

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: Expanding Horizon 3

SERFF Tr Num: HRCN-128525445 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-
Variable

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

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: IC-463000

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Wes Romanotto

Disposition Date: 07/11/2012

Date Submitted: 07/03/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/11/2012

State Status Changed: 07/11/2012

Deemer Date:

Created By: Wes Romanotto

Submitted By: Wes Romanotto

Corresponding Filing Tracking Number:

Filing Description:

IC-463000 – Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus

IL-A13700 – Individual Deferred Fixed Annuity Application

Form IC-463000, being submitted for review and approval, is new and is not intended to revise or replace any form previously filed or approved in your state.

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

Form IC-463000 is an Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus. The

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /

minimum premium is \$300.00 annually. The issue ages for this contract are 0-70. This contract has a nine-year rolling surrender charge scale. Surrender charges cease on the 12th contract anniversary. There is no annual maintenance fee.

The guaranteed interest rate prior to the annuity date will be determined at contract issue and will not be re-determined throughout the life of the contract. The methodology used to determine the guaranteed interest rate prior to the annuity date at issue is described in the actuarial memorandum. The guaranteed interest rate prior to the annuity date for contracts issued through December 31, 2012 is 1.00%.

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

Application form IL-A13700 "Individual Deferred Fixed Annuity Application" is the application that will be used with this contract and will replace application form IL-A13101, approved in your state on 12/04/2005.

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

The proposed date of release for sale of this contract is upon approval.

State Narrative:

Company and Contact

Filing Contact Information

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

Filing Company Information

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

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 2 x \$50 = \$100
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|----------|----------------|---------------|
| Horace Mann Life Insurance Company | \$100.00 | 07/03/2012 | 60625013 |

SERFF Tracking Number: HRCN-128525445 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number:
 Company Tracking Number: IC-463000
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Expanding Horizon 3
 Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 07/11/2012 | 07/11/2012 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 07/11/2012 | 07/11/2012 | Wes Romanotto | 07/11/2012 | 07/11/2012 |

SERFF Tracking Number: *HRCN-128525445* *State:* *Arkansas*
Filing Company: *Horace Mann Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *IC-463000*
TOI: *A02I Individual Annuities- Deferred Non-* *Sub-TOI:* *A02I.002 Flexible Premium*
 Variable
Product Name: *Expanding Horizon 3*
Project Name/Number: /

Disposition

Disposition Date: 07/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-128525445 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number:
 Company Tracking Number: IC-463000
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Expanding Horizon 3
 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Supporting Document | Statements of Variability | | Yes |
| Supporting Document | Form IL-529AR (Complies with Ark. Code Ann. 23-79-138) | | Yes |
| Supporting Document | Certification with Regulation 19 | | Yes |
| Form | Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus | | Yes |
| Form | Fixed Annuity Application | | Yes |

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/11/2012
Submitted Date 07/11/2012
Respond By Date 08/13/2012

Dear Wes Romanotto,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment:

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

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

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

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

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/11/2012
Submitted Date 07/11/2012

Dear Linda Bird,

Comments:

Thank you for your comments. I will address your comments in the same order they were received.

Response 1

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

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

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

Related Objection 1

Comment:

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

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

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

Changed Items:

Supporting Document Schedule Item Changes

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

Comment: This form will be attached to contract form IC-463000. It was approved by the Arkansas Insurance Department on December 2, 2004.

SERFF Tracking Number: HRCN-128525445 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number:
 Company Tracking Number: IC-463000
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Expanding Horizon 3
 Project Name/Number: /

Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|---------------|
| | IC-463000 | Policy/Contract/Fratern al Certificate Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus | Initial | | 52.400 | IC-463000.pdf |
| | IL-A137000 | Application/ Fixed Annuity Enrollment Application Form | Initial | | 52.400 | IL-A13700.pdf |

Horace Mann Life Insurance Company

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

Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus

Details of the surrender charge are located on page 7.
Surrender charges may be waived under certain conditions.

The benefits of this contract may fluctuate based on interest we may pay in excess of the guaranteed interest rate.

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

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

Right to Examine Your Contract

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

[ *Ann M. Caputo*]

President

Corporate Secretary

THIS IS A LEGAL CONTRACT – READ IT CAREFULLY

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

Horace Mann Life Insurance Company promises to pay **you** an annuity starting on the **annuity date**. If any owner dies prior to the **annuity date**, **we** will pay the **death benefit** to the **beneficiary(ies)**, upon receipt of due proof of death.

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

Summary of contract

This individual flexible premium deferred fixed annuity provides annuity payments, which will be paid to **you** starting on the **annuity date**. **Withdrawal** and surrender rights and a **death benefit** are provided prior to the **annuity date**. A premium bonus is available under this contract, as stated on the annuity data page.

Prior to the **annuity date** and subject to any restrictions detailed in the contract, **you** may:

- make additional **premium payments** at any time;
- withdraw any portion of the **account value** (a surrender charge will apply);
- change the **beneficiary(ies)**;
- change the anticipated **annuity date**;
- exercise the other rights provided to the owner of this contract.

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

Table of contents

| | |
|---|--------|
| Annuity data | Page 3 |
| Minimum monthly annuity option payments | Page 4 |
| General definitions | Page 5 |
| General contract information | Page 5 |
| Accumulation phase | Page 6 |
| Surrender and withdrawal | Page 6 |
| Death benefit | Page 8 |

| | |
|-------------------------------------|--------|
| Income phase | Page 8 |
| Annuity options | Page 9 |
| Taxes | Page 9 |
| Other terms of your contract | Page 9 |

| | | | |
|---------------------------------|--------------|-------------------|--------------|
| Owner | [John Doe] | Issue state | [xx] |
| Annuitant | [John Doe] | Issue age | [35] |
| Contract number | [SPECIMEN2] | Issue date | [08/01/2012] |
| Anticipated annuity date | [08/01/2062] | Tax type | [403(b)] |

Premium payments

| | | |
|------------------------------------|--------------|--|
| Proposed premium payment(s) | [\$2,400.00] | Per year, payable in [(24)] installment(s) |
| Lump sum premium | [\$0.00] | |

Premium limits

| | | |
|--|----------------|-----------------------------------|
| Minimum premium | [\$300.00] | Annually |
| Maximum annual premium | — | As permitted by IRS regulations |
| Maximum cumulative premium | \$1,000,000.00 | Without our prior approval |
| Minimum premium increase | [\$120.00] | Annually |
| Maximum premium increase | — | As permitted by IRS regulations |
| Minimum withdrawal | [\$100.00] | |
| Minimum remaining balance after withdrawal | [\$100.00] | |
| Minimum amount required to establish an annuity option | \$2,000.00 | |
| Loan provision available | — | [Yes] |

Guaranteed interest rate

| | |
|------------------------------------|---------|
| Prior to the annuity date : | [1.00%] |
| After the annuity date : | 1.00% |

Premium bonus:

During the first [three] **contract year(s)**, we will increase the **account value** with an amount equal to [3.00] percent of the **net premium** on the date we receive the **net premium** at **our home office**.

Contract charges:

| Surrender charges | <u>During premium year</u> | <u>Surrender charge*</u> |
|-------------------|----------------------------|--------------------------|
| | 1 | 9% |
| | 2 | 8% |
| | 3 | 7% |
| | 4 | 6% |
| | 5 | 5% |
| | 6 | 4% |
| | 7 | 3% |
| | 8 | 2% |
| | 9 | 1% |
| | thereafter | 0% |

* The surrender charge is a percentage of each **premium payment** surrendered or withdrawn. Surrender charges cease on the 12th **contract anniversary**.

[IL Department of Insurance] Telephone Number: [217-555-1212]

Minimum monthly annuity option payments

Per \$1,000.00 of **annuitized value** used to purchase an annuity option

Option A and B tables

| Attained age | Life Annuity with Payments Guaranteed for Life Only, 10, 15 or 20 Years | | | | | | | | Payments for a Specified Period of 10 to 30 Years | |
|-----------------|---|--------|----------|--------|----------|--------|----------|--------|---|-------------------------------|
| | Life only | | 10 years | | 15 years | | 20 years | | Number of years in specified period | Specified 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 | | |

Minimum quarterly, semi-annual, and annual annuity option payments are available upon request.

Per \$1,000.00 of **annuitized value** used to purchase an annuity option

Option C table

Joint and Survivor Annuity with 50 Percent to Survivor

| Attained 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 Annuity with Two-thirds to Survivor

| Attained 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 Annuity with 100 Percent to Survivor

| Attained 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 |

Minimum quarterly, semi-annual, and annual annuity option payments are available upon request.

General definitions

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

“**Account value**” **Net premium** plus any premium bonus and the interest credited less any **withdrawals** and any outstanding loan balance if applicable.

“**Annuitant**” The **natural person** whose life determines the annuity payment(s) made under this contract.

“**Annuitized value**” The amount applied to purchase annuity payments under this contract, equal to the **account value** on the **annuity date**, less any applicable premium tax.

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

“**Beneficiary(ies)**” The person(s) designated to receive the **death benefit** upon **your** death or under certain circumstances any remaining guaranteed annuity payments.

“**Contract anniversary**” The same day and month as the **issue date** for each succeeding year of this contract.

“**Contract year**” A period of twelve months beginning on the **issue date** or any **contract anniversary**.

“**Death benefit**” The amount paid to the **beneficiary(ies)** if any owner dies prior to the **annuity date**.

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

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

“**Issue age**” The age of the **annuitant** at the time this contract was issued (**issue date**) determined by the **annuitant’s** last birthday.

“**Issue date**”, “**Contract date**” The date when this contract becomes effective if the **annuitant** is then living and the premium has been paid. The **issue date** is shown on the annuity data page.

“**Minimum guaranteed surrender value**” The present value of the **account value** accumulated at the guaranteed interest rate to the later of age 70 or the 10th **contract anniversary**, such present value being calculated on the

basis of an interest rate 1 percent higher than the guaranteed interest rate specified in the contract.

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

“**Net premium**” The premium(s) paid to **us** under this contract less any applicable premium tax.

“**Premium payment**” The premium(s) paid to **us** under this contract.

“**Premium year**” A period of twelve months beginning on the date a **premium payment** is received in **our home office** and on any annual anniversary of that date.

“**Proof of disability**” (1) A completed waiver of disability form as provided by **us**; or (2) any other proof satisfactory to **us**.

“**Surrender value**” The amount **you** would receive upon surrender of this contract. It is equal to the greater of (1) the **account value** less any applicable surrender charges or (2) the **minimum guaranteed surrender value**.

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

“**Withdrawal**” A reduction in the **account value**, not including surrender or loans, as requested by **you**. It is equal to the amount **we** distribute, per **your** request, and any applicable surrender charge.

“**You**”, “**Your**” The owner(s) of the contract.

General contract information

Ownership

The **annuitant** is the owner if no other person is named in the application as owner. Unless **you** provide otherwise, **you** may exercise all rights granted by this contract, subject to the rights of any **irrevocable beneficiary** or assignee.

You may assign this contract or the interest therein to another, unless prohibited by the Internal Revenue Code or any **irrevocable beneficiary** designation has been made. **You** must do so in writing in a form satisfactory to **us** and file the assignment with **us**. Any assignment or change in owner designation, unless otherwise specified by **you**, shall take effect on the date the notice of change is signed by **you**, subject to any payments made or actions taken by **us** prior to receipt of this notice at **our home office**. When **we** receive an assignment, **your** rights and those of the

beneficiary(ies) will be subject to the assignment. **We** are not responsible for the validity of the assignment.

Annuitant

The **annuitant** is the person named on the annuity data page on whose life annuity payments are based. The **annuitant** must be a **natural person**. If the sole **annuitant** dies prior to the **annuity date** and the **death benefit** is not payable, the new **annuitant** will be the youngest owner.

You may name a new **annuitant** before the **annuity date** by submitting to **us** a signed request in a form satisfactory to **us**. Upon receipt at **our home office**, **your** request is effective as of the date **you** signed it. **We** are not liable for any action **we** take before receiving **your** request.

Beneficiary(ies)

The **beneficiary(ies)** will receive their portion of the **death benefit** or under certain circumstances, their portion of any remaining annuity payments when any owner dies. The **beneficiary(ies)** will be the person(s) named as such in the application, unless later changed.

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

If **you** do not name a **beneficiary** or if the **beneficiary** named is no longer living the **beneficiary(ies)** will be:

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

We will pay multiple **beneficiaries** according to the most recent written instructions **we** have received from **you** at **our home office**. If **we** do not have any written instructions, **we** will pay the **death benefit** or any remaining annuity payments in equal shares to the **beneficiaries**. If there is more than one **beneficiary** in a class and one of the **beneficiaries** predeceases **you**, **we** will pay the **death benefit** or any remaining annuity payments in equal shares to the surviving **beneficiaries** in that class.

Accumulation phase

Premium payments

This is a flexible premium contract. **Your** proposed **premium payments** and any lump sum premium(s) are

shown on the annuity data page. Additional **premium payments** can be made at any time prior to the **annuity date**. The minimum premium(s) are shown on the annuity data page. The maximum premium limits shown on the annuity data page will be governed by the laws of **your** state and IRS regulations. All **premium payments** are payable to **us** at **our home office**. A receipt will be provided if requested.

You may stop or resume **premium payments** before the **annuity date**, if the contract has not been surrendered or terminated.

If **you** surrender the contract, **you** may receive an amount less than the **account value** because a surrender charge will apply.

If any premium of this contract is not paid, the contract shall be considered paid-up. The paid-up value is the **account value** of the contract. If no **premium payment** has been received for two years and the **account value** to be applied under any annuity option is less than \$2,000 or not enough to provide an initial annuity payment of at least \$20, and federal tax law and state law permit, **we** reserve the right to:

- change the payment frequency to make the initial payment at least \$20; or
- terminate the contract and pay **you** the **account value** in a lump sum. Thereafter, **we** will be free of any liability for this terminated contract.

Account value

The **account value** is increased by the **net premium**, plus any premium bonus, and the interest credited. The **account value** is decreased by any **withdrawals**, and any outstanding loan balance if applicable.

Interest

Any premium bonus is interest. Guaranteed interest is credited daily. **We** may pay interest in excess of the guaranteed amount. This interest may vary from time to time and is not guaranteed. **We** begin crediting interest to the **net premium** received and any premium bonus from the date **we** receive the **net premium** in **our home office**.

Surrender and withdrawal

Surrender

You may surrender the contract at or before the **annuity date** and **we** will pay **you** the greater of (1) the **account**

value less any applicable surrender charges or (2) the **minimum guaranteed surrender value**. All requests must be received at **our home office** in a form satisfactory to **us**.

A surrender terminates this contract. Thereafter, **we** will be free of any liability for this terminated contract.

The **surrender value** of this contract is not less than the minimum required by the state in which this contract was delivered.

Payment of the **surrender value** usually occurs within 30 calendar days after the date **we** receive **your** request. If payment is deferred after 30 calendar days, **we** will continue to credit the applicable interest rate or the rate required by law, whichever is higher. **We** reserve the right to defer payment of the **surrender value** for a period not to exceed six months, but only after **we** have made written request and received written approval of the insurance department of the state in which this contract was delivered.

Withdrawal

You have the right to withdraw part of **your account value** before the **annuity date**. All requests must be received in **our home office** in a form satisfactory to **us**.

You may select systematic withdrawals, and **you** may choose monthly, quarterly, semi-annual or annual withdrawals. The 29th, 30th and 31st days of the month are not allowed as start dates. The minimum duration for a systematic withdrawal is 12 months. Only one systematic withdrawal option can be effective at one time.

The **account value** will be reduced by the amount **we** distribute, per **your** request, and any applicable surrender charge. Any one **withdrawal** must be an amount not less than the minimum **withdrawal** amount, as shown on the annuity data page. Also, the **withdrawal** must not reduce **your account value** below the minimum remaining balance after **withdrawal**, as shown on the annuity data page.

Surrender charges

A surrender charge may be imposed on certain surrenders and **withdrawals**. The surrender charges are shown on the annuity data page. The surrender charges are expressed as a percentage of **premium payment(s)** that are surrendered or withdrawn. The charges are based on the **premium year** of each **premium payment** surrendered or withdrawn. For the purpose of determining the surrender charge, it will be assumed that **withdrawals** will be deducted in the

following way:

1. from the **premium payments** paid on a first in first out basis; then
2. from any premium bonus and interest.

When a **withdrawal** occurs for which surrender charges are waived, no **premium payments** will be assumed to have been withdrawn. Once a **premium payment** is assumed to be withdrawn for surrender charge purposes, it will not be assumed to be withdrawn for any subsequent **withdrawal** or surrender. Surrender charges on all **premium payments** cease on the 12th **contract anniversary**, as shown on the annuity data page.

Any applicable surrender charges will be waived under certain conditions, as described below:

10 percent penalty free

In any given **contract year**, **we** will waive surrender charges on **withdrawal(s)** in a cumulative amount up to 10 percent of the **premium payments** received and not assumed to have been previously withdrawn.

Annuitization

Upon annuitization, **we** will waive any applicable surrender charge. Annuitization occurs on the **annuity date** when the **annuitized value** is applied to an annuity option. After the **annuity date**, an annuity option cannot be changed and **withdrawals** cannot be made. A lump sum settlement is considered a surrender and not an annuitization.

Disability

Upon **your** continuing total disability and receipt of **your** request for a **withdrawal** or surrender, **we** will waive any applicable surrender charge. **Your** continuing total disability, as defined by Section 72(m)(7) of the Internal Revenue Code, must begin at least three months immediately prior to receipt of the surrender or **withdrawal** request. **Proof of disability** is required.

Internal Revenue Code Section 72(m)(7) defines disabled as unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long continued and indefinite duration.

Required minimum distributions

We will waive any applicable surrender charge on **withdrawals** taken to satisfy minimum distributions based

on the **account value** of this contract that are required by the Internal Revenue Code.

Death benefit

The **death benefit** is equal to the **account value**. We will calculate the **death benefit** as of the date we receive due proof of death at **our home office**. The **death benefit** will include interest accrued from the date we receive due proof of death to the date of payment.

We will pay the **death benefit** when we receive due proof of death while this contract is in force and before the **annuity date**, if:

- any owner dies; or
- the sole **annuitant** dies and the sole owner is not a **natural person**.

If the **beneficiary** is **your** spouse, **your** spouse may elect to:

1. receive the **death benefit** in a lump sum; or
2. apply the **death benefit** to an annuity option; or
3. be treated as the owner of this contract and the contract can continue.

If the contract is continued, **your** spouse may make a single **withdrawal** of any amount within one year of the date we receive due proof of death. No surrender charge will apply.

If the **beneficiary** is not **your** spouse, **your beneficiary** may elect to:

1. receive the **death benefit** in a lump sum; or
2. apply the **death benefit** to an annuity option.

The **death benefit** proceeds under this contract must be distributed within five years after the date of death if the **beneficiary(ies)** choose to receive the **death benefit** in a lump sum.

If an annuity option is elected, payments from the annuity option must begin within one year of the date of death. Guaranteed annuity payments cannot extend beyond the life expectancy of the **beneficiary(ies)**, as defined by the Internal Revenue Code.

The decision to receive the **death benefit** in a lump sum or apply the **death benefit** value to an annuity option must be made within 60 days of when the **death benefit** became payable.

Income phase

Annuity date

The annuity payments made to **you** will begin on the **annuity date**. The **annuity date** is the date the **annuitized value** is applied to an annuity option. The anticipated **annuity date** is the **contract anniversary** following the **annuitant's** 85th birthday and is shown on the annuity data page. **You** may change the anticipated **annuity date** to be as early as the first **contract anniversary** or as late as the **contract anniversary** following the **annuitant's** 99th birthday by notifying **us**.

After the **annuity date**, an annuity option cannot be changed and **withdrawals** cannot be made.

Annuity payment terms and conditions

The initial monthly annuity payment purchased by each \$1,000 of **annuitized value** depends on the annuity option selected. The minimum annuity payments are based upon the Annuity 2000 Mortality Table and 1 percent interest. The annuity payments under this contract may be increased by **us**.

On the **annuity date**, the annuity payments under this contract will not be less than those that would be provided by the application of the **annuitized value** to purchase a single premium immediate annuity contract at purchase rates offered by the **company** at the time for the same annuity option and to the same class of annuitants.

If **we** do not receive written election of an annuity option from **you** at **our home office** at least 30 days before the **annuity date**, the annuity option will be Life Annuity with Payments Guaranteed for 10 Years.

Annuity payments may also be available in quarterly, semi-annual, and annual installments. The minimum amount required to establish an annuity option is shown on the annuity data page.

If **you** choose an annuity option payable over the lifetime of an **annuitant we** may require:

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

If any owner dies on or after the **annuity date** and before the entire interest in this contract has been distributed, the remaining portion of such interest will be distributed at

least as rapidly as under the original method of distribution being used as of the date of such owner's death.

Annuity options

Prior to **your annuity date**, **you** may select any of the following options. **We** reserve the right to make available other annuity options.

Option A, Life Annuity with Payments Guaranteed for Life Only, 10, 15, or 20 Years

Annuity payments are made to **you** beginning on the **annuity date**. The annuity payments will be based upon the number of guaranteed payments selected, and the age and sex of the **annuitant** on the **annuity date**. Annuity payments for this annuity option will continue as long as the **annuitant** lives, or until all guaranteed payments have been made, whichever is later.

Guaranteed annuity payments cannot extend beyond the life expectancy of the **annuitant**, as defined by the Internal Revenue Code.

If any owner dies before all annuity payments have been made, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

If the **annuitant** dies before all guaranteed annuity payments have been made, the remaining guaranteed annuity payments will be paid to **you**, if living, otherwise to **your beneficiary(ies)** as scheduled.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables.

Option B, Payments for a Specified Period

Annuity payments are made to **you** beginning on the **annuity date** and continue for the specified period of time as elected. The specified period can be as short as ten years or as long as 30 years, so long as the payments extend beyond the 12th **contract anniversary**. Annuity payments cannot extend beyond the life expectancy of the **annuitant**, as defined by the Internal Revenue Code.

If any owner dies before all annuity payments have been made, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

If the **annuitant** dies before all annuity payments have been made, the remaining annuity payments will be paid to **you**, if living, otherwise to **your beneficiary(ies)** as scheduled.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables.

Option C, Joint and Survivor Annuity

Annuity payments are made to **you** beginning on the **annuity date**. The annuity payments will be based upon the specific survivor option selected, and the age and sex of the two **annuitants** on the **annuity date**.

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 annuity payments paid while both **annuitants** were living.

Upon the death of one **annuitant**, the selected survivor option percentage will be applied to determine the remaining payments during the lifetime of the survivor. Upon the death of the survivor, annuity payments cease.

If any owner dies while at least one **annuitant** is living, the remaining annuity payments will be paid to **your beneficiary(ies)** as scheduled.

The minimum monthly annuity payments purchased per \$1,000 applied for this option are located on the minimum monthly annuity option payments tables. Additional information is available upon **your** request.

Taxes

Any premium taxes relating to this contract may be deducted from the **premium payments** or deducted from **your annuitized value**, when applicable. Such premium taxes and the time of deduction of those taxes will be determined by **your** current place of residence. Any income tax withholdings relating to this contract may be deducted from any distribution.

Other terms of your contract

Our contract with you

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

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

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

Incontestability

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

Misstatement of age or sex

If any age or sex has been misstated, **we** will pay annuity payments in the amount which would have been paid at the correct age and sex. Any overpayments **we** have made, including interest of 5 percent per year, will be deducted from future payments. Any under payments, including interest of 5 percent per year, will be paid in a lump sum to the owner if living, otherwise the **beneficiary(ies)**.

Conformity with law

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

This contract may be changed by **us** to maintain compliance with applicable state and federal law. Any such change will not, without **your** consent, reduce or eliminate benefits or impair or invalidate any right given to **you** under this contract, except for changes to conform to changes in any applicable provisions or requirements of the Internal Revenue Code.

Proof of age and survival

We reserve the right to require proof of the **annuitant(s)** age prior to the **annuity date**. In addition, for life contingent annuity options, **we** may require evidence of survival of any **annuitant(s)** before **we** make each payment.

Settlements

We may require that a contract be returned to **us** prior to any settlement. **We** must receive due proof of death before the settlement of a death claim. Any paid-up annuity value, **surrender value** or **death benefit** under a contract will be no less than the minimum benefits required by the statutes of the state in which the contract was delivered.

Payment of the **surrender value** or **death benefit** will terminate this contract. Thereafter, **we** will be free of any liability for this terminated contract.

Periodic statements

Prior to the **annuity date**, at least annually and without charge, **we** will send **you** a statement containing the status of **your** contract information as of a date not more than four months prior to the date of mailing.

The statement shall contain at least the following information:

- the beginning and end dates of the current statement period; and
- **your account value** at the beginning of the current statement period and at the end of the current statement period; and
- the amounts that have resulted in an increase or a decrease to **your account value**. **Your account value** is increased by **net premium** plus any premium bonus and the interest credited and will be reduced by any **withdrawals** and any outstanding loan balance.
- **your surrender value** at the end of the current statement period; and
- the amount of any outstanding loans, if any, at the end of the current statement period; and
- the amount of the **death benefit** at the end of the current statement period.

We will provide **you** with additional statements at any time upon request. **We** reserve the right to charge up to \$25 for each statement **you** request.

(This page intentionally left blank)

**Individual Flexible Premium Deferred Fixed
Annuity Contract with a Premium Bonus**

Horace Mann Life Insurance Company

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

Individual Deferred Fixed Annuity Application

A. Annuitant information (street address required)

Name _____

Address _____

Telephone # _____

Gender Male Female

Birth date _____

Marital status Married Single

Occupation/code _____

Social Security # _____

B. Owner information (if different from annuitant)

Name _____

Address _____

Telephone # _____

Gender Male Female

Birth date _____

Marital status Married Single

Occupation/code _____

Social Security # _____

Federal identification # _____

C. Employer information

Employer name _____

Address _____

Telephone # _____

Federal identification # _____

D. Beneficiary information

Primary beneficiary

Name _____

Relationship _____

Address _____

Telephone # _____

Birth date _____

Social Security # _____

Comments _____

Contingent beneficiary

Name _____

Relationship _____

Address _____

Telephone # _____

Birth date _____

Social Security # _____

Comments _____

E. Product information

[Flexible premium

- Capital Bonus 2 — issue ages 0 - 85
- Expanding Horizon
 - 3: 3-year 3% premium bonus with 9-year rolling surrender charge — issue ages 0 - 70
 - 4: 4-year 4% premium bonus with 14-year rolling surrender charge — issue ages 0 - 55
 - 5: 1-year 2% premium bonus with 5-year rolling surrender charge — issue ages 0 - 85
 - 7: No premium bonus. 7-year rolling surrender charge with an Annuitization bonus — issue ages 0 - 85

Single Premium

MY Guaranteed Solution II

- 5-year initial guarantee period — issue ages 0 - 85
- 7-year initial guarantee period — issue ages 0 - 85
- 10-year initial guarantee period — issue ages 0 - 80]

F. Contract type (check only one)

- 403(b) IRA Roth IRA Conv Roth
- 457(b) Non-Qualified SEP-IRA
- SIMPLE-IRA]

G. Billing information

[(for flexible premium)

Month of first payment _____

First _____ payment(s) of _____

Subsequent payment _____

Total first year payment _____

List bill group # _____

Billing mode:

- | | | |
|------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> EFT | <input type="checkbox"/> Direct | <input type="checkbox"/> List Bill |
| 1/12 | <input type="checkbox"/> Annually | <input type="checkbox"/> 1/26 |
| | <input type="checkbox"/> Semiannually | <input type="checkbox"/> 1/24 |
| | <input type="checkbox"/> Quarterly | <input type="checkbox"/> 1/20 |
| | <input type="checkbox"/> Monthly | <input type="checkbox"/> 1/12 |
| | | <input type="checkbox"/> 1/10 |
| | | <input type="checkbox"/> 1/9 |

Other _____]

H. Lump sum premium (for example – conversions, replacements, rollovers, transfers and exchanges)

\$ _____

I. Electronic funds transfer

[(Please attach a sample check.)

Establish a monthly draft from my bank account on the:

- 5th 10th 15th 20th 25th
- Checking account Savings account

Amount of draft _____

Bank name _____

Bank address _____

Bank routing # _____

Depositor account # _____

I (we) request and authorize Horace Mann Life Insurance Company to withdraw the above draft amount monthly to pay premiums on the annuity applied for.]

L. Special instructions

M. Additional requirements (if applicable)

- Suitability form
- Transfer/rollover request form
- Buyer's guide for fixed annuities
(leave with client)
- Product disclosure **(leave with client)**
- Disclosure notice (if applying for any IRA product) **(leave with client)**
- State replacement form
- Contract summary **(leave with client)**
Form # _____ Revision date _____
- Other _____]

N. Fraud notices

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

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

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

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

O. Replacement information (This section must be completed.)

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

Will the proposed annuity replace, discontinue or change an existing life insurance policy or annuity contract? If yes, complete chart below. Yes No

| Company name | Contract # | Will value transfer to Horace Mann Life Insurance Company? |
|--------------|------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

P. Acknowledgement and authorization

I agree that the information provided above is full, complete and true to the best of my knowledge. If this application is for any IRA product, I acknowledge receipt of the “disclosure notice” applicable to my contract.

If the MY Guaranteed Solution II product is selected, I understand that all values under this contract are subject to a market value adjustment if they are withdrawn prior to the end of a guarantee period.

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

Proposed owner’s signature _____

Q. To be completed by agent only

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

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

Agent’s/Insurance Producer’s name (1) _____

Agent’s/Insurance Producer’s signature (1) _____ Agent’s/Insurance Producer’s # _____

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

Agent’s/Insurance Producer’s name (2) _____

Agent’s/Insurance Producer’s signature (2) _____ Agent’s/Insurance Producer’s # _____

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

SERFF Tracking Number: HRCN-128525445 State: Arkansas
 Filing Company: Horace Mann Life Insurance Company State Tracking Number:
 Company Tracking Number: IC-463000
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium
 Variable
 Product Name: Expanding Horizon 3
 Project Name/Number: /

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf | | |
| Bypassed - Item: Application Bypass Reason: A new application is included with this submission and is attached to the Form Schedule tab. Comments: | | |
| Satisfied - Item: Life & Annuity - Actuarial Memo Comments: Attachment: Actuarial Memorandum_IC-463000.pdf | | |
| Satisfied - Item: Statements of Variability Comments: Attachments: IC-463000 Statement of Variability.pdf Statement of Variability_IL-A13700.pdf | | |
| Satisfied - Item: Form IL-529AR (Complies with Ark. | | |

SERFF Tracking Number: HRCN-128525445 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number:
Company Tracking Number: IC-463000
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable
Product Name: Expanding Horizon 3
Project Name/Number: /
Code Ann. 23-79-138)

Comments:

This form will be attached to contract form IC-463000. It was approved by the Arkansas Insurance Department on December 2, 2004.

Attachment:

IL-M529AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Certification with Regulation 19

Comments:

Attachment:

Arkansas_Certification.pdf

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 52.4.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

| <u>Form</u> | <u>Form Number</u> | <u>Flesch Score</u> |
|--|--------------------|---------------------|
| Individual Flexible Premium Deferred fixed Annuity Contract with a Premium Bonus | IC-463000 | See above |
| Individual Deferred Fixed Annuity Application | IL-A13700 | See above |

B. Test option selected

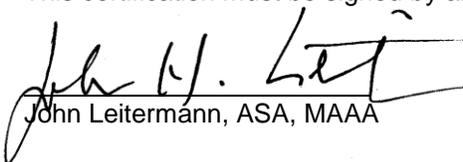
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

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

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


John Leitermann, ASA, MAAA

Vice President
Officer's Title

| | | | |
|---------------------------------|------|-------------------|------|
| Owner | [V1] | Issue state | [V5] |
| Annuitant | [V2] | Issue age | [V6] |
| Contract number | [V3] | Issue date | [V7] |
| Anticipated annuity date | [V4] | Tax type | [V8] |

Premium payments

| | | |
|------------------------------------|---------|---|
| Proposed premium payment(s) | [\$V9] | Per year, payable in [(V10)] installment(s) |
| Lump sum premium | [\$V11] | |

Premium limits

| | | |
|--|----------------|-----------------------------------|
| Minimum premium | [\$V12] | Annually |
| Maximum annual premium | — | As permitted by IRS regulations |
| Maximum cumulative premium | \$1,000,000.00 | Without our prior approval |
| Minimum premium increase | [\$V13] | Annually |
| Maximum premium increase | — | As permitted by IRS regulations |
| Minimum withdrawal | [\$V14] | |
| Minimum remaining balance after withdrawal | [\$V15] | |
| Minimum amount required to establish an annuity option | \$2,000.00 | |
| Loan provision available | — | [V16] |

Guaranteed interest rate

| | |
|------------------------------------|-------|
| Prior to the annuity date : | [V17] |
| After the annuity date : | 1.00% |

Premium bonus:

During the first [V18] **contract year(s)**, we will increase the **account value** with an amount equal to [V19] percent of the **net premium** on the date we receive the **net premium** at our home office.

Contract charges:

| Surrender charges | <u>During premium year</u> | <u>Surrender charge*</u> |
|-------------------|----------------------------|--------------------------|
| | 1 | 9% |
| | 2 | 8% |
| | 3 | 7% |
| | 4 | 6% |
| | 5 | 5% |
| | 6 | 4% |
| | 7 | 3% |
| | 8 | 2% |
| | 9 | 1% |
| | thereafter | 0% |

* The surrender charge is a percentage of each **premium payment** surrendered or withdrawn. Surrender charges cease on the 12th **contract anniversary**.

[V20] Telephone Number: [V21]

Horace Mann Life Insurance Company

**1 Horace Mann Plaza
Springfield, Illinois 62715**

**Statement of Variability
Individual Flexible Premium Deferred Fixed Annuity Contract with a Premium Bonus
Form IC-463000**

The company address, phone number, web address and officer signatures are bracketed on the cover page. These items may be updated as necessary. All other variable items are on page 3.

| Variable Item # | Field Name | Range/Explanation of Variable Data |
|------------------------|--|---|
| V1 | Owner | The name of the owner will print in this field. |
| V2 | Annuitant | The name of the annuitant will print in this field. |
| V3 | Contract number | The contract number for each contract we issue will print in this field. |
| V4 | Anticipated annuity date | The anticipated annuity date for each contract we issue will print in this field. |
| V5 | Issue state | The issue state for each contract we issue will print in this field. |
| V6 | Issue age | The issue age for each contract we issue will print in this field. |
| V7 | Issue date | The issue date for each contract we issue will print in this field. |
| V8 | Tax type | The tax type for each contract we issue will print in this field. |
| V9 | Proposed premium payment(s) | The \$ amount of the client's proposed premium payment(s) will print in this field. |
| V10 | Installments | The number of premium payment installments will print in this field. |
| V11 | Lump sum premium | Any lump sum premium payment will print in this field. |
| V12 | Minimum premium | This field is variable so that we may make administrative changes as economic conditions and/or business requirements warrant. The minimum premium in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum premium will be fixed for that contract. We anticipate changes to the minimum premium to occur infrequently. Range: Minimum - None Maximum - \$1,000.00 |
| V13 | Minimum premium increase | This field is variable so that we may make administrative changes as economic conditions warrant. The minimum premium increase in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum premium increase will be fixed for that contract. We anticipate changes to the minimum premium increase to occur infrequently. Range: Minimum - None Maximum - \$250.00 |
| V14 | Minimum withdrawal | This field is variable so that we may make administrative changes as economic conditions warrant. The minimum withdrawal in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum withdrawal will be fixed for that contract. We anticipate changes to the minimum withdrawal to occur infrequently. Range: Minimum - None Maximum - \$250.00 |
| V15 | Minimum remaining balance after withdrawal | This field is variable so that we may make administrative changes as economic conditions warrant. The minimum remaining balance after withdrawal in effect at the time the contract is sold will print on the contract. Once a contract is issued, the minimum remaining balance after withdrawal will be fixed for that contract. We anticipate changes to the minimum remaining balance after withdrawal to occur infrequently. Range: Minimum - None Maximum - \$250.00 |
| V16 | Loan provision available | This field is variable so we may reflect whether or not a loan provision is available under the contract. If loans are permitted, "Yes" will print in this field. If loans are not permitted, "No" will print in this field. Range: Yes or No |
| V17 | Guaranteed interest rate prior to the annuity date | This field is variable because the guaranteed interest rate prior to the annuity date may change depending upon when the contract is issued. The guaranteed interest rate prior to the annuity date in effect at the time the contract is sold will print on the contract. Once a contract is issued, the guaranteed interest rate prior to the annuity date will be fixed for that contract. The guaranteed interest rate prior to the annuity date for new issues could change every six months. Range: Minimum - 1.00% Maximum - 5.00% |

| | | |
|-----|---|---|
| V18 | Contract year(s) | <p>The contract year or years the premium bonus is applicable will print in this field.</p> <p>Range: Minimum - two Maximum - five</p> <p>Note: This field will not print if the premium bonus is only applicable in the first contract year.</p> |
| V19 | Premium bonus percentage | <p>The premium bonus percentage will print in this field.</p> <p>Range: Minimum - 1.00 Maximum - 5.00</p> |
| V20 | State Insurance Department | The name of the insurance department in the issue state will print in this field. |
| V21 | State Insurance Department Telephone Number | The telephone number of the insurance department in the issue state will print in this field. |

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

**Statement of Variability
Individual Deferred Fixed Annuity Application
Form IL-A13700**

Section E. Product Information

This section lists the fixed products that are currently available for sale. They are identified by their marketing name and key features of the product. We would like the ability to remove old or add new products and/or optional riders to this application as they become available.

Section F. Contract Type

This section identifies the current tax types available for our products. If an alternate tax type would become available, we would like to include it in this section. Conversely, if one of these tax types is no longer available, we would like to remove it.

Section G. Billing Information

This section reflects the billing options that are currently available to our customers. If in the future additional options would become available (i.e. different modes of payment, different payment frequencies), we would like to include them in this section. Conversely, if one of these billing options is no longer available, we would like to remove it.

Section I. Electronic Funds Transfer

This section reflects the options that are currently available to our customers through electronic funds transfer (EFT). If in the future additional options would become available (i.e. different modes of payment, additional drafts dates), we would like to include them in this section. Conversely, if an option is no longer available, we would like to remove it.

Section M. Additional Requirements

This section lists the types of forms, in addition to the application, that we may require to be completed. If administratively, we determine that additional forms will need to be included with the application we would like to include them in this section.

Section N. Fraud notices

We will incorporate state regulation changes regarding fraud notice text in this section.

Footnote

We have two types of agents that solicit our business and we want to be able to identify which type of application it is when received in the home office. Therefore, this footnote may be one of the following:

“Employee/Exclusive Agent – XX-XX-XXXX” or “Independent Agent – XX-XX-XXXX”.

Or, we may delete this phrase entirely. The date reflected will be the latest revision date for when changes are made primarily to the allocation options.

Required State Disclosure

Horace Mann Life Insurance Company

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

If you have a question on your insurance

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

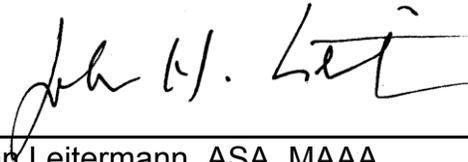
If **you** need additional assistance, please contact the office of Consumer Services, The Horace Mann Companies, P.O. Box 4657, Springfield, Illinois 62708-4657, 800-999-1030.

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

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

CERTIFICATION

I have reviewed or supervised the review of the policy forms contained in this submission and hereby certify that they are in compliance with Regulation 19 as well as all applicable requirements of the Department.



John Leitermann, ASA, MAAA

July 11, 2012

Date