Has Proposed Insured 1 had coverage declined, postponed or modified, or has Proposed Insured 1 been denied reinstatement of coverage or been offered coverage other than as applied for? ☐ Yes ☑ No
If Yes, please explain. _____

4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form. ☐ Yes ☑ No

Health history for Proposed Insured 1

Height 6 ft. 2 in. Weight 195 lbs.

Have you lost weight in the last 12 months? ☐ Yes ☑ No

If Yes, give amount lost and reasons why:

Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco? ☐ Yes ☑ No

If Yes, provide type of tobacco and date (mo/yr) last used.

A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

	Physician #1	Physician #2
Physician name and address	Dr. James Wellness 35 Medical Drive, Anytown, IL 12345	
Physician telephone #	777-777-7777	
Date and reason last seen	05/25/2012 Checkup	
Tests performed/ Treatment received	Standard blood test, no treatment	

A. Medical information (continued) (If any answer is Yes, please provide Details in Section D below.)

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. Multi-vitamin daily

3. Have you ever been medically treated for or had any known indication of:
   a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system? ☐ Yes ☑ No
   b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder? ☐ Yes ☑ No
   c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system? ☐ Yes ☑ No
   d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood? ☐ Yes ☑ No
   e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines? ☐ Yes ☑ No
   f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system? ☐ Yes ☑ No
   g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands? ☐ Yes ☑ No
   h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder? ☐ Yes ☑ No
   i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints? ☐ Yes ☑ No
   j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder? ☐ Yes ☑ No
   k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease? ☐ Yes ☑ No
   l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation? ☐ Yes ☑ No
   m. Any mental or physical disorder or medically or surgically treated condition not listed above? ☐ Yes ☑ No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days? ☐ Yes ☑ No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests? ☐ Yes ☑ No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)? ☐ Yes ☑ No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No

B. General risk information (If any answer is Yes, please provide Details in Section D below.)

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below. ☐ Yes ☑ No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire. ☐ Yes ☑ No
3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire. ☐ Yes ☑ No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire. ☐ Yes ☑ No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire. ☐ Yes ☑ No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below. ☐ Yes ☑ No

C. Family history (If additional space is required, attach the appropriate supplement to application.)

Family History	Age if living & health status	Age at death & cause
Father	John, age 65, excellent health	
Mother	Mary, age 63, excellent health	
Siblings	Charles, age 29, excellent health	

If a Proposed Insured 1 is a juvenile, provide the amount of life insurance in force on the parents.			
Mother	$	Father	$

D. Details

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

Section and Question #	Explanation

Proposed Insured 2 personal information

Name (Last, First, Middle Initial)
Last Doe | First Jane | AMI

Address (Include mailing and street address)
123 Main Street

City Anytown | ST IL | ZIP 12345

Telephone # 111-111-1111
Best time to call After 5:00 PM
E-mail address jane.doe@gmail.com
Gender ☐ Male ☑ Female
Birth date (MM/DD/YYYY) 05/05/1967
Country of birth United States
State of birth Illinois
Are you a citizen of the US? ☑ Yes ☐ No
If no, what country?
Marital Status ☑ Married ☐ Single ☐ Separated ☐ Divorced
Social Security # 444-44-4444
Driver's license # 456789123 State IL

Employment information

Is Proposed Insured 2 self-employed? ☐ Yes ☑ No
Occupation Teacher Code 10
Description of duties First grade teacher

Length of employment 2 years
Employer name ABC School District
School building, if applicable Washington Elementary
Address 456 School Street
City Anytown | ST IL | ZIP 12345
Work telephone # 888-888-8888
Employer E-mail address abcschooldistrict.com

Income

1. Annual earned income 35,000
2. Annual unearned income -0-
3. Total household income 90,000
4. Approximate personal net worth 250,000
5. Have you ever filed for bankruptcy? ☐ Yes ☑ No
6. Have you ever had any monetary judgments entered against you, or had any repossession, foreclosures, collections, bad debts, lawsuits, tax liens or legal actions? ☐ Yes ☑ No

Beneficiary information

(subject to change by Proposed Owner) All insurance benefits will be paid to the person(s) named as primary beneficiary(ies). If no primary beneficiary(ies) survives, the insurance benefits will be paid to those named as contingent beneficiary(ies).

1. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last Doe | First John | JMI
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Business name
   Relationship Spouse
   Birth date/Trust date 01/01/1967
   Social Security #/TIN # 222-22-2222
   Benefit Percentage 100%

2. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name
   Relationship
   Birth date/Trust date
   Social Security #/TIN #
   Benefit Percentage

3. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust
   ☐ Check here if this beneficiary is irrevocable.
   Name/Trustee name
   Last | First | MI
   Address
   City | ST | ZIP
   Business name
   Relationship
   Birth date/Trust date
   Social Security #/TIN #
   Benefit Percentage

Beneficiary information (continued)

4. ☐ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust_____
   ☐ Check here if this beneficiary is irrevocable.

   Name/Trustee name

Last	First	MI
Address		
City	ST	ZIP

   Business name_____
   Relationship_____
   Birth date/Trust date_____
   Social Security #/TIN #_____
   Benefit Percentage_____

5. ☐ Primary **(or)** ☑ Contingent
   ☐ Check here if this beneficiary is irrevocable.
   Benefit Percentage 100%
   Surviving children born of the marriage of and/or legally adopted by Proposed Insured 2 and spouse of Proposed Insured 2, John J. Doe, equally.

Last	First	MI
Doe, Jr.	John	J
Doe	Sally	A

Insurance in force for Proposed Insured 2

1. Does Proposed Insured 2 have personal and/or business life insurance?
   (If Yes, give total amounts. Total amount should not include Group coverage.) ☐ Yes ☑ No
   Total life insurance $_____ Total accidental death insurance $_____
2. Please include any life insurance coverage or annuities with this or any other company when responding to the questions below. If any of questions a., b., or c. below are answered Yes, please identify question number and provide specifics in d.
   a. Does Proposed Insured 2 have any existing insurance policies or annuity contracts in force? ☐ Yes ☑ No
   b. Does Proposed Insured 2 have any pending (within the last six months) insurance policies or annuity contracts? ☐ Yes ☑ No
   c. Will the insurance being applied for discontinue, reduce, change, or replace any existing insurance policy or annuity contract? ☐ Yes ☑ No
   d. Details for any question answered Yes in a., b., or c. above.

Quest. #	Company name	Policy/ contract # or pending	Business (B) or Personal (P)? Life (L) or Annuity (A)?	Issue Year	Amount	Replacing?
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N
			☐ B (or) ☐ P ☐ L (or) ☐ A			☐ Y ☐ N

3. Has Proposed Insured 2 had coverage declined, postponed or modified, or has Proposed Insured 2 been denied reinstatement of coverage or been offered coverage other than as applied for? ☐ Yes ☑ No
   If Yes, please explain. _____
4. Has the agent/producer taking this application recommended the full or partial liquidation of a securities product to be used to fund this policy? If Yes, registered representatives must complete and submit Horace Mann Investors, Inc. Transfer/Exchange/Rollover/Switch Form. ☐ Yes ☑ No

Health history for Proposed Insured 2

Height 5 ft. 7 in. Weight 140 lbs.

Have you lost weight in the last 12 months? ☐ Yes ☑ No

If Yes, give amount lost and reasons why:

Tobacco usage

In the last 36 months, have you used cigarettes, cigars, pipes, chewing tobacco, e-cigarettes, nicotine substitutes or any other form of tobacco? ☐ Yes ☑ No
If Yes, provide type of tobacco and date (mo/yr) last used.

A. Medical information (If any answer is Yes, please provide Details in Section D below.)

1. Please provide the name and address of your personal or attending physician(s) seen in the last 5 years.

	Physician #1	Physician #2
Physician name and address	Dr. Feel Good 89 Carter Street, Anytown, IL 12345	
Physician telephone #	999-999-9999	
Date and reason last seen	03/01/2012 Checkup	
Tests performed/ Treatment received	Received script for birth control	

2. List all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over the counter drugs, and herbal supplements. birth control pills

3. Have you ever been medically treated for or had any known indication of:
   a. Seizures, epilepsy, paralysis, dizziness, fainting, recurrent headaches, stroke, or any other disease or disorder of the brain or nervous system? ☐ Yes ☑ No
   b. Depression, anxiety, chronic fatigue, ADHD, stress, or any other mental or nervous disorder? ☐ Yes ☑ No
   c. Asthma, bronchitis, allergies, emphysema, sleep apnea, shortness of breath, sarcoidosis, chronic obstructive pulmonary disease (COPD), tuberculosis, or any other disease or disorder of the respiratory system? ☐ Yes ☑ No
   d. Hepatitis, cirrhosis, anemia, or any other disease or disorder of the liver or blood? ☐ Yes ☑ No
   e. Ulcer, colitis, ulcerative colitis, Crohn's disease, diverticulitis, internal bleeding, or any other disease or disorder of the gallbladder, pancreas, stomach, or intestines? ☐ Yes ☑ No
   f. High blood pressure, chest pain, heart attack, heart murmur, palpitations, or any other disease or disorder of the heart, blood vessels, or circulatory system? ☐ Yes ☑ No
   g. Any tumor, cancer, cysts, melanoma, lymphoma, or any other disease or disorder of the skin or lymph glands? ☐ Yes ☑ No
   h. Diabetes, elevated blood sugar, thyroid, or any other endocrine or glandular disorder? ☐ Yes ☑ No
   i. Arthritis, gout, fibromyalgia, or any other disorder of the back, neck, spine, muscles, nerves, bones, or joints? ☐ Yes ☑ No
   j. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the kidneys or bladder? ☐ Yes ☑ No
   k. Any complications of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, or any sexually transmitted disease? ☐ Yes ☑ No
   l. Disorder of the eyes, ears, nose, or throat, loss of limb, congenital deformity, or amputation? ☐ Yes ☑ No
   m. Any mental or physical disorder or medically or surgically treated condition not listed above? ☐ Yes ☑ No
4. Have you, in the last 12 months, received disability benefits of any kind or been disabled for more than 30 days? ☐ Yes ☑ No
5. Are you currently receiving treatment of any kind or have you been scheduled or been advised to see a licensed medical professional, or scheduled or been advised to have a check up, any diagnostic tests (e.g., x-ray, EKG, blood test), hospitalization, surgery or medical tests? ☐ Yes ☑ No
6. In the last 5 years, have you been diagnosed by or received treatment from a licensed medical professional for Acquired Immune Deficiency Syndrome (AIDS) or human immunodeficiency virus infection (HIV)? ☐ Yes ☑ No
7. Have you ever been treated for drug or alcohol abuse or been advised by a licensed medical professional to limit your use of alcohol or any medication, prescribed or not? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No
8. Within the last 10 years, have you used or experimented with cocaine, marijuana, heroin, amphetamines, barbiturates, narcotics, or other stimulants or depressants? If Yes, please complete the alcohol and drug questionnaire. ☐ Yes ☑ No

B. General risk information (If any answer is Yes, please provide Details in Section D below.)

1. In the last 5 years, have you been convicted of (a) 2 or more moving violations or (b) driving under the influence of alcohol or other drugs, or have you had your driver's license suspended, restricted or revoked? If Yes, please indicate type and dates in Details below. ☐ Yes ☑ No
2. Have you ever made any flights or do you plan to fly in the next 24 months as a pilot, crew member or student pilot? If Yes, please complete the aviation questionnaire. ☐ Yes ☑ No

B. General risk information (continued) (If any answer is Yes, please provide Details in Section D below.)

3. In the last 5 years, have you engaged in or do you plan to engage in any motor vehicle or boat racing, scuba diving, parachuting or sky diving, hang gliding, ballooning, or mountain, rock, or technical climbing; or any other similar sport? If Yes, please complete the avocation questionnaire. ☐ Yes ☑ No
4. Are you a member of, or do you intend to join, the armed forces, reserves, or National Guard? If Yes, please complete the military questionnaire. ☐ Yes ☑ No
5. Do you now or do you plan to reside or travel outside the United States or Canada within the next year? If Yes, please complete the foreign travel/residence questionnaire. ☐ Yes ☑ No
6. Have you been charged with or convicted of, or are you currently awaiting trial for, a felony or misdemeanor? If Yes, please indicate what type, date and city/county/state of felony or misdemeanor and if you are currently on probation or parole in Details below. ☐ Yes ☑ No

C. Family history (If additional space is required, attach the appropriate supplement to application.)

Family History	Age if living & health status		Age at death & cause
Father	Frank, age 60, good health		
Mother	Ruth, age 59, excellent health		
Siblings			
If Proposed Insured 2 is a juvenile, provide the amount of life insurance in force on the parents.			
Mother	$	Father	$

D. Details

For each "Yes" answer identify by section and question # and give full explanation, including: diagnoses, dates, duration, treatment and medications and name, address, telephone # of all attending physicians and medical facilities.

Section and Question #	Explanation

Fraud notice

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Agreement and acknowledgment

Each of the undersigned declares and acknowledges that:

1. My application for life insurance consists of: (a) application for life insurance; (b) supplemental medical application for life insurance, if required; (c) any amendments to the application(s) attached thereto; and (d) any supplements to application (including questionnaires) which are required by Horace Mann Life Insurance Company (the "Company") for the product, amount and benefits applied for.
2. Unless otherwise provided by the conditional receipt for premium deposit, the Company will have no liability under this application or any policy issued as a result of this application unless and until: (a) the application has been received and approved by the Company at its home office; (b) the policy has been issued and delivered to the policy owner; (c) the first premium has been paid to and accepted by the Company; and (d) at the time of delivery of the policy and payment of the first premium, the facts concerning the insurability of each person proposed for coverage, including any child named in the Children's Term Insurance Supplement, if applicable, are as stated in this application and have not changed.
3. No agent/producer, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company's requirements.
4. The Company may make corrections, additions or changes to my application. Any such changes will be shown in an amendment to application. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), product, amount, or benefits unless agreed to in writing by the Proposed Insured(s) (and Proposed Owner(s) if different from the Proposed Insured(s)).
5. I have read, or have had read to me, the completed application for life insurance before signing below. All statements and answers in the application for life insurance are correctly recorded, and are full, complete and true to the best of my knowledge and belief. I understand that any material misrepresentation contained herein or in any other document which is a part of my application for life insurance may be used to reduce or deny a claim and/or contest the policy within the contestable period.

Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about the Proposed Insured(s) to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each Proposed Insured. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about the Proposed Insured(s) which relates to my application for life insurance; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying my application for life insurance. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying my application for life insurance or for denying benefits.

[Electronic signature agreement

I understand that my life application and all related documents required as part of the application process will be completed with an agent/producer of Horace Mann Life Insurance Company.

This information will be used to create a paper application which will be inserted into my life policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

☑ I agree to the use of electronic signatures which will constitute legally binding signatures.]

Signatory section

Signed at Anytown, IL (city/state) on 11/02/2012 (date) which is the same date the application was written and signature(s) received. If applicable, the required premium deposit of $ 72.90 faq been 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 18)

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

Signature of Proposed Owner (1) (Give title if signed on behalf of a business)

Signature of Proposed Owner (2) (Give title if signed on behalf of a business)

To be completed by agent/producer only

Do you know or have any reason to believe that replacement of insurance or an annuity is involved? ☐ Yes ☑ No

If replacement is involved, complete and submit required forms or indicate details of transaction below if forms are not required. _____

Joe Agent, #1234

Printed name and number of Agent/Producer (1)

Printed name and number of Agent/Producer (2)

Signature of Agent/Producer (1)

Signature of Agent/Producer (2)

987654321

State License # (if applicable)

100%

Percentage

State License # (if applicable)

Percentage

Horace Mann
Founded by Educators for Educators

[APP/LFCPSAPP]/Policy #[1234567890]

Horace Mann Life Insurance Company

[A Stock Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030]

Children's Term Insurance Supplement

Coverage Information – Application for the addition of Children's Term Insurance Rider to:

The application dated 11/05/2012 for life insurance on John J. and Jane A. Doe
Policy # 1234567890 Children's Term Insurance Rider Face Amount $ 20,000

Child/Children Proposed for Insurance

Give information on all unmarried children of the Proposed Insured(s) (including biological and adopted children, step-children or children for whom the Proposed Insured(s) have permanent legal guardianship), who are at least 15 days old and have not reached their 18th birthday.

Name	Date of birth	Social Security #	Height	Weight
John J. Doe, Jr.	06/08/2005	555-55-5555	3' 11"	50
Sally A. Doe	04/25/2009	777-77-7777	2' 9"	30

Beneficiary information

The Proposed Owner(s) will be the beneficiary(ies) of the Children's Term Insurance Rider unless otherwise designated below.

1. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust_____
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First John | MI J
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Father
   Birth date/Trust date 01/01/1967
   Social Security #/TIN # 222-22-2222
   Benefit Percentage 50%

2. ☑ Primary **(or)** ☐ Contingent
   ☐ If Trust, name of Trust_____
   ☐ Check here if beneficiary is irrevocable.

   Name/Trustee name
   Last Doe | First Jane | MI A
   Address 123 Main Street
   City Anytown | ST IL | ZIP 12345
   Relationship Mother
   Birth date/Trust date 05/05/1967
   Social Security #/TIN # 444-44-4444
   Benefit Percentage 50%

Life insurance in force

1. Has any child proposed for insurance ever applied for life, health or disability insurance and been declined or postponed for such insurance, or charged an increased premium for such insurance? ☐ Yes ☑ No

   If Yes, please explain. _____

2. Does any child proposed for insurance have any applications pending with any other life insurance company now? (If yes, complete details below.) ☐ Yes ☑ No

Child's name	Company name	Policy/contract #, if applicable	Amount

3. List all insurance in force on any child proposed for insurance. If none, state "NONE". _____

Child's name	Company name	Policy/contract #, if known	Year issued	Amount

Medical information (If any answer is Yes, please provide details below.)

1. Has any child proposed for insurance:
   a. had treatment or advice from a doctor within the last 3 years? ☑ Yes ☐ No
   b. been a patient in a hospital, clinic or emergency room within the last 3 years? ☐ Yes ☑ No
   c. had rheumatic fever, heart murmur or asthma? ☐ Yes ☑ No
   d. had a birth defect or impairment of sight, hearing or speech? ☐ Yes ☑ No
   e. had depression, anxiety, chronic fatigue, ADHD, stress, or other mental or nervous disorder? ☐ Yes ☑ No
2. Does any child proposed for insurance have any other medical impairments other than listed above? ☐ Yes ☑ No

For each Yes answer to questions 1 and 2 above, give the question number, the name(s) of the person(s) affected, and full details. Also include conditions, dates, duration, treatments, results, and names/addresses/phone numbers of physicians and medical facilities.

No.	Name of Person Affected	Details
1a	John J. Doe, Jr.	2/3/2012 - Ear infection - received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-777-7777
1a	Sally A. Doe	1/25/2012 - Ear infection - received antibiotics. Dr. James Wellness, 35 Medical Drive, Anytown, IL 12345, 777-77-7777 10/2010 - Immunizations. Dr. James Wellness (see address above).

Authorization

Each of the undersigned declares and acknowledges that:

The following sources are authorized to disclose medical and non-medical information about any child proposed for coverage to Horace Mann Life Insurance Company, or its reinsurers: (1) any physician; (2) any medical practitioner; (3) any hospital, clinic, Veterans Administration, or other health care provider; (4) any insurance company; (5) any consumer reporting agency; and (6) the MIB, Inc. This includes but is not limited to all information as to any medical history, consultations, diagnosis, prognosis, prescriptions, treatments, tests, and any information regarding alcohol or drug abuse.

I understand that the information obtained will be used to determine eligibility for insurance for each child proposed for coverage. Horace Mann Life Insurance Company may release any such information to its reinsurers and the MIB, Inc. To facilitate rapid submission, all such sources are authorized, except the MIB, Inc., to give information to any agency employed by Horace Mann Life Insurance Company to collect and transmit such information. I agree that a photocopy of this authorization is as valid as the original and this authorization shall be valid for 24 months from the date signed. I understand that I or one of my authorized representatives may receive a copy of this authorization by requesting the same from my Horace Mann agent/producer or the Horace Mann home office.

I have received a copy of the consumer privacy notice which: (1) details the methods I must use to exercise my rights to access, correct, and amend any information gathered about any child proposed for coverage which relates to this Children's Term Insurance Supplement; and (2) includes information about consumer reports and the MIB, Inc. Failure to make this authorization may be a basis for denying coverage on any child proposed for coverage. I understand that I can provide written revocation of this authorization to the Company at any time, except if: (1) the Company has taken action in reliance on the authorization; or (2) the Company is using the authorization in connection with a contestable claim under my policy. Revoking this authorization may be a basis for denying coverage on any child proposed for coverage or for denying benefits.

I have read or have had read to me the completed Children's Term Insurance Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I agree that this Children's Term Insurance Supplement constitutes a part of my application for insurance. I understand that any false statements or material misrepresentations may be used to reduce or deny a claim and/or may result in a loss of coverage under the policy.

Signed at Anytown, IL (city/state) on 11/05/2012 (date).

Signature of Proposed Owner (1)	Signature of Proposed Owner (2)
Signature of Child 15 or older	Signature of Parent/Guardian of Child under 15 years of age
Signature of Child 15 or older	Signature of Child 15 or older
Signature of Child 15 or older	Signature of Child 15 or older
Signature of Agent/Producer (1)	Signature of Agent/Producer (2)

Horace Mann
Founded by Educators for Educators

Horace Mann Life Insurance Company
[1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030]

[SUP/LFCPSSUP/Policy Number 1234567890]

Supplement to application – foreign travel/residence questionnaire

Name of Proposed Insured or child proposed for coverage John Doe

Birth date (MM/DD/YYYY) 01/01/1967

1. Are you a citizen of the United States? ☑ Yes ☐ No
   (If No, of what country are you a citizen?) Mexico
2. If applicable, what type of Visa do you have? _____
3. What is your country of permanent residence? United States
4. How long have you resided in the United States? 5 years
5. What is the country of your birthplace? Tijuana, Mexico
6. What is your past travel history outside the United States? Please list each city and country to which you have traveled in the past 5 years, the length of stay in each location, and the dates of travel.
   None
7. What are your future travel plans outside the United States? None
8. Describe the nature and purpose of your past and future travel (vacation, business/employment, missionary work, etc.) If your travel is business-related, please describe your duties.
   None

I agree that this questionnaire shall become a part of my application for insurance.

Signature of Proposed Insured (Age 15 and over)	Signature of parent (Required if Proposed Insured is under age 18)
Signature of child (Required if child is not Proposed Insured 1 or 2 and is age 15 or over)	Signature of Owner (1)
11/06/2012 Date	Signature of Owner (2)

All information has been accurately recorded as given to me by the Proposed Insured or child proposed for coverage.

Signature of Agent/Producer (1)	Signature of Agent/Producer (2)

Agent/Producer report

[LNB/LFNB/Policy Number 1234567890]

1. Send policy to: ☑ Agent/Producer
   ☐ Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)
2. Did you personally see each Proposed Insured and any child proposed for coverage on the date the application was taken? (If No, please explain in #12.) ☑ Yes ☐ No
3. Does any Proposed Insured or any child proposed for coverage have any obvious impairments or limitations? (If Yes, please explain in #12.) ☐ Yes ☑ No
4. Are you related to the Proposed Insured(s)? If Yes, relationship? _____ ☐ Yes ☑ No
5. How long have you known: **Proposed Insured 1**? Less than 3 months
   Proposed Insured 2? Less than 3 months
6. Was the conditional receipt explained and given to the Proposed Insured(s) or Proposed Owner(s) if different from the Proposed Insured(s)? (If no, provide information for appropriate option below.) ☑ Yes ☐ No
   ☐ Trial application
   ☐ Payment on delivery
   ☐ Other (Please explain.)_____
7. Do you have any reason to believe that any answer on the application regarding the Proposed Insured(s) or any child proposed for coverage is not completely true? (If Yes, please explain in #12.) ☐ Yes ☑ No
8. Purpose of insurance: ☑ Estate planning ☐ Buy/sell ☐ Key person ☐ Loan indebtedness
   ☐ Income replacement ☐ Other (explain)_____
9. Rate applied for? ☑ Standard ☐ Preferred ☐ Preferred Plus
10. Medical examination arrangements (Note: Complete all health questions on application even if examination is required.)

Proposed Insured 1	**Proposed Insured 2**
Date 11/08/2012	Date 11/08/2012
Examiner Exam Center	Examiner Exam Center
☑ Paramedical Exam	☑ Paramedical Exam
☐ Blood/urinalysis	☐ Blood/urinalysis
☐ Other_____	☐ Other_____

11. Please indicate the phone number and the best time for us to contact the Proposed Insured(s) and any child proposed for coverage. 111-111-1111, After 6 PM
12. Additional details and/or remarks_____

Agent/Producer Certification

I have reviewed all of the questions on this application and certify that the answers have been recorded accurately. All information I have on the insurability of the Proposed Insured(s) and any child proposed for coverage has been disclosed on the application or in item 12 above.

I declare that I have accurately answered all questions contained in the Agent/Producer report in connection with this application.

Signature of Agent/Producer _____ Agent/Producer # 12345 Date 11/05/2012

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

Statement of Variability
Application and related forms

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

Form IL-L25200

Company information
The company's address and phone number are variable to allow for updating as needed.

Coverage selection
Our product section is variable to allow us the flexibility to add or remove products as needed.

Payment information
Our payment information section is variable to allow us to add or remove any payment options as needed.

Pages 5C through 5F
If there is no coverage being requested for Proposed Insured 2, these pages will not print in the electronic version. For the paper version, the agent will discard these pages as needed.

Electronic signature agreement
Our electronic signature agreement is variable so that when this form is completed paper format, the entire electronic signature agreement section will be deleted.

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

Forms IL-L25300; IL-L37500; IL-L39000; IL-L39100

Company information on all forms
The company's address and phone number are variable to allow for updating as needed.

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

Form IL-L38600

Scanning Code/Policy #
The scanning code is variable to allow for changes as required by our scanning operations. The policy # will be unique to each applicant.

Form IL-L38700

Company information on all forms
The company's address and phone number are variable to allow for updating as needed.

MIB, Inc. contact information
The contact information for MIB, Inc. is variable to accommodate any changes to the company contact information the future.